



Student Enrolment Form

COURSE DETAILS

Qualification/Course Name:		Course date:	
National Code:		Delivery Location:	

STUDENT DETAILS

Please complete all fields. Types of evidence; Driver s Licence, Identity Card, Passport (must be photo ID)

Full name (as on evidence):			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:	
Residential Address:			
Suburb:			
State:		Postcode:	
Postal Address: (if different from above)			
Mobile Phone:		Home Phone:	
Email Address:			
Country of birth:			
Australian Citizen:	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you Aboriginal or Torres Strait Islander:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander		

UNIQUE STUDENT IDENTIFIER (USI)

Do you have a USI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	USI number:	
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I authorise for CCNI to check/apply for a USI on my behalf, I declare that I have read the privacy statement at <https://www.usi.gov.au/training-organisations/usi-support-materials/privacy-notice-students-when-applying-usi-their-behalf> . Please provide the ID required as listed on page 3.

EMERGENCY CONTACT (OPTIONAL)

Name:		Phone Number:	
Address:			

BACKGROUND

Are you from a Non-English Speaking background (NESB):	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, which language	
How well do you speak English:	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
Are you still enrolled in secondary or senior education	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Highest school level completed: (or equivalent)	<input type="checkbox"/> Still at school <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year completed:		
Level of Education successfully completed, and; age at which the qualification was achieved: (since leaving school and turning 17)	<input type="checkbox"/> Bachelor Degree or higher		<input type="checkbox"/> Advanced Diploma or Associated Degree
	<input type="checkbox"/> Diploma level (or Associate Diploma)		<input type="checkbox"/> Certificate IV (or advanced certificate/technician)
	<input type="checkbox"/> Certificate III (or trade certificate)		<input type="checkbox"/> Certificate II
	<input type="checkbox"/> Certificate I		<input type="checkbox"/> Other education; including certificates or overseas qualifications, not listed above



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Were any qualifications achieved while at school?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, was the qualification part of your secondary education	<input type="checkbox"/> No <input type="checkbox"/> Yes
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ACCREDITED COURSE ONLY

Are you applying for Recognition of Prior Learning (RPL)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you applying for Credit Transfer (CT)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If you have ticked yes to the above, please make sure you have been provided with relevant documents to apply for RPL or CT.

Which best describes your employment status?	<input type="checkbox"/> Full-time employment	<input type="checkbox"/> Part time/casual employee
	<input type="checkbox"/> Unemployed - seeking full-time work	<input type="checkbox"/> Unemployed - seeking part time work
	<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed - not seeking employment
	<input type="checkbox"/> Employed - unpaid in family business	<input type="checkbox"/> Self-employed - not employing others
	<input type="checkbox"/> Employed in the farming sector in drought	<input type="checkbox"/> Self-employed - employing others

Do you consider yourself to have a disability, impairment or long term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please indicate the presence of a disability, impairment or long term condition:	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Cond.	<input type="checkbox"/> Other (please list below)
	<input type="checkbox"/> Acquired Brain Impairment			

Which best describes your reason for undertaking training: (Please tick one only)	<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
	<input type="checkbox"/> Other reasons	<input type="checkbox"/> For personal interest or self-development

Are you currently receiving; or are you a dependant child, spouse or partner of a recipient of Commonwealth welfare benefit:	<input type="checkbox"/> Age Pension	<input type="checkbox"/> Parenting Payment (Single)
	<input type="checkbox"/> Austudy	<input type="checkbox"/> Family Tax Benefit Part A (max rate)
	<input type="checkbox"/> Carer Payment	<input type="checkbox"/> Special Benefit
	<input type="checkbox"/> Disability Support Pension (DSP2)	<input type="checkbox"/> Veterans' Affairs Payments
	<input type="checkbox"/> Exceptional Circumstances Relief Payment	<input type="checkbox"/> Veterans' Child Edu. Scheme
	<input type="checkbox"/> Farm Household Allowance	<input type="checkbox"/> Widow Allowance
	<input type="checkbox"/> Mature Age Allowance	<input type="checkbox"/> Youth Allowance
	<input type="checkbox"/> Jobseeker Payment	

ELIGIBILITY FOR SMART & SKILLED SCHOLARSHIPS

Are you currently or have you previously lived in NSW social housing or are you on the NSW Housing Register:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you between 15 & 18 and currently or have you previously been in out of home care?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you between 18 & 30 and are currently or previously been in out of home care?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you experiencing or have you experienced domestic family violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Attach evidence as per the Smart & Skilled guidelines and fee administration policy



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PAYMENT DETAILS

Please tick the appropriate box for who will be invoiced/paying for the class (If fees are due to be charged).

Student Company (please list below) Job Agency (please list below) Other (please list below)

Business/Other name:	
Address:	
Email:	
Phone:	

How did you hear about the course:	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Course Guide	<input type="checkbox"/> Radio	<input type="checkbox"/> Facebook	<input type="checkbox"/> Website
	<input type="checkbox"/> Word of mouth <input type="checkbox"/> Other (please specify) _____				
Permission to contact: (for CCNI use only)	Email:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Post:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Newsletter:	<input type="checkbox"/> Yes <input type="checkbox"/> No

USI IDENTITY

Please provide details for one of the forms of identity below, if you have not already provided a USI
Please ensure that the name written in 'Student details' section is exactly the same as written in the document you provide below.

Town/City of Birth:					
Australian driver's licence	State		Licence number		
Medicare Card	Card Number			Expiry	
	Card Colour		Individual reference number		
Australian Birth Certificate	State/Territory				
Australian passport	Passport number				
Non-Australian Passport (with Australian Visa)	Passport number				
Immicard	Immicard number				
Citizenship Certificate	Stock number		Acquisition date		
Certificate of Registration by Descent	Acquisition date				

In accordance with section 11 of the *Student Identifiers Act 2014*, CCNI will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

WHERE TO FIND INFORMATION

Student information is located on the Community College Northern Inland Inc website www.communitycollegeni.nsw.edu.au and can be viewed and printed as requested.

The Community College Northern Inland Inc website contains:

- Student Handbook: Refund Policy, Grievance Policy, Assessment Policy
- Privacy for Student Policy: Department of Industry and AVETMISS Student Privacy Statements

Other documents, forms and directions from the College but not on the website:

- WH& S documents including: Evacuation plan and meeting point (visible on College Notice Boards), hazard reporting and accident reports.
- Individual Training and Assessment Learning Plan: For students enrolled in skill sets or full qualifications



Student Enrolment Form

AUTHORITY TO PUBLISH

This form is an agreement between you or your guardian and Community College –Northern Inland Inc. Please read it carefully and sign at the bottom if you agree.

Community College-Northern Inland Inc. and its associated branches would like to be able to quote you, use your photo and/or use a photo of your work, in some of our printed and electronic promotional material. Signing this release form means you agree to the following:

1. We are able to quote your words and use your photo or video
2. Your photo or video may be reproduced in colour, back and may be altered for design purposes without liability on our part

If you are under 18 years of age your parent or guardian will need to sign this agreement on your behalf. I have read and understand what it means.

Name	
Signature	
Date	

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I _____

(First, middle and last Name)

of _____ With date of birth _____

(current residential address)

understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information, (including my ethnicity or health information) (together Personal Information) collected by Community College Northern Inland may be disclosed to the Department of Industry (Department).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with Community College Northern Inland Inc for the purpose of evaluation and assessing my training.

Print full name			
Signature		Date	
Note: if under 18 years of age at the time of giving consent, then the consent of their guardian is required.			
Print full name of Guardian			
Signature of guardian		Date	