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| **Title**FI logo final.jpg | Student Enrolment Form |
| **Title No.** | 201.09 | Page 1 of 4 |
| **Prepared by:**  | LGK General Manager | Edition: | 19 |
| Date: | 25/2/2019 |

**STUDENT ENROLMENT FORM**

(Please PRINT in the spaces provided)

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| --- | --- |
| **YEAR** | **COURSE YOU ARE APPLYING FOR:** *insert below* |
|  |  |
| **Course Start Date:**  | **Course Location:**  |

|  |
| --- |
| **PERSONAL DETAILS** |
|  |  |  |  |  |
| HAVE YOU EVER BEEN A FIRST INTERVENTION STUDENT BEFORE? | YES |  |  NO |  |
| ***Please ensure Family Name and First Name is recorded as per a legal form of ID used to verify your identity.*** |
| FAMILY NAME / SURNAME (Block Letters)  | First / Other Names: |
|  |  |  |
| ***(The above name will appear on ALL Certificates and/or Statements of Attainment issued to the student)*** |
| STREET NUMBER & NAME |
|  |
| SUBURB: | STATE: | POSTCODE: |
|  |  |  |  |  |
| PHONE: |  | MOBILE: |  | FAX: |
|  |  |  |  |  |
| EMAIL: |
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| **DATE OF BIRTH** |  |  |  |  |  |  |  |  |  |  **GENDER 🗸** | Male  | Female  | Indeterminate |

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| **NAME OF EMERGENCY CONTACT:** |  |
|  |
| **RELATIONSHIP:** |  |  | **PHONE:** |  |

|  |
| --- |
| **PLEASE COMPLETE THE FOLLOWING** |
| **What is your highest completed school level?** please **🗸** |
| Yr. 12 |  | Yr. 11 |  | Yr. 10 |  | Yr. 9 |  | Year 8 or below |  | Never attended school |  |
|  |
| In which year did you complete that school level?  |  |
|  |
| Are you still attending Secondary School? | Yes |  | No |  |  |

**Of the following, which best describes your current employment status?** *please tick 🗸*

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|  | 1 | Full-Time Employee |  | 5 | Employed (Unpaid worker in a family business) |
|  |
|  | 2 | Part-Time Employee |  | 6 | Unemployed (seeking full-time work) |
|  |
|  | 3 | Self-Employed (not employing others) |  | 7 | Unemployed (seeking part-time work) |
|  |
|  | 4 | Employer  |  | 8 | Not Employed (not seeking employment)  |
|  |  |  |  |  |  |  |

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| In which country were you born? | Australia 1101 |  | Other, *please specify*: |   |  |

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| Do you speak a language *other than* English at home? |  | 1201 No, English only |
|  |
| *(if more than one language, please indicate the one that is spoken most often)* | Yes , other – please specify |  |

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| How well do you speak English? |  | 1 Very Well |  | 2 Well |  | 3 Not Well |  | 4 Not at all |

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| Are you an Australian Citizen? |  | Yes |  | No |  Do you have a permit residency? |  | Yes |  | No |

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| --- | --- |
| If No, what is your visa status shown on your passport? |  |

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| Are you of Aboriginal and/ or Torres Strait Islander origin? |  | No |
|  |
| (For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes. |  | Yes, Aboriginal |
|  |
|  |  | Yes, Torres Strait Islander |

**Which of the following best describes your main reason for undertaking this course?**  ***Tick 🗸 1 box only***

|  |  |  |  |  |  |
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|  | 01 | To get a job |  | 07 | I wanted extra skills for my job |

|  |  |  |  |  |  |
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|  | 02 | To develop my existing business  |  | 08 | To get into another course of study |

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|  | 03 | To start my own business |  | 09 | For personal interest/ self development |

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|  | 04 | To try for a different career |  | 10 | To get skills for community/voluntary work |

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|  | 05 | To get a better job or promotion |  | 11 | Other reasons |

|  |  |  |
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|  | 06 | It was a requirement of my job |

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| **PLEASE COMPLETE THE FOLLOWING** |

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| **Do you consider yourself to have a disability, impairment or long-term condition? Tick ✓** |  Yes |  No |

If you indicated YES above, please place a tick 🗸in the appropriate box(es) below:

|  |  |  |  |  |  |  |  |  |
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|  | 11 | Hearing / Deaf |  | 14 | Learning |  | 17 | Vision |

|  |  |  |  |  |  |  |  |  |
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|  | 12 | Physical |  | 15 | Mental Illness |  | 18 | Medical Condition |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 13 | Intellectual |  | 16 | Acquired Brain Injury |  | 19 | Other, *please specify below* |
|  |
|  |

**Have you successfully completed any of the following qualifications?** *(please tick🗸)*

*For each Qualification you are also required to indicate if the qualification is an:*

