ENROLMENT FORM

Apprenticeship

SKILLS® AUSTRALIA INSTITUTE
DREAM | SEEK | ACHIEVE

APPRENTICESHIP QUALIFICATIONS

- ☐ CPC30220 Certificate III in Carpentry
- ☐ CPC33020 Certificate III in Bricklaying and Blocklaying
- ☐ AUR30620 Certificate III in Light Vehicle Mechanical Technology

PERSONAL DETAILS

Family Name (surname) .....

Given Names .....

(You must write your name, including any middle names, exactly as written in the identity)

Date of Birth (dd/mm/yy) ..... ☐ Under 18 years old ☐ Under 24 years old

Gender: ☐ Female ☐ Male ☐ Other Marital Status .....

Country of Birth: ☐ Australia ☐ Other .....

Are you of Aboriginal and/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

STUDENT ID
(if applicable)

Enter your Unique Student Identifier (USI) (if you already have one)

UNIQUE STUDENT IDENTIFIER (USI)

To create your USI please visit this link - https://www.usi.gov.au/students/get-a-usi

EMERGENCY / PARENTS CONTACT DETAILS

Name .....

Phone ..... Relationship .....

Address .....

.....

Email Address .....

ENGLISH LANGUAGE PROFICIENCY

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 ☐ Yes, other - please specify .....

Please rate your English Language proficiency:

☐ Very Well ☐ Well ☐ Not Well ☐ Not at all

ADDRESS

Building/property name ..... Flat/unit .....

Street or lot No. .....

Suburb, locally or town ..... State/territory .....

Postcode ..... Country .....

Home Phone ..... Work Phone .....

Mobile Phone .....

Email Address .....

EQUITY AND DISABILITY

Do you have a disability, impairment or long-term medical condition which may affect your studies? ☐ Yes ☐ No (skip to next section)

If yes, please specify the type/s of disability*

☐ Hearing/deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental Illness
☐ Acquired brain impairment ☐ Vision ☐ Medical condition
☐ Other

*If you need further information to complete this question, please request a copy of the Skills Australia Institute 'Disability Information Supplement' from the student services team

Please give brief details about your medical condition/disability .....

Do you require alternative methods of training and assessment or other support services?

.....

.....

CONCESSION CARD HOLDER

Do you hold a concession card? ☐ Yes ☐ No

Please select the type of concession card you hold:

☐ Health Care Card ☐ Pensioner Concession Card
☐ Repatriation Health Benefits Card
☐ Other (please specify): .....

Cardholder's Full Name (as it appears on the card): .....

Concession Card Number: .....

Card Expiry Date: ...../...../...../

Are you the primary cardholder? ☐ Yes ☐ No

If No: What is your relationship to the cardholder? .....

Please present a copy of your current concession card together with this application form to the Apprenticeships Coordinator.

☐ I declare that the information provided is true and correct, and I consent to this information being used to determine my eligibility for a concession

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RTO Number 52010 | CRICOS Code: 03548F | ABN: 78 126 274 682

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STUDY REASON

Which best describes your reason for undertaking your course? (tick one only)

- ☐ To get a job
- ☐ To develop my existing business
- ☐ To start my own business
- ☐ To try for a different career
- ☐ To get a better job or promotion
- ☐ It was a requirement of my job
- ☐ I wanted extra skills for my job
- ☐ To get into another course of study
- ☐ To get skills for community/voluntary work
- ☐ Other reasons (please specify) .....

QUALIFICATIONS AND EDUCATION

Are you still enrolled in secondary or senior secondary education? ☐ Yes ☐ No

What is the highest level of secondary school you have completed?

☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent ☐ Year 8 or below ☐ Never attended school

Which year did you complete that schooling level? .....

Have you successfully completed a Degree, Diploma or Certificate? ☐ Yes ☐ No
If yes, please tick below

☐ Bachelor degree or higher degree ☐ Advanced diploma or associate degree ☐ Diploma (or associate diploma)

☐ Certificate IV (or advanced certificate/technician) ☐ Certificate III (or trade certificate) ☐ Certificate II ☐ Certificate I

☐ Other education (including certificates or overseas qualifications not listed above) .....

Please provide details of all current and previous studies (including High School) that you have completed, or are about to complete.
Please provide copies of all latest qualifications and/or High School results.

