

# Enrolment form

Pre-accredited ACFE



- Upper Ferntree Gully    Ferntree Gully    Wantirna South    Rowville    The Basin

Course applying for: \_\_\_\_\_

## Contact Details

Please record your name as you would wish it to appear on a certificate.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Title:  Mr    Mrs    Ms    Miss      DOB (Date you were born): \_\_\_\_\_  
DD/MM/YYYY

Gender:  Male    Female    Indeterminate/intersex/unspecified

Home phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Full address (Where do you live?): \_\_\_\_\_ Postal address (If different from full address): \_\_\_\_\_

Victorian Student Number (VSN) (If you are under 25 years of age): \_\_\_\_\_

If you have not provided a VSN, is this because you are new to the Victorian Education system?    Yes    No

Email: \_\_\_\_\_

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

- |   |   |
|---|---|
| <input type="radio"/> A Agriculture, forestry & fishing           | <input type="radio"/> K Financial & Insurance Services                |
| <input type="radio"/> B Mining                                    | <input type="radio"/> L Rental, hiring & Real estate services         |
| <input type="radio"/> C Manufacturing                             | <input type="radio"/> M Professional, scientific & technical services |
| <input type="radio"/> D Electricity, gas, water and waste service | <input type="radio"/> N Administrative & Support services             |
| <input type="radio"/> E Construction                              | <input type="radio"/> O Public administration & safety                |
| <input type="radio"/> F Wholesale Trade                           | <input type="radio"/> P Education & Training                          |
| <input type="radio"/> G Retail Trade                              | <input type="radio"/> Q Health Care & social assistance               |
| <input type="radio"/> H Accommodation & Food services             | <input type="radio"/> R Art & recreation services                     |
| <input type="radio"/> I Transport Postal & Warehouse              | <input type="radio"/> S Other services                                |
| <input type="radio"/> J Information, Media & Telecommunication    |   |

Which one of the following classifications BEST describes your current or recent occupation?

- 1 Manager
- 2 Professionals
- 3 Technicians & Trade workers
- 4 Community & personal services
- 5 Clerical & Administrative worker
- 6 Sales worker
- 7 Machinery operator & drivers
- 8 Labourers
- 9 Other

Emergency contact person (Who should we contact in an emergency?): \_\_\_\_\_

Relationship to you (Who are they?): \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

Are you Aboriginal?  Yes  No

Are you a Torres Strait Islander?  Yes  No

Country of birth (Where were you born?): \_\_\_\_\_

Are you still attending school?  Yes  No

What is your highest school level completed?

- Year 12
- Year 11
- Year 10
- Year 9 or equivalent
- Year 8 or lower
- Never attended school

What year did you complete high school? \_\_\_\_\_

Employment status:

- Full time worker
- Self-employed, not employing others
- Not employed, not seeking employment
- Part time worker
- Unemployed, seeking part time work
- Employer
- Unemployed, seeking full time work

What language do you speak at home? \_\_\_\_\_

How well do you speak English?  Very well  Well  Not well  Not at all

Do you have any difficulty with the English language?  Yes  No

If appropriate, please identify where you have difficulty:  Reading  Writing  Speaking

## Medical Conditions

We like to provide support for people with extra needs.

Do you consider yourself to have a disability, impairment or long-term condition?  Yes  No

If yes, do you have any of these Medical conditions?

- |  |  |
|--|--|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Hearing / Deaf        | <input type="checkbox"/> Mental Illness    |
| <input type="checkbox"/> Intellectual          | <input type="checkbox"/> Physical          |
| <input type="checkbox"/> Learning              | <input type="checkbox"/> Vision/ Other     |

Do you have a current Government Concession card?  Yes  No (Concession card must be sighted )

Have you successfully finished any of these Australian qualifications?  Yes  No

Please tick which is your highest completed level of qualification.

- |  |   |
|--|---|
| <input type="checkbox"/> Certificate I                                     | <input type="checkbox"/> Diploma or Associate Diploma         |
| <input type="checkbox"/> Certificate II                                    | <input type="checkbox"/> Advanced Diploma or Associate Degree |
| <input type="checkbox"/> Certificate III or Trade certificate              | <input type="checkbox"/> Bachelor Degree or higher            |
| <input type="checkbox"/> Certificate IV or Advanced Certificate technician | <input type="checkbox"/> Certificate – other than listed      |

What kind of qualification do you hold?

- Australian qualification  International  
 Australian equivalent (Australian equivalent assessed by Victorian Overseas Qualification unit (OQU))

## Rules for Government Funding

To receive Government Funding you may be required to provide proof of eligibility.

Were you born in Australia?  Yes  No      Are you an Australian citizen?  Yes  No

If you are not an Australian citizen, please answer the following:

Are you an Australian Permanent Resident (holder of permanent visa)?  Yes  No  
(If yes a green medicare card needs to be sighted )

Do you hold a Temporary Protection visa?  Yes  No  
(If yes a green medicare card or visa needs to be sighted )

Are you an East Timorese asylum seeker?  Yes  No

Where did you find out about this course?

- |  |  |
|--|--|
| <input type="checkbox"/> Friend              | <input type="checkbox"/> KLA members Website           |
| <input type="checkbox"/> Work                | <input type="checkbox"/> Community Space               |
| <input type="checkbox"/> Job Service Agency  | <input type="checkbox"/> Short Courses in Knox Website |
| <input type="checkbox"/> Email Newsletter    | <input type="checkbox"/> Other. Please specify _____   |
| <input type="checkbox"/> KLA members program |  |

Why did you choose this course?

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

Evidence of eligibility and concession (if applicable) has been sighted by the Organisation's Representative:

Medicare Card Sighted: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MM/YYYY

Type of Concession: \_\_\_\_\_

Card No.: \_\_\_\_\_ Expiry Date : \_\_\_\_\_  
DD/MM/YYYY

## Signature and Declaration

- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Knox Learning Alliance (KLA) will let me know about any planned excursions.

I  DO /  DO NOT allow photographs/videos of me to be taken as part of my classes at the KLA organisation to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.

## Student Enrolment Privacy Notice

### Victorian Government VET 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

KLA member organisations are required to provide the Department with student and training activity data. This includes personal information collected in the KLA member organisations enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). KLA member organisations provide 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/datacollection.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 KLA member organisations; 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 a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.

## 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. If you require further information, please contact the Coordinator or Manager at the KLA organisation in the first instance by email or phone. 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 and agree to the terms described in the privacy statement.

I hereby declare that the information provided in this application for enrolment form is completed and accurate.

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

I  DO /  DO NOT wish to participate in an Adult Community and Further Education participation survey.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MM/YYYY

Applicant under 18 years: \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/MM/YYYY

**Courses fill quickly; please return this application form as soon as possible to avoid disappointment.**

**Please ensure you have attached proof of your Australian citizenship or Residential Status.**

**For refund information, you are referred to your KLA organisation's website.**

Office use only (Vettrak entries)			
Date Details Recorded	Student Number	Occurrence Code	Staff operator initials
Local Code		Start Date	End Date