

Student Enrolment Form

The purpose of this enrolment form is to collect your information to confirm your enrolment into a qualification at RGIT Australia. We also need to collect personal information about you under the Data Provision Requirements 2012. Please duly complete the form by:

- providing correct information
- Ensuring all relevant fields are signed and dated
- Print clearly using a black or blue pen

Personal Details

Student ID:

1. Enter your full name *

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want RGIT Australia to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Family name (Surname)

Given names

2. Enter your birth date (Day/Month/Year)

3. Gender (tick ONE box only)

- Male Female Other

4. Enter your contact details

Home phone

Work phone

Mobile

Email address

Alternative email address (optional)

5. Australian Residential Address

Building/property name

Flat/unit details

Street or lot number

Street name

Suburb, locality or town

State/territory

Postcode

6. Postal Address

(if different from residential address)

Building/property Name

Flat/unit details

Street or lot number

Street name

PO Box / Roadside Delivery Box

Suburb, locality or town

State/territory

Postcode

7. Emergency Contact

Name

Relationship

Contact Number

Email

Street name

Suburb, locality or town

State/territory

Postcode

Language and cultural diversity

8. In which country were you born?

- 1101 - Australia
 Other - please specify

9. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

- 1201 - No, English only
 Yes, other - please specify

10. Are you of Aboriginal or Torres Strait Islander origin?

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander

Disability

11. Do you consider yourself to have a disability, impairment or long-term condition?

- Y - Yes
 N - No **No - Go to question 13**

12. If you indicate the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the disability supplement for an explanation of the following disabilities.

- 11 - Hearing / deaf
 12 - Physical
 13 - Intellectual
 14 - Learning
 15 - Mental Illness
 16 - Acquired brain impairment
 17 - Vision
 18 - Medical Condition
 19 - Other, please specify:

Schooling

13. What is your highest COMPLETED school level? (Tick ONE box only)

- 12 - Year 12 or equivalent
 11 - Year 11 or equivalent
 10 - Year 10 or equivalent
 09 - Year 9 or equivalent
 08 - Year 8 or below
 02 - Never attended school
Never completed any primary or secondary level education – go to question 14

14. Are you still enrolled in secondary or senior secondary education?

- Y - Yes
 N - No

Previous qualification achieved

15. Have you SUCCESSFULLY completed any of the qualifications listed in question 16?

- Y - Yes
 N - NO

16. If YES, then tick one of these Prior Education Achievement Recognition Identifiers any applicable qualification level.

- A** – Australian
E – Australian equivalent
I – International

A	E	I	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	008 - Bachelor Degree or Higher Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410 - Advanced Diploma or Associate Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	420 - Diploma (or Associate Diploma)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	511 - Certificate IV (or Advanced Certificate / Technician)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	514 - Certificate III (or Trade Certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	521 - Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	524 - Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	990 - Other education (including certificates or overseas qualifications not listed above).

Employment

17. Which BEST describes your current employment status? (Please tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- 01 - Full-time employee
 02 - Part-time employee
 03 - Self-employed - not employing others
 04 - Employer
 05 - Employed - unpaid worker in a family business

- 06 - Unemployed - seeking full-time work
- 07 - Unemployed - seeking part-time work
- 08 - Not employed - not seeking employment

18. Which of the following classifications BEST describes your current or recent occupation? (Please tick ONE box only)

- 1 – Managers
- 2 – Professionals
- 3 – Technicians and Trade Workers
- 4 – Community and Personal Service Workers
- 5 – Clerical and Administrative Workers
- 6 – Sales Workers
- 7 – Machinery Operators and Drivers
- 8 – Labourers
- 9 – Other

19. Which of the following classifications BEST describes the Industry of your current or previous Employer?

- A - Agriculture, Forestry and Fishing
- B – Mining
- C – Manufacturing
- D - Electricity, Gas, Water and Waste Services
- E – Construction
- F- Wholesale Trade
- G - Retail Trade
- H - Accommodation and Food Services
- I - Transport, Postal and Warehousing
- J - Information Media and Telecommunications
- K - Financial and Insurance Services
- L - Rental, Hiring and Real Estate Services
- M - Professional, Scientific and Technical Services
- N - Administrative and Support Services
- Public Administration and Safety
- P - Education and Training
- Q - Health Care and Social Assistances
- R - Arts and Recreation Services
- S - Other Services, please specify:

Study reasons

20. Of the following categories, select the one which BEST describes your main reason for undertaking this course? (Please tick ONE box only)

- 01 - To get a job
- 02 - To develop my existing business
- 03 - To start my own business
- 04 - To try for a different career
- 05 - To get a better job promotion
- 06 - It was a requirement of my job
- 07 - I wanted extra skills for my job
- 08 - To get into another course of study
- 10 - For personal interest or self-development
- 11 - Other reasons

Unique Student Identifier (USI)

Do you have a USI number?