Name of Qualification/Course	Name of Institution/School	Month/Year commenced	Month/Year completed	Copy Attached
				☐
				☐
				☐

DIGITAL LITERACY

Do you regularly have access to any of these digital technologies?			Select your level of capability for each digital technology			
Digital Technologies?	**Yes**	**No**	**No Capability**	**Limited**	**Capable**	**Advance**
Desktop or notebook computer	☐	☐	☐	☐	☐	☐
Tablet or Smart Phone	☐	☐	☐	☐	☐	☐
Internet	☐	☐	☐	☐	☐	☐
Microsoft Word	☐	☐	☐	☐	☐	☐
Microsoft Excel	☐	☐	☐	☐	☐	☐
Microsoft Powerpoint	☐	☐	☐	☐	☐	☐
Email	☐	☐	☐	☐	☐	☐

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EMPLOYMENT

Please select the description that best fits your current employment status

- ☐ Full-time employee
- ☐ Part-Time Employee (working 20 hours or more per week)
- ☐ Part-Time Employee (working 19 hours or under per week)
- ☐ Self employed - not employing others
- ☐ Self employed - employing others
- ☐ Employed - unpaid worker in a family business
- ☐ Unemployed - seeking full-time work
- ☐ Unemployed - seeking part-time work
- ☐ Not employed - not seeking employment

HOW DID YOU HEAR ABOUT US

- ☐ Agent (please specify) .....
- ☐ Skills Australia Institute Website ☐ Brochure ☐ Exhibition / Seminar
- ☐ Friend or Relative (please specify) .....

Full name ..... Student ID .....

- ☐ Magazines/Newspapers (please specify) .....
- ☐ Employment provider (please specify) .....
- ☐ High School (please specify) .....
- ☐ Social Media (please specify) .....
- ☐ Others (please specify) .....

RESIDENCY STATUS

Please select your citizenship or residency status.

- ☐ Australian Citizen
- ☐ New Zealand Citizen
- ☐ Permanent Visa - Humanitarian
- ☐ Permanent Visa - Non-Humanitarian
- ☐ Temporary Visa - Partner (Provisional) Visa - Subclass 309
- ☐ Temporary Visa - Special Category Visa - Subclass 444
- ☐ Temporary Visa - Temporary Work (Skilled) Visa - Subclass 457 (secondary holder only)
- ☐ Temporary Visa - Temporary Skill Shortage Visa - Subclass 482 (secondary holder only)
- ☐ Temporary Visa - Temporary Protection Visa - Subclass 785
- ☐ Temporary Visa - Safe Haven Enterprise Visa (SHEV) - Subclass 790
- ☐ Temporary Visa - Partner Visa (Temporary) - Subclass 820
- ☐ Bridging Visa E Holder (subclasses 050 and 051) and has made a valid application for a visa of subclass 785 or 790

DECLARATION

I,..... declare that the information provided in this application form and other supporting documents is true and correct. I agree that I have read and agree to be bound by the Conditions of Enrolment and policies and procedures of Skills Australia Institute. I acknowledge that Skills Australia Institute reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect, incomplete or fraudulent information

This Application Form includes questions to enable Skills Australia Institute to collect and provide AVETMISS compliant records to meet our National VET Provider Collection Data Requirements. Additional information about AVETMISS Records and Skills Australia Institute Privacy Notice is available at the Front Desk, and via the Skills Australia Institute website.

Skills Australia Institute recognises and respects your privacy. Skills Australia Institute collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education.

The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements and/or to authenticate information provided to us as part of our application process. Skills Australia Institute Privacy Policy reflects the National Privacy Principles set out in the Privacy Act 1988 as well as the Information Privacy Principles set out in the Information Privacy Bill 2007 (WA). A copy of our Privacy Notice is available in the conditions of enrolment section of this application form.

☐ I understand that when Skills Australia Institute performs a search to locate my USI, I will receive a notice regarding the use of this function to confirm my USI. The RTO name included on the notice will appear as follows:

- Legal Name - Excellent Accounts Pty Ltd
- Trading Name - Skills Australia Institute

☐ I do not allow Skills Australia Institute to use photographs, testimonials and videos taken of me for advertising or marketing purposes

☐ I acknowledge that I have read and understood the refund and cancellation policy as contained in this enrolment form.

Applicant's Signature ..... Date ..... dd/mm/yy

Parent or Guardian's Signature..... Date .....
(If applicant is under 18 years of age) dd/mm/yy

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CONDITIONS OF ENROLMENT

REFUND POLICY – FUNDED PROGRAM STUDENTS

The Skills Australia Institute Refund Policy for 'Funded Program Students' covers how REFUND Fees are calculated in the event of