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Application Form - Queensland School Student					
Information contained in this document is utilised in accordance with Smartskill Pty Ltd Privacy Policy					
Section 1 – Selected Qualification or Course					
I wish to enrol in the follow	ing:				
Qualification or					
Course Name:					
Commencement date					
Location					
Delivery Mode	Classroom / Simulated or industry environment				
	Online/ Correspondence				
	Apprenticeship / Traineeship				
	□ Workplace Based				
	Assessment Only (RPL)				
Section 2 – Personal Details					
First Name:					
Middle Name:					
Last Name:					
Any Previous Names:					
Date of Birth:					
Gender	□ Male □ Female □ Other				
Telephone number:					
Mobile number:					
Email address					



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School Email address

Section 2 – Unique Studen	t Identifier
	From 1 January 2015, we 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). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <a href="https://www.usi.gov.au/students/create-your-usi/">https://www.usi.gov.au/students/create-your-usi/</a> on computer or mobile device.
Currently hold a USI	You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/.
	Unique Student Identifier (USI)
	If you DO NOT have a USI, please complete the following section: When you enrol to study, your education or training provider will ask for your Unique Student Identifier (USI). They need it to issue your qualification, award, testamur or statement of attainment. Please search for your USI before completing the application form below.
	Application for Unique Student Identifier (USI) If you would like Smartskill 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 <u>https://www.usi.gov.au/about-</u> <u>us/privacy</u> . 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.
If you DO NOT have a USI	I [Print Name]authorise Smartskill 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 (which may include sensitive information) pursuant to the information detailed at <a href="https://www.usi.gov.au/about-us/privacy">https://www.usi.gov.au/about-us/privacy</a>
	Town/City of Birth (please write the name of the Australian or overseas town or city where you were born)



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We will also need to verify your identity to create your USI						
Section 3 – Learner Unique Identif	Section 3 – Learner Unique Identifier					
LUI Number						
Section 4 – Identification						
Have you completed a Course or Qualification with Smartskill previously?	<ul> <li>□ Yes (Please complete the section below)</li> <li>□ No</li> </ul>					
Previous Course or Qualification undertaken with Smartskill	<ul> <li>RSA</li> <li>RSG</li> <li>Bar course (Short Course)</li> <li>Restaurant course (Short Course)</li> <li>SIT20316 Certificate II in Hospitality</li> <li>SIT20322 Certificate II in Hospitality</li> <li>SIT20416 Certificate II in Kitchen Operations</li> <li>SIT20421 Certificate II in Cookery</li> <li>SIT30616 Certificate III in Hospitality</li> <li>SIT20116 Certificate II in Tourism</li> <li>SIT30116 Certificate III in Tourism</li> <li>Other</li> </ul>					
	tification ( e.g. Drivers Licence, Medicare Card, Australian Passport, Birth Certificate) opy your ID front and back for Medicare and Drivers Licence)					
1. Australian Driver's Licence						
State:	Licence Number: Expiry date/					
<ul> <li>2. Medicare Card</li> <li>Medicare card number</li> <li>Individual reference number (next to your name on Medicare card):</li> </ul>						
Card colour: (select which applies) Green Yellow Blue Expiry date/						
3. Australian Birth Certificate	3. Australian Birth Certificate					
State/Territory Number						
<ol> <li>Australian Passport</li> <li>Passport number</li> </ol>	Expiry date/					



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□ Yes

5. Other

Provided copies of ID listed above

🗆 No



Sectior	15 – Residential and	Postal address		
Buildin	g / Property Name			
Flat / U	nit number			
Street	Number			
Street I	Name:			
Suburb	:			
Postco	de			
State				
Postal Address:          Same as above         Or complete section below if different from above				
Addres	s:			
Suburb	:			
Postco	de			
State				
Section 6 – Employment Status				
Curren	t Employment			
	Full-Time Employee			Employed – Unpaid Worker in Family Business
	Part-Time Employee	2		Unemployed – Seeking Full-Time Work
	Self-Employed (Not	Employing Others)		Unemployed – Seeking Part-Time Work
	Employer			Not Employed – Not Seeking Employment



Section 7 – Previous Education or Training						
Education						
Are yo	Are you still at school 🛛 Yes 🖓 No					
What	is your highest level C	OMPLETED school level?				
	Did not go to schoo	I				
	Year 8 or Below			th Completed :		
	Completed Year 9 o	r Equivalent	Name of So	hool:		
	Completed Year 10	or Equivalent				
	Completed Year 11	or Equivalent				
	Completed Year 12	or Equivalent				
Previe	ous Training undertak	en				
Are yo	ou currently enrolled i	her courses / qualifications n any courses / qualificatio Discipline /Subject	ns? (Specify B	elow) 🗆 Yes		
Qualit	fication Level	Area	Qualification	Level	Discipline /Subject Area	
	Certificate I			Diploma/Adv Diploma		
	Certificate II			Bachelor		
	Certificate III			Post Grad		
	Certificate IV			Masters/Doctorate		
	Other					
-	ason for Study					
U. Reason for study         Which of the following         statements best         describes your reason         for enrolling in this         course?         To get a better job or promotion         It was a requirement of my job         I wanted extra skills for my job         To get skills for community/voluntary work         To gain a qualification         Personal Interest         To get a job         To try another career         Other reasons						



