

Enrolment Form - Non 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 following:

| | |
|-------------------------------|--|
| Qualification or Course Name: | |
| Commencement date | |
| Location | |
| Delivery Mode | <input type="checkbox"/> Classroom / Simulated or industry environment <input type="checkbox"/> Online/ Correspondence <input type="checkbox"/> Apprenticeship / Traineeship <input type="checkbox"/> Workplace Based <input type="checkbox"/> Assessment Only (RPL) |

Section 2 – Personal Details

| | |
|-------------------|--|
| First Name: | |
| Middle Name: | |
| Last Name: | |
| Date of Birth: | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Telephone number: | |
| Mobile number: | |
| Email address | |

Section 2 – Unique Student Identifier

| | |
|----------------------|---|
| Currently hold a USI | <p>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 NCVET. If you have not yet obtained a USI you can apply for it directly at https://www.usi.gov.au/students/create-your-usi/ on computer or mobile device.</p> |
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| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | <p>Enter your Unique Student Identifier (USI) (if you already have one)</p> <p>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/.</p> <p>Unique Student Identifier (USI)</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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| <p style="color: red;">If you DO NOT have a USI</p> | <p>Application for Unique Student Identifier (USI)</p> <p>If you would like us [insert RTO name] 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.</p> <p>I [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.</p> <p><input type="checkbox"/> 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 https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf.</p> <p>Town/City of Birth _____ <i>(please write the name of the Australian or overseas town or city where you were born)</i></p> <p>We will also need to verify your identity to create your USI</p> |
|---|--|

Section 3 – Identification

| | |
|---|--|
| <p>Have you completed a Course or Qualification with Smartskill previously?</p> | <p><input type="checkbox"/> Yes (Please complete the section below)</p> <p><input type="checkbox"/> No</p> |
| <p>Previous Course or Qualification undertaken with Smartskill</p> | <ul style="list-style-type: none"> <input type="checkbox"/> RSA <input type="checkbox"/> RSG <input type="checkbox"/> Bar course (Short Course) <input type="checkbox"/> Restaurant course (Short Course) <input type="checkbox"/> SIT20316 Certificate II in Hospitality <input type="checkbox"/> SIT30616 Certificate III in Hospitality <input type="checkbox"/> SIT20116 Certificate II in Tourism <input type="checkbox"/> SIT30116 Certificate III in Tourism <input type="checkbox"/> Other <p>_____</p> |

Provide at least TWO forms of Identification (e.g. Drivers Licence, Medicare Card, Australian Passport, Birth Certificate)
(Administration Staff will need to copy your ID front and back for Medicare and Drivers Licence)

1. Australian Driver's Licence

State: _____ Licence Number: _____ Expiry date ____/____

2. Medicare Card

Medicare card number _____

Individual reference number (next to your name on Medicare card): _____

Card colour: (select which applies)

Green Yellow Blue Expiry date ____/____

3. Australian Birth Certificate

State/Territory _____ Number _____

4. Australian Passport

Passport number _____ Expiry date ____/____

5. Other

Provided copies of ID listed above

Yes

No

Section 4 – Residential and Postal address

| | |
|--------------------------|--|
| Building / Property Name | |
| Flat / Unit number | |
| Street Number | |
| Street Name: | |
| Suburb: | |
| Postcode | |
| State | |

Postal Address:

Same as above

Or complete section below if different from above

| | |
|----------|--|
| Address: | |
| Suburb: | |
| Postcode | |
| State | |

Section 5 – Employment Status

Current Employment

| | | | |
|--------------------------|--------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Full-Time Employee | <input type="checkbox"/> | Employed – Unpaid Worker in Family Business |
| <input type="checkbox"/> | Part-Time Employee | <input type="checkbox"/> | Unemployed – Seeking Full-Time Work |
| <input type="checkbox"/> | Self-Employed (Not Employing Others) | <input type="checkbox"/> | Unemployed – Seeking Part-Time Work |
| <input type="checkbox"/> | Employer | <input type="checkbox"/> | Not Employed – Not Seeking Employment |

Section 6 – Previous Education or Training

Education

Are you still at school Yes No

What is your highest level **COMPLETED** school level?

| | | |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | Did not go to school | Year / Month Completed : _____ Name of School: _____ |
| <input type="checkbox"/> | Year 8 or Below | |
| <input type="checkbox"/> | Completed Year 9 or Equivalent | |
| <input type="checkbox"/> | Completed Year 10 or Equivalent | |
| <input type="checkbox"/> | Completed Year 11 or Equivalent | |
| <input type="checkbox"/> | Completed Year 12 or Equivalent | |

Previous Training undertaken

Have you completed any other courses / qualifications? (Specify Below) Yes No

| Qualification Level | Discipline /Subject Area | Qualification Level | Discipline /Subject Area |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Certificate I | | <input type="checkbox"/> Diploma/Adv Diploma | |
| <input type="checkbox"/> Certificate II | | <input type="checkbox"/> Bachelor | |
| <input type="checkbox"/> Certificate III | | <input type="checkbox"/> Post Grad | |
| <input type="checkbox"/> Certificate IV | | <input type="checkbox"/> Masters/Doctorate | |
| <input type="checkbox"/> Other | | | |

