

Identifier (USI):

# **STUDENT ENROLMENT FORM**

Course Name				Co	urse Da	ate(s):		
(Qualification/Unit):				Co	urse Lo	cation	:	
Unique Student								Please BLOCK write USI #

IOGTA can be prevented from issuing you with a nationally recognized VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <a href="http://www.usi.gov.au/create-your-usi/">http://www.usi.gov.au/create-your-usi/</a>

If you would like IOGTA to apply for a USI on your behalf, please request a 'Unique Student Identifier (USI) Creation Form'.

Title (please circle):	Mr / Mrs / Ms / Miss / Other	Gender (please tick	): 🗆 I	M 🗆 F 🗆	Other
Given Name:		Middle Name:			
SURNAME:		Date of Birth:		/ /	
Mobile Number:		Work Number:			
Email:		Home Number:			
Postal Address:		State:		Postcode:	
Residential Address:		State:		Postcode:	

Employer/Company Name:		
Authorised contact person:	Email:	

Who will be paying for the course? IOGTA's payment terms/conditions and refund	□ Self	Payment accepted in person at your local IOGTA officer or via Electronic Funds Transfer (EFT) to: Indian Ocean Group Training Association BSB: 036 189 Account: 126 786 Reference: "Your Name"				
policy is available at <u>www.iogta.wa.edu.au</u>	CDP Provider	Provider Name:				
	🗆 Employer	Is a purchase order required?   Yes  No				

#### Privacy Notice

Under the *Data Provision Requirements 2012*, Indian Ocean Group Training Association (IOGTA) 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 IOGTA for statistical, regulatory and research purposes. IOGTA 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



Date: \_\_\_\_\_

Date: \_\_\_\_

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 <u>www.ncver.edu.au</u>).

Some courses are delivered by Third Parties on behalf of IOGTA. Third Parties are contracted to and monitored by Site Skills Training and are required to comply with IOGTA's Policies and Procedures, the Standards for Registered Training Organisations 2015, the Privacy Act 1998 and the National Privacy Principles.

#### **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.

I give permission for IOGTA and Third Parties contracted to IOGTA to take my photo & reproduce my image for licencing or ID purposes, assessments and marketing purposes.

I give permission for my employer to receive a copy of my Certificate, Statement of Attainment or record of results should they request it.

I declare that I have been provided with access to a copy of IOGTAs student information guide and information relating to the course nominated on this enrolment form, electronically via IOGTA's website <u>www.iogta.wa.edu.au</u>

Student signature: \_\_\_\_

Parent/Guardian signature\*: \_\_\_\_\_

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

1	Country of Birth:	□ Australia □ New Zealand □ Malaysia □ Other – please specify:				
2	City of Birth:					
3	Are you an Australian Citizen?	□ No □ Yes				
4	Are you of Aboriginal or Torres Strait Islander origin?	🗆 No 🛛 Yes, Aboriginal 🗌 Yes, Torres Strait Islander				
5	Of the following categories, which BEST describes your current employment status? (Tick ONE box only)	<ul> <li>Full-time employee</li> <li>Part-time employee</li> <li>Self-employed – not employing others</li> <li>Self-employed – employing others</li> <li>Unemployed – seeking part-time work</li> <li>Unemployed – seeking full-time work</li> <li>Not employed – not seeking employment</li> </ul>				
6	Do you speak a language other than English at home?	□ No, English only □ Yes, Other – Please specify				
7	How well do you speak English?	□ Very Well □ Well □ Not Well □ Not at all				
8	Do you require assistance with English during your training?	<ul> <li>□ No □ Yes</li> <li>□ No □ Yes</li> <li>□ Informal translation assistance</li> <li>□ Informal translation assistance</li> <li>□ Additional support from Trainer</li> </ul>				
9	Are you still enrolled in secondary or senior secondary education?	□ No □ Yes – School name:				
10	What is your highest COMPLETED school level? (Tick ONE box only)	<ul> <li>Year 12 or equivalent</li> <li>Year 12 or equivalent</li> <li>Year 11 or equivalent</li> <li>Year 10 or equivalent</li> <li>Year 9 or equivalent</li> <li>Year of completion:</li> </ul>				

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## **STUDENT ENROLMENT FORM (continued)**

11	Do you consider yourself to have a disability, impairment or long-term condition that may affect your training? If YES, please indicate the areas of disability, impairment or long-term condition (you may tick more than one):	<ul> <li>No Yes</li> <li>Hearing/Deaf</li> <li>Learning</li> <li>Acquired brain impairment</li> <li>Medical Condition</li> <li>Vision</li> </ul>			
12	Please indicate which areas you may require initial or ongoing support (if any areas are self-identified, your Trainer will speak to you confidentially regarding your support needs)	Use of technology       Assistance required with:         Planning and organisational skills       Reading         Time management       Writing         Communication skills       Undertaking maths         Problem solving skills       calculations			
13	Have you SUCCESSFULLY completed any of the following qualifications?	<ul> <li>No</li> <li>Yes</li> <li>If Yes, tick any that are applicable:         <ul> <li>Bachelor degree or higher degree</li> <li>Advanced diploma or associate degree</li> <li>Diploma (or associate diploma)</li> <li>Certificate IV (or advanced certificate/technician)</li> <li>Certificate III (or trade certificate)</li> <li>Certificate II</li> <li>Certificate I</li> <li>Other education (including certificates or overseas qualifications not listed above)</li> </ul> </li> </ul>			
14	Please outline the experience you have working in an industry that is relevant to the course into which you are enrolling (if any).				
15	Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)	<ul> <li>To get a job</li> <li>To develop my existing business</li> <li>To start my own business</li> <li>To try for a different career</li> <li>To get a better job or promotion</li> <li>It was a requirement of my job</li> <li>I wanted extra skills for my job</li> <li>To get into another course of study</li> <li>For personal interest or self-development</li> <li>Other reasons</li> </ul>			
16	How did you hear about the course you are enrolling in?	Facebook IOGTA flyer IOGTA website Word of Mouth     Employer Email Local Paper Other:			
Eme	ergency Contact Name:	Contact Number:			
Rela	itionship:				

### END OF ENROLMENT