Section 8 – Personal Information							
E. Language and Literacy							
What is your country of Birth?				<ul><li>Austral</li><li>Other</li></ul>	ia		
Is English your f	irst language	2?		1	□ Yes	□ No	
If NO, what lang	guage do you	usually speak?					
How well do yo	u speak Engl	ish?			□ Very Well □ Well	□ Minimal □ Not at all	
F. Disability Sta	<b>tus</b> (Please d	choose by placing an X in th	ne boxes that	t appl	ly to you)		
Do you consider	r that you ha	ive a disability, impairment	t / long term	cond	lition?		
□ Yes	□ No						
Disability Impai	irment or Lo	ng-Term Condition:					
<ul> <li>Hearing /</li> <li>Deafness</li> </ul>	D Physica				Medical Conditic	n	
□ Vision	□ Intellec	tual			Mental Illness		
<ul> <li>Acquired</li> <li>Brain</li> <li>Impairment</li> </ul>	🛛 Learnin	□ Learning		□ Not Specified			
D Other :							
Do you need any additional support?		□ Yes		□ No			
Specify support required :							
<b>G. Indigenous Status</b> ( <i>Please choose by placing an X in the boxes that apply to you</i> )							
Yes, Aboriginal		□ Yes, Torres Strait Islander					
No, Neither Aboriginal or Torres Strait Islander							
Next of Kin:							
Name:							
Relationship:							
Mobile Number							
Section 9 – Fees							
Fee Type : <ul> <li>Fee For Service (FFS)</li> <li>Note: An Invoice will be sent to the School for to of FFS fees</li> </ul>		he collection		By ticking t accessing \	nt Subsidy / Concession Type : VETiS his box I understand that I am /ET Investment Funding Subsidy to his qualification		



## Section 10 – Student Enrolment and Policy acceptance Declaration

I (Name) \_\_\_\_\_\_, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Smartskill Pty Ltd to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information. I have approved that assistance may have been given in the completion of this enrolment form by a staff member from Smartskill Pty Ltd.

I declare that I have read, understood and agree with the following:	Initials				
All enrolments are confirmed in writing before the course starts, giving details of the course start times					
and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement					
date, please contact us immediately.					
VET DATA					
Why we collect your personal information					
As a registered training organisation (RTO), we collect your personal information so we can process and					
manage your enrolment in a vocational education and training (VET) course with us.					
How we use your personal information					
We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed,					
to comply with our obligations as an RTO.					
How we disclose your personal information					
We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth)					
(NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection					
kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for					
collecting, managing, analysing and communicating research and statistics about the Australian VET					
sector.					
We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant					
state or territory training authority.					
How the NCVER and other bodies handle your personal information					
The NCVER will collect, hold, use and disclose your personal information in accordance with the law,					
including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be					
used and disclosed by NCVER for purposes that include populating authenticated VET transcripts;					
administration of VET; facilitation of statistics and research relating to education, including surveys and					
data linkage; and understanding the VET market.					
The NCVER is authorised to disclose information to the Australian Government Department of Education,					
Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than					
registered training organisations) that deal with matters relating to VET and VET regulators for the					
purposes of those bodies, including to enable:					
administration of VET, including program administration, regulation, monitoring and evaluation					
facilitation of statistics and research relating to education, including surveys and data linkage					
<ul> <li>understanding how the VET market operates, for policy, workforce planning and consumer</li> </ul>					
information.					
The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on					
NCVER's behalf. The NCVER does not intend to disclose your personal information to any overseas					
recipients. For more information about how the NCVER will handle your personal information please refer					
to the NCVER's Privacy Policy at <u>www.ncver.edu.au/privacy</u> .					
If you would like to seek access to or correct your information, in the first instance, please contact your					
RTO using the contact details listed below. DESE is authorised by law, including the Privacy Act and the					
NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities.					



For more information about how the DESE will handle your personal information, please refer to the DESE					
VET Privacy Notice at https://www.dese.gov.au/national-vet-data/vet-privacy-notice.					
<u>Surveys</u>					
You may receive a studen	t survey which may be run by a government departm	ent or an N	VCVER emp	ployee,	
agent, third-party contrac	tor or another authorised agency. Please note you m	ay opt out	of the surv	vey at	
the time of being contacted	ed.				
Contact information					
At any time, you may cont	act Smartskill to:				
<ul> <li>request ad</li> </ul>	ccess to your personal information				
<ul> <li>correct yo</li> </ul>	ur personal information				
make a co	mplaint about how your personal information has be	en handled	d		
ask a ques	stion about this Privacy Notice				
PRIVACY					
The Primary purpose of co	ollecting person information that you supply on this for	orm is to pi	rocess you	ır	
enrolment and governme	nt reporting. We may also use these details to keep y	ou informe	ed of upco	ming	
events and will not disclos	se your information to a third party. For more details	of our Priv	acy Policy	',	
please visit the website or	contact the Director of Smartskill Pty Ltd.				
PHOTOGRAPHIC CONSEN	Т				
I, the undersigned person	agree to and provide permission for the photographi	ic, video, aι	udio or an	y other	
form of electronic recordi	ng of me to be collected by Smartskill Pty Ltd. I autho	orise the us	se or		
reproduction of any image	e/recording referred to above for the purposes of ass	essment ev	vidence or		
publishing materials relate	ed to the activities, programs without acknowledgme	ent and with	hout being	5	
entitled to remuneration or compensation. The image/recording may appear in print, electronic, or video					
media, and may be available to a global audience through the internet					
REFUND POLICY					
Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part					
refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full					
copy of the Refund Policy visit our website <u>www.smartskill.com.au</u> or contact us.					
QCAA LEARNER ACCOUNT ACCESS					
I, the undersigned person give permission for the Smartskill Schools Coordinator to access my QCAA					
Learner Account to check on previous Vocational Education programs that I may have completed at School					
or with another Registered Training Organisation.					
Student Signature:		Date:	,	/	
Smartskill Use Only					
Processed by		Date:	/	/	
riocessed by		Date.	/	1	