

FULL FEE PAYING STUDENT ENROLMENT FORM

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you to provide and report and monitor compliance aspect. Please complete the form by:

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

1. Personal Details

Student ID

Surname

Given Names

Date of Birth (dd/mm/yyyy)

City of Birth

Male

Female

2. Contact Information

Phone number

Mobile number

Email address

3. Australian Residential Address

Building / Property Name

Flat / Unit Number

Street Number

Street Name

Suburb

State

Postcode

4. Postal Address (if different from residential address)

Building / Property Name

Flat / Unit Number

Street Number

Street Name

PO Box / Roadside Delivery Box

Suburb

State

Postcode

5. Emergency Contact

Name

Relationship

Contact Number

Email address

Building / Property Name

Flat / Unit Number

Street Number

Street Name

Suburb

State

Postcode

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6. Unique Student Identifier (USI)	
Do you have a USI number?	<input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> No <input type="checkbox"/> I will create myself (www.usi.gov.au) <input type="checkbox"/> I authorise RGIT to create on my behalf <small>(please complete and attach USI consent form)</small>

7. Language and Cultural Diversity	
In which country is the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other _____
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____
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 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander

8. Previous Education / Qualifications																																						
What is your highest COMPLETED school level? <small>(Please tick ONE box only)</small>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school																																				
In which YEAR did you complete that school level?																																						
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																					
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes																																					
If YES, then tick one of these Prior Education Achievement Recognition Identifiers any applicable qualification level. A – Australian Qualification E – Australian Equivalent I – International Qualification	<table border="0"> <tr> <td>A</td> <td>E</td> <td>I</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bachelor Degree or Higher Degree</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Advanced Diploma or Associate Degree</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Diploma (or Associate Diploma)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certificate IV (or Advanced Certificate / Technician)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certificate III (or Trade Certificate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certificate II</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certificate I</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certificates other than the above</td> </tr> </table>	A	E	I		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or Advanced Certificate / Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than the above	
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9. Disabilities	
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No – Go to Question 10	
If YES, then please indicate the areas of disability, impairment or long-term condition:	
<input type="checkbox"/> Hearing / deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Medical Condition
<input type="checkbox"/> Vision <input type="checkbox"/> Learning <input type="checkbox"/> Other, please specify: _____	

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10. Employment

Which BEST describes your current employment status?

(Please tick ONE box only)

- Full-time employee
- Part-time employee
- Self-employed – not employing others
- Employer
- Employed – unpaid worker in a family business
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed – not seeking employment

Which of the following classifications BEST describes the industry of your current or previous employment?

(Please tick ONE box only)

If never employed, go to Question 11

- A - Agriculture, Forestry and Fishing
- B - Mining
- C - Manufacturing
- D - Electrical, 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
- O - Public Administration and Safety
- P - Education and Training
- Q - Health Care and Social Assistances
- R - Arts and Recreation Services
- S - Other Services, please specify: _____

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

If never employed, go to Question 11

- | | |
|---|--|
| <input type="checkbox"/> 1 - Manager | <input type="checkbox"/> 5 - Clerical and Administrative Workers |
| <input type="checkbox"/> 2 - Professionals | <input type="checkbox"/> 6 - Sales Worker |
| <input type="checkbox"/> 3 - Technicians and Trades Workers | <input type="checkbox"/> 7 - Machinery Operators and Drivers |
| <input type="checkbox"/> 4 - Community and Personal Service Workers | <input type="checkbox"/> 8 - Labourers |
| | <input type="checkbox"/> 9 - Other Services, please specify: _____ |

11. Study Reasons

Of the following categories, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship?

(Please tick ONE box only)

- | | | |
|--|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To try for a different career | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get a better job promotion | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> For personal interest or self-development |
| | | <input type="checkbox"/> Other reasons |

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12. Course of Study			
CRICOS Name & 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 / do not consent to 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:
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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	

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Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

Collection of your data

RGIT is required to provide the Department with student and training activity data. This includes personal information collected in the RGIT enrolment form and unique identifiers such as the Commonwealth's Unique Student Identifier (USI).

RGIT provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at:

<http://www.education.vic.gov.au/training/providers/rto/Pages/d/atacollection.aspx>

Use of your data

The Department uses student and training data including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by RGIT; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

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).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or the Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/ or to obtain a Victorian Government VET subsidy.

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to:

<http://www.education.vic.gov.au/Pages/privacypolicy.aspx>

For further information about Unique Student Identifiers, including access, correction and complaints, go to:

<http://www.usi.gov.au/students/pages/student-privacy.aspx>

I acknowledge that I have read the Victorian Government's VET Student Enrolment Notice.

Student signature:

I acknowledge the privacy statement as a *prerequisite* for online enrolments.