



Student Enrolment Form

COURSE DETAILS

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

STUDENT DETAILS

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

Full name (as on evidence):			
Evidence Type and Number:			
Unique Student Identifier (USI):		Training Contract ID:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth:	
Residential Address:			
Suburb:			
State:		Postcode:	
Postal Address: (if different from above)			
Company/Employment Address:			
Mobile Phone:		Home Phone:	
Email Address:			
Country of birth:			
City 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		

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			
Highest school level completed:	<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:	<input type="checkbox"/> Bachelor Degree or higher		Age: <input style="width: 50px;" type="text"/>	
	<input type="checkbox"/> Advanced Diploma or Associated Degree		Age: <input style="width: 50px;" type="text"/>	
	<input type="checkbox"/> Diploma level	Age: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Certificate IV	Age: <input style="width: 50px;" type="text"/>
	<input type="checkbox"/> Certificate III	Age: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Certificate II	Age: <input style="width: 50px;" type="text"/>
	<input type="checkbox"/> Certificate I	Age: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Miscellaneous	
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
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"/> Unemployed - seeking full-time work <input type="checkbox"/> Employer <input type="checkbox"/> Employed - unpaid in family business <input type="checkbox"/> Employed in the farming sector in drought	<input type="checkbox"/> Part time employee <input type="checkbox"/> Unemployed - seeking part time work <input type="checkbox"/> Not employed - not seeking employment <input type="checkbox"/> Self-employed - not employing others	
Please indicate the presence of a disability, impairment or long term condition:	<input type="checkbox"/> Mental Illness <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Medical Cond.	<input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Other
Are you a client of a Job Active Provider?	<input type="checkbox"/> No <input type="checkbox"/> Yes	What is the J.A.P.'s name:	
What is your client ID		What is the Referral ID for training:	
Which best describes your reason for undertaking training: (Please tick one only)	<input type="checkbox"/> To get a job <input type="checkbox"/> To start my own business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> Other reasons	<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try for a different career <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To get into another course of study <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"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Disability Support Pension (DSP2) <input type="checkbox"/> Exceptional Circumstances Relief Payment <input type="checkbox"/> Farm Help Income Support <input type="checkbox"/> Family Tax Benefit Part A (max rate) <input type="checkbox"/> Mature Age Allowance <input type="checkbox"/> Newstart Allowance	<input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Payments <input type="checkbox"/> Veterans' Child Edu. Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow 'B' Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance	
Are you living 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 in out of home care?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you between 18 & 30 and previously been in out of home care?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you experiencing domestic family violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Attach letter of recommendation from a domestic and family violence service or refuge or agencies			

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

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, behaviour and dress code

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 Learning Plan: For students enrolled in skill sets or full qualifications

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: _____

STUDENT DECLARATION & CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I declare:

- That the information I have supplied on this form is true, correct and complete.
- I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment.
- The Policies, Procedures and Consumer Rights Information have been made available to me online and I have read, understood and accepted these as conditions of my enrolment.
- I have been informed of fees and charges associated with this course, including the requirements and timelines to withdraw without incurring fees.
- I give consent to Community College-Northern Inland to obtain, check and verify a Unique Student Identifier (USI) for me and use this information to check my eligibility and to calculate fees.
- I acknowledge that while I am enrolled I will comply with the rules, policies, procedures and by-laws of Community College-Northern Inland Inc.



Student Enrolment Form

I _____

(First, middle and last Name)

of _____ With date of birth _____

(current residential address)

Understand and agree that, under the Data Provision requirements 2012, Community College Northern Inland is required to collect 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, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by Community College Northern Inland for statistical, regulatory and research purposes. Community College Northern Inland may disclose my personal information for these purposes to third parties, including;

- School— If I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer - If I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Industry (Department)
- NCVER;
- Organisations conducting student surveys and;
- Researchers

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold use and disclose my Personal Information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at www.ncver.edu.au).

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 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 for the purposes of evaluating and assessing my subsidised training.

I declare that the information I have provided to the best of my knowledge is true and correct.

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

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: ____/____/____