



Student Enrolment Form

RTO ID: 90027

92 Queen St
BARRABA NSW 2347

COURSE DETAILS						
Qualification/Course Name:						
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"/> Other		Date of Birth:		
Residential Address:						
Suburb:		City:				
State:		Postcode:				
Postal Address: (if different from above)						
Company/Employment Address:						
Work Phone:		Home Phone:				
Mobile:						
Email Address:						
Country & 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		
If from NESB, 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 Year completed:				
Level of Education successfully completed, and; age at which the qualification was achieved:		<input type="checkbox"/> Bachelor Degree or higher		Age:		
		<input type="checkbox"/> Advanced Diploma or Associated Degree		Age:		
		<input type="checkbox"/> Diploma level	Age:	<input type="checkbox"/> Certificate IV	Age:	
		<input type="checkbox"/> Certificate III	Age:	<input type="checkbox"/> Certificate II	Age:	
		<input type="checkbox"/> Certificate I	Age:	<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		
Which best describes your employment status?		<input type="checkbox"/> Full-time employment <input type="checkbox"/> Part - time 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				



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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 <input type="checkbox"/> Acquired Brain Impairment			
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 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"/> Sickness Allowance <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 Help Income Support <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Family Tax Benefit Part A (max rate) <input type="checkbox"/> Widow 'B' Pension <input type="checkbox"/> Mature Age Allowance <input type="checkbox"/> Wife Pension <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Youth Allowance			
Card Reference Number (CRN):				
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				
ACCREDITED COURSE ONLY				
Are you applying for Recognition of Prior Learning?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you require literacy, disability or special learning support?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
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				

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CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF INDUSTRY AND OTHER GOVERNMENT AGENCIES

I _____

(First, middle and last Name)

of _____ With date of birth _____

(current residential address)

Understand and agree that personal information (information or 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), collected by Community College Northern Inland Inc may be disclosed to the Department of Industry, Skills and Regional Development (Department) and partnering RTO's.

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 exercises 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 mail, telephone, email or post during or after I have ceased subsidised training with Community College Northern Inland Inc for the purpose of evaluating 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: _____

STUDENT DECLARATION

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.

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: ____/____/____