

Enrolment Form | Smart & Skilled

497-507 High Street, PENRITH NSW 2750
+61 2 4732 5088 Telephone



Student ID: _____

Smart and Skilled Entitlement Full Qualifications Program <input type="checkbox"/> Targeted Priorities Full Qualifications Program <input type="checkbox"/> ID provided: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Medicare Care Card <input type="checkbox"/> Other: _____	Training Provider Name and Location: Astute Training 1/497-507 High Street PENRITH, NSW 2750 024732 5088 Mode of Study: <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Distance	Course Name and NTIS Code: Course Start Date: _____ Course End Date: _____ TNI Reference Number: N/A Commitment ID: _____ SYDTNI - _____ PAS No: _____
OFFICE USE ONLY – Exemption mode of study		

Name, D.O.B and Gender: (Given Name) _____ (LAST NAME) _____ First: _____ Middle: _____ Surname: _____ Date of Birth: ____ / ____ / ____ (DD/MM/YYYY) Sex/Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> (tick one box)	
Contact Details and Current Address: Home Ph.: _____ Mobile Ph.: _____ Email: _____ No. & Street: _____ Suburb: _____ State: _____ Postcode: _____ I reside in public/ community housing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ethnicity: In which country were you born in? _____ In which town/city were you born in? _____ Which language do you speak at home? <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER, please specify below the language spoken: _____ Are you of Aboriginal and/or Torres Strait Islander Origin? Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box)	
Citizenship: Student Declaration: I am: <input type="checkbox"/> an Australian citizen <input type="checkbox"/> a New Zealand citizen (tick one box) <input type="checkbox"/> an Australian permanent resident <input type="checkbox"/> an Australian permanent humanitarian visa holder	
Disability: Do you consider yourself to have a disability or special needs? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, specify type of disability or need: _____ Do you require special assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) (if yes this will be discussed at an individual appointment with student support)	Commonwealth Benefits and Allowances: Are you a welfare recipient? <input type="checkbox"/> YES (Please specify below) <input type="checkbox"/> NO (go to question 6.) <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment <input type="checkbox"/> OTHER – please specify: _____ Please provide your benefit Number / ID: _____
Schooling: What is your highest COMPLETED school level? (tick one box) <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower In which YEAR did you complete that school level? _____	Qualifications Completed: Since leaving school, have you COMPLETED any qualifications? If YES tick the applicable box below. <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Other: _____
USI: Do you have a USI (Unique Student Identifier)? <input type="checkbox"/> YES, what is your USI? _____ <input type="checkbox"/> NO <input type="checkbox"/> Unsure Have you undertaken any other Smart and Skilled qualifications this calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/>	RECOGNITION OF PRIOR LEARNING & CREDIT TRANSFER: Do you want to apply for Recognition of Prior Learning? (RPL) Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) Do you want to apply for Credit Transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) If yes you will need to complete the applicable form and return it to reception at Astute Training Pty Ltd for assessment.
Employment Status: Of the following categories, which BEST describes your current employment status? <input type="checkbox"/> Unemployed <input type="checkbox"/> Casual Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Full Time Employee <input type="checkbox"/> Other: _____ Are you long-term unemployed ? No <input type="checkbox"/> Yes <input type="checkbox"/> appropriate evidence is required If employed , what is the name of the organization: _____ Postcode/suburb of organization: _____ Are you a client of an Employment Service Provider? No <input type="checkbox"/> Yes <input type="checkbox"/> Name and Client ID of Provider: _____	

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Student Declaration

I _____
(PRINT first, middle and last Name)

Of _____ with date of birth _____
(Current residential address)

I declare that all information provided in the enrolment process is true, accurate, complete and not misleading in any way.

CONSENT TO USE AND DISCLOSE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES – CONSUMER PROTECTION DECLARATION

I understand and agree that under the *Data Provision Requirements 2012* Astute Training Pty Ltd is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **Personal Information**) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (**NCVER**)

My Personal Information (including the personal information contained on the enrollment form and my training data) may be used or disclosed by Astute training Pty Ltd for statistical, regulatory and research purposes. Astute Training Pty Ltd may disclose my personal information for these purposes to the third parties, including:

- School – if I am a secondary student undertaking VET, including a school – based apprenticeship or traineeship;
- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorized agencies, including the NSW department of education & communities and other government agencies;
- NCVER;
- Organisations conducting student survey's; and
- 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 survey's;
- Understanding how the VET market operates, for policy, workforce planning and consumer information and;
- Administering VET, including program administration, regulation, monitoring and evaluation

I may receive an NCVER student Survey which may be administered by an NCVER employee, agent or third-party contractor. I may opt out of the survey at the time of being contacted

NCVER will collect, hold, use and disclose my 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)

The Department may disclose my Personal information to other Australian government agencies, including those located in Stated and Territories outside the New South Wales

The above government agencies may use my Personal information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My personal information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with Astute Training Pty Ltd for the purpose of evaluating and assessing my subsidised training.

I consent to the collection, use and disclosure of my Personal information in the manner outlined above.

SIGNATURE: _____ **DATE:** ____/____/____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required.

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** ____/____/____