SKILLWISE
TRAINING

Enrolment Form

This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs.
All staff at SkillWise Training Pty Ltd are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form.

Application for Enrolment	
Which course would you like to enroll in?	
Preferred start date:	☐ As soon as possible ☐ From: ____/____/____
Have you ever studied with Skillwise Training Pty Ltd before?	☐ Yes ☐ No
Do you wish to apply for **Credit?** *If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.*	☐ Yes ☐ No ☐ Maybe - I'd like more information
Do you wish to apply for **Recognition of Prior Learning?** *If you indicate YES, you will be contacted to discuss this further.*	☐ Yes ☐ No ☐ Maybe - I'd like more information

Personal Details				
1.	**Enter your full name***			
	Surname:			
	Given names:			
	**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 Skillwise Training Pty Ltd 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.*			
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:	
5.	**What is the address of your usual residence?** *Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work, or other purposes before returning to your home. If you are from a rural area, use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.*			
	Building/ property name			
	Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
	Street name:		Suburb, locality or town:	
	State/territory:		Postcode:	
6.	**What is your postal address** ***(if different from above)?***			
	Building/ property name:			
	Flat/unit details:		Street or Lot Number *(e.g. 205 or Lot 118):*	
	Street name:		Suburb, locality or town:	

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Personal Details			
State/Territory:		Postcode:	

Language and cultural diversity	
7. **In which country were you born?**	☐ Australia [1101] ☐ Other, please specify: _____
8. **Do you speak a language other than English at home?** *If more than one language, indicate the one that is spoken most often.*	☐ No, English only [1201] ☐ Yes, other, please specify: _____
9. **Are you of Aboriginal or Torres Strait Islander origin?** *For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.*	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Disability			
10. **Do you consider yourself to have a disability, impairment, or long-term condition?**			☐ Yes ☐ No – *go to question 12*
11. **If you indicated 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 at the back of this form for an explanation of the following disabilities.*			
☐ Hearing/deaf [11]	☐ Physical [12]	☐ Intellectual [13]	
☐ Learning [14]	☐ Mental Illness [15]	☐ Acquired brain impairment [16]	
☐ Vision [17]	☐ Medical Condition [18]	☐ Other [19]	

Schooling		
12. **What is your highest COMPLETED school level** *(tick one box only)* If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.		
☐ Year 12 or equivalent [12]	☐ Year 11 or equivalent [11]	☐ Year 10 or equivalent [10]
☐ Year 9 or equivalent [09]	☐ Year 8 or below [08]	☐ Never attended school [02] *Go to question 14*
13. **Are you still enrolled in secondary or senior secondary education?**		☐ Yes ☐ No

Previous qualifications achieved		
14. **Have you SUCCESSFULLY completed any of the qualifications listed in question 15?**		☐ Yes – *indicate below Question 15* ☐ No – *Go to Question 16*
15. **If yes, tick ANY applicable boxes**		
☐	☐	

Employment		
16. **Of the following categories, which BEST describes your current employment status?** *(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).*		
☐ Full-time employee [01]	☐ Part-time employee [02]	☐ Self-employed – not employing others [03]
☐ Self-employed – employing others [04]	☐ Employed – unpaid worker in a family business [05]	☐ Unemployed – seeking full-time work [06]
☐ Unemployed – seeking part-time work [07]	☐ Not employed – not seeking employment [08]	

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Study reason

17. **Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?** *(Tick one box only)*

- ☐ To get a job [01]
- ☐ To develop my existing business [02]
- ☐ To start my own business [03]
- ☐ To try for a different career [04]
- ☐ To get a better job or promotion [05]
- ☐ It was a requirement of my job [06]
- ☐ I wanted extra skills for my job [07[
- ☐ To get into another course of study [08]
- ☐ For personal interest or self-development [12]
- ☐ Other reasons [11]

Victorian Student Number To *be completed by all Victorian students aged up to 24 years*

A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

18. **Enter your Victorian Student Number (VSN)**

19. **Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?**

- ☐ No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.
- ☐ Yes - I have attended a Victorian school since 2009
  Most recent Victorian school attended:
- ☐ Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011
  List the most recent training organisations with which you have participated in training in Victoria since 2011 *(List up to 3 training organisations)*
  1.
  2.
  3.

Unique Student Identifier (USI)

From 1 January 2015, Skillwise Training Pty Ltd can be prevented from issuing you with a nationally recognised 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 http://www.usi.gov.au/create-your-USI/ on computer or mobile device.

20. **Enter your unique student identifier**
    If you already have one

21. **If you do not have a USI, would you like us to apply for a USI on your behalf?**
    - ☐ Yes – *please complete 'Applying on your behalf', questions and application declaration.*
    - ☐ No – *skip to next section*

APPLYING ON YOUR BEHALF

If you would like Skillwise Training Pty Ltd 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.
Please provide your town/city of birth and ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.
In accordance with section 11 of the *Student Identifiers Act 2014*, Skillwise Training Pty Ltd 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, unless we are required by or under any law to retain it.

Town/City of Birth *(please write the name of the Australian or overseas town or city where you were born)*

22. **We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below**

Australian Driver's License
State: _____
License Number:_____

Medicare Card
Medicare card number_____
Individual reference number (next to your name on Medicare card): __
Card colour (circle one): Green / Yellow / Blue

Australian Passport
Passport number_____

Non-Australian Passport (with Australian Visa)
Passport number _____
Country of issue_____

Immicard
Immicard Number_____

Citizenship Certificate
Stock number
_____
Acquisition date (day/month/year)
____/_____/_____

Certificate of Registration by Descent
Acquisition date (day/month/year)
____/_____/_____

Enrolment Form

Unique Student Identifier (USI)		
Expiry date ___/_____/____ (format DD/MM/YYYY)		

USI APPLICATION DECLARATION

☐ I authorise Skillwise Training Pty Ltd 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 pursuant to the information detailed at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx

Student Signature:		Date:	/ /
Student Name:			

Next of kin/emergency contact			
These are people that Skillwise Training Pty Ltd may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Skillwise Training Pty Ltd.			
Name:		Relationship to you:	
Address:			
Home phone:	( )	Work:	( )
Mobile:		Email:	

PRIVACY NOTICE

Under the Data Provision Requirements 2012, Skillwise Training Pty Ltd 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 Skillwise Training Pty Ltd for statistical, regulatory and research purposes. Skillwise Training Pty Ltd may disclose your personal information for these purposes to third parties, including: 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.

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).

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.

Student Declaration and Consent *please tick all*

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☐ 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:	/ /
Student Name:			

SkillWise Training Pty Ltd
Email: info@skillwisetraining.edu.au
Web: www.skillwisetraining.edu.au
RTO Code: 46402

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DISABILITY SUPPLEMENT

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.