D. Reason for Study

| | |
|--|---|
| Which of the following statements best describes your reason for enrolling in this course? | <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 of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> To get skills for community/voluntary work <input type="checkbox"/> To gain a qualification <input type="checkbox"/> Personal Interest <input type="checkbox"/> To get a job <input type="checkbox"/> To try another career <input type="checkbox"/> Other reasons |
|--|---|

Section 7– Personal Information

E. Language and Literacy

| | |
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| What is your country of Birth? | <input type="checkbox"/> Australia <input type="checkbox"/> Other _____ |
|--------------------------------|--|

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| Is English your first language? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If NO, what language do you usually speak? | | | |
| How well do you speak English? | | <input type="checkbox"/> Very Well | <input type="checkbox"/> Minimal |
| | | <input type="checkbox"/> Well | <input type="checkbox"/> Not at all |
| F. Disability Status (Please choose by placing an X in the boxes that apply to you) | | | |
| Do you consider that you have a disability, impairment / long term condition? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Disability, Impairment or Long-Term Condition: | | | |
| <input type="checkbox"/> Hearing / Deafness | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical Condition | |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Learning | <input type="checkbox"/> Not Specified | |
| <input type="checkbox"/> Other : | | | |
| Do you need any additional support? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specify support required : | | | |
| G. Indigenous Status (Please choose by placing an X in the boxes that apply to you) | | | |
| <input type="checkbox"/> Yes, Aboriginal | | <input type="checkbox"/> Yes, Torres Strait Islander | |
| <input type="checkbox"/> No, Neither Aboriginal or Torres Strait Islander | | | |
| Next of Kin : | | | |
| Name: | | | |
| Relationship: | | | |
| Mobile Number | | | |
| Section 8 – Fees | | | |
| Fee Type : | <input type="checkbox"/> Fee For Service (FFS) | Government Subsidy / Concession Type : | |
| | | <input type="checkbox"/> Certificate 3 Guarantee | |
| | | <input type="checkbox"/> Traineeship / Apprenticeship | |
| | | <input type="checkbox"/> Funded program (SQW) | |
| Responsibility for Payment | <input type="checkbox"/> Student / Trainee (myself) <input type="checkbox"/> My Employer <input type="checkbox"/> My Parent / Guardian | <input type="checkbox"/> Other: (Please identify) | |

- Invoices/receipts will be raised and sent within 7 days of enrolment date.
- Payment is expected within 14 days.
- Payment must be made before commencement of course.
- The Admin and resource fees are payable immediately. No refund is applicable for these fees.

Cancellation fees may apply, refer to refund policy.

| | | |
|----------------------------|----------------------------|-----------|
| Total Fee breakdown | Course Fee | \$ |
| | Resources Fee | \$ |
| | Administration Fee | \$ |
| | Co contribution fee | \$ |
| | Total: | \$ |

Section 9 – Marketing

| | | |
|-------------------------------------|--|--|
| How did you hear about Smartskill | <input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Billboard / Signage | <input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend <input type="checkbox"/> I am a Past Student <input type="checkbox"/> From a past student of Smartskill |
| How did you hear about this course? | <input type="checkbox"/> Email received <input type="checkbox"/> Press Advertisement <input type="checkbox"/> Internet Search <input type="checkbox"/> Television <input type="checkbox"/> Radio | <input type="checkbox"/> Industry Body / Regulator <input type="checkbox"/> Employer <input type="checkbox"/> Work Colleague <input type="checkbox"/> Family / Friend |

Section 10 – Student / Trainee 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.

| | |
|---|--|
| <p><u>How we disclose your personal information</u></p> <p>We are required by law (under the <i>National Vocational Education and Training Regulator Act 2011</i> (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.</p> <p>We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.</p> <p><u>How the NCVER and other bodies handle your personal information</u></p> <p>The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the <i>Privacy Act 1988</i> (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.</p> <p>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:</p> <ul style="list-style-type: none"> • administration of VET, including program administration, regulation, monitoring and evaluation • facilitation of statistics and research relating to education, including surveys and data linkage • understanding how the VET market operates, for policy, workforce planning and consumer information. <p>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 www.ncver.edu.au/privacy.</p> <p>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.</p> <p><u>Surveys</u></p> <p>You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.</p> <p><u>Contact information</u></p> <p>At any time, you may contact Smartskill to:</p> <ul style="list-style-type: none"> • request access to your personal information • correct your personal information • make a complaint about how your personal information has been handled • ask a question about this Privacy Notice | |
| <p>PRIVACY</p> <p>The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website or contact the Director of Smartskill Pty Ltd.</p> | |
| <p>PHOTOGRAPHIC CONSENT</p> <p>I, the undersigned person agree to and provide permission for the photographic, video, audio or any other</p> | |

| | | |
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| <p>form of electronic recording of me to be collected by Smartskill Pty Ltd. I authorise the use or reproduction of any image/recording referred to above for the purposes of assessment evidence or publishing materials related to the activities, programs without acknowledgment and without being 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</p> | | |
| <p>REFUND POLICY</p> <p>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 www.smartskill.com.au or contact us.</p> | | |
| <p>Student / Trainee Signature:</p> | | <p>Date: / /</p> |
| <p>Smartskill Use Only</p> | | |
| <p>Processed by</p> | | <p>Date: / /</p> |