 *Australian Qualification (AQ) , Australian Equivalent Qualification (AEQ) or International Qualification (IQ) (please tick🗸)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 008 | **Bachelor Degree or Higher Degree**  |  | 514 | **Certificate III (or Trade Certificate)** |
|  |  AQ |  | AEQ |  | IQ |  |  |  |  AQ |  | AEQ |  | IQ |  |  |

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|  | 410 | **Advanced Diploma or Associate Degree**  |  | 521 | **Certificate II** |
|  |  AQ |  | AEQ |  | IQ |  |  |  |  AQ |  | AEQ |  | IQ |  |  |

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|  | 420 | **Diploma (or Associate Diploma)** |  | 524 | **Certificate I** |
|  |  AQ |  | AEQ |  | IQ |  |  |  |  AQ |  | AEQ |  | IQ |  |  |

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|  | 511 | **Certificate IV (or Adv.Cert/Technician)** |  | 990 | **Certificates other than the above** |
|  |  AQ |  | AEQ |  | IQ |  |  |  |  |  |

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| **VIC applicants Only:** **If you are aged 24 or below at the time of enrolment, please provide your Victorian Student Number (VSN):**

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| **Are you new to the Victorian Education system or do not have your Victorian Student Number?**

|  |  |  |
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|  |  | Yes, I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria |
|  |

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**Leave both VSN and the above tick box BLANK if you don’t have or don’t know your VSN.**

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| **From 1st January, 2015 the Australian Government Department of Industry require that all persons undertaking nationally recognised training by a registered training organisation have a Unique Student Identifier ( USI).** **Record your 10 digit USI number below.**

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**If you have not yet applied for a USI number, please contact First Intervention P/L for information how to obtain your USI.*****Please note*** *upon successful completion of any accredited training with First Intervention P/L, certification can only be issued if a USI number has been determined.****Student Enrolment Privacy Notice****I understand that:*First Intervention P/L is required to provide various Australian Government departments, through the Australian Skills Quality Authority, with student and training activity data which may include information provided in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at [www.skills.vic.gov.au/corporate/statistics/submit\_data](http://www.skills.vic.gov.au/corporate/statistics/submit_data)) and the Australian Government Department of Industry.Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information it is consultants, advisors, other government agencies, professional bodies and/or other organisations.*The Education and Training Reform Act 2006 requires First Intervention P/L to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register, where applicable.*Under the Data Provision Requirements 2012, **First Intervention** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by **First Intervention** for statistical, administrative, regulatory and research purposes. **First Intervention** may disclose your personal information for these purposes to:* Commonwealth and State or Territory government departments and authorised agencies; and
* NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:* populating authenticated VET transcripts;
* facilitating statistics and research relating to education, including surveys and data linkage;
* pre-populating RTO student enrolment forms;
* understanding how the VET market operates, for policy, workforce planning and consumer information; and
* administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au/)).*Information concerning a USI is required by Australian Government Department of Industry.*I understand that personal information I provide to the Student Identifiers Registrar is protected by the Privacy Act 1988. The collection, use and disclosure of my USI is protected by the Student Identifiers Act 2014 and will not otherwise be disclosed without my consent unless authorised or required by law.I acknowledge and agree to the terms described in this privacy statement.I declare that the information provided on this enrolment form is, to the best of my knowledge true, correct and complete.I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above. |
| I authorise First Intervention to release personal and/or medical information for educational purposes or to meet legal obligations or in the case of an emergency in accordance with the privacy policy and procedures and the Victorian Privacy and Health Records Act.I also authorise First Intervention to respond to Verification Requests confirming my successful certification, to prospective Employers and/or Training Organisations to support further training, development and employment opportunities.I agree to be bound by First Intervention’s policies and procedures whilst I remain an enrolled student and agree to pay all fees and charges relating to my enrolment, unless payment is to be made by my employer or another contracted third party.  |
| I have read and understood the conditions relating to *fees and refunds* as specified in the ‘Course Outline’.**Signature: Date:** **PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement] \* Date:** \*Parental/guardian consent is required for all students under the age of 18 |
| **FIRST INTERVENTION CONTACT / OFFICE USE ONLY Section**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mail: 25 Silicon Place,**  **Tullamarine VIC 3043** | **Student ID Nr:**  | **ENFIR-** | **Course ID Nr:** | **CSEFIR -** |
|  |
| **PH: +61 3 9376 7900****FAX: +61 3 9376 4900** | **Course Code & Title** |  |
|  |
| **EMAIL: info@firstintervention.com.au****WEB: www.firstintervention.com.au** | **Preferred method of payment:** | Lump Sum |  | Installments |  |

***General Comments:***