- Yes

- No I will create myself (www.usi.gov.au)
- I authorise RGIT Australia to create/retain/retrieve on my behalf (please complete and attached USI consent form) - Please fill the application at the end.

Victorian Student Number (VSN)

Do you have a VSN number?

- Yes-Please specify

- No

Course of Study

CRICOS Name: _____

CRICOS Code: _____

Expected Course Duration: _____

Commencement Date: _____

Expected Completed Date: _____

Credit transfer and recognition of prior learning (RPL)

Are you applying for Credit Transfer or RPL for the unit successfully completed at another provider?

If **YES**, please complete the Credit Transfer or RPL application form and submit it to the Student Administration with supporting documents such as an official transcript or statement of attainment.

- Yes
 No

Privacy statement and student declaration

Under the *Data Provision Requirements 2012*, RGIT Australia 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 and your training activity data) may be used or disclosed by RGIT Australia for statistical, regulatory and research purposes. RGIT Australia may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

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

- Issuing statements of attainment or 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 programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For students studying in Victoria, the Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006 (Vic)*. The Department is also authorised to collect and handle USIs in accordance with the

Student Identifiers Act 2014 (Cth) and the *Student Identifiers Regulation 2014 (Cth)*.

Student Enrolment Form

Student Declaration and Consent

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 accordance with the Privacy Notice above.

.....
STUDENT SIGNATURE [or electronic acknowledgement]

[DATE]

.....
PARENT/GUARDIAN SIGNATURE [or electronic acknowledgment]*

[DATE]

**Parental/guardian consent is required for all students under the age of 18.)*

Student Declaration

I declare that all information provided in this application is complete and correct. I understand that failure to provide incorrect information or documentation in relation to this application form may result in cancellation of my enrolment.

Emergency Medical Indemnity

I also authorise RGIT Australia or their representative to obtain Medical Treatment in the event of an emergency. I indemnify RGIT Australia of their representative.

Media Consent

- I do consent the use of my photos / videos / testimonials / interviews to be used in RGIT Australia's promotional materials prepared for marketing purposes in Australia and overseas.

Signature of Student:	Signature of parent or legal guardian:	Date:

Note: This application and declaration must be signed by a parent or legal guardian if the student is under 18 years of age at the time of application. Student must be at least 18 years of age at the time of arrival in Australia.

OFFICE USE ONLY			
Staff Member:	<input type="checkbox"/> Student Activated	<input type="checkbox"/> PRISMS Updated	
Signature:	Date: / /	<input type="checkbox"/> ID Card Issued	<input type="checkbox"/> New Student
Student ID number:	<input type="checkbox"/> SMS Updated	<input type="checkbox"/> Existing Student	

USI application through RGIT Australia (If you do not already have one)

If you would like RGIT Australia to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I, authorise RGIT Australia to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

Town/City of Birth _____

(Please write the name of the Australian or overseas town or city where you were born)

We will need of the below items to verify your identity to create your USI.

Please provide details for one of the forms of identity below (numbered 1 to 8).

For Australian

1. Australian Driver's Licence

State: _____

Licence Number: _____

2. Medicare Card

Medicare card number _____

Individual reference number (next to your name on Medicare card): ____

Card colour: (select which applies)

- Green - Expiry date / / (MM/YYYY)
- Yellow - Expiry date / / (DD/MM/YYYY)
- Blue - Expiry date / / (DD/MM/YYYY)

3. Australian Birth Certificate

State/Territory _____

Details vary according to State/Territory (see note above)

4. Australian Passport

Passport number _____

For Non-Australian

5. Non-Australian Passport (with Australian Visa)

Passport number _____

Country of issue _____

6. Immicard

Immicard Number _____

7. Citizenship Certificate

Stock number _____

Acquisition date ____/____/____ (day/month/year)

8. Certificate of Registration by Descent

Acquisition date ____/____/____ (day/month/year)

In accordance with section 11 of the *Student Identifiers Act 2014*, RGIT Australia 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.