

Learner		PLEASE PRINT	
First name		Last name	
Middle name		Title	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr
Date of birth XX/XX/XXXX		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Country of birth		Town of birth	
Residential address			
Suburb		Postcode	
Email address			
Mobile number			

- I am an Australian or New Zealand citizen, or Australian permanent resident, who resides in Queensland.
- I am not currently enrolled in any other training.
- I have received the Learner Handbook and understand my rights and responsibilities.
- I will provide my Unique Student Identifier and give permission for the RTO to verify it.  
*(We are unable to accept the enrolment without this permission as Australian law requires us to verify your USI).*
- I declare that the information supplied on this form is correct and complete.

Student signature:

Date:    /    / 2018

Signature of parent/guardian:  
 (if under 18 years)

Date:    /    / 2018

### Concession (there is no co-contribution fee payable)

- I have a healthcare card (we must have a photocopy of both sides of this card).
- I am Aboriginal or Torres Strait Islander

### Proof of identity

We must retain proof of age and residence in Queensland if a person is eligible for subsidised training. The enrolment is not complete until this is submitted to us.

This agreement does not remove your rights under the Australia Consumer Law.

## Privacy notice

Under the Data Provision Requirements 2012, we are 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 us for statistical, regulatory and research purposes. We may disclose your personal information for these purposes to third parties, including:

- 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
- Researchers.

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

- issuing a VET Statement of Attainment or VET 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 program 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](http://www.ncver.edu.au)).

### 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 ..... Date:        /        / 2018

## Statistical Information

General										
Are you still attending secondary school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes								
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both								
Were you born in Australia?	<input type="checkbox"/> Yes <i>Go to next question</i>  <div style="text-align: right;">No →</div>	Country of birth:  What is your Residency Status? <input type="checkbox"/> Australian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Humanitarian refugee <input type="checkbox"/> Other (please specify)								
Do you speak a language other than English at home?	<input type="checkbox"/> No <i>Go to next question</i>  <div style="text-align: right;">Yes →</div>	Name of language:  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								
Employment										
Type of employment	<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee								
Choose which one BEST describes your main reason for undertaking this program? <i>(please tick one only)</i>	<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 <input type="checkbox"/> For personal development <input type="checkbox"/> Other reasons								
Disability										
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No <i>Go to next question</i>  <div style="text-align: right;">Yes →</div>	If YES, indicate area/s (you may indicate more than one area) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Hearing/Deaf</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Acquired brain impairment</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Medical condition</td> <td style="border: none;"><input type="checkbox"/> Intellectual</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Physical</td> <td style="border: none;"><input type="checkbox"/> Vision</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Learning</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Physical	<input type="checkbox"/> Vision	<input type="checkbox"/> Learning	<input type="checkbox"/> Other
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<input type="checkbox"/> Physical	<input type="checkbox"/> Vision									
<input type="checkbox"/> Learning	<input type="checkbox"/> Other									
Schooling										
What is your highest <b>COMPLETED</b> school level? (tick one only)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Never attended school								
In which <b>YEAR</b> (e.g. 1985) did you complete that school level? (OK to leave blank if you do not remember).										
Previous qualification										
What is the highest-level qualification that you have <b>COMPLETED</b> ? <i>This must be a qualification that is recognised in Australia.</i>	OK to leave blank if you have not completed one.									
Unique Student Identifier (USI)										
Go to this website to get your own USI and add it here. <a href="http://www.usi.gov.au">www.usi.gov.au</a> <i>(Write the letters/numbers VERY clearly as we must verify it).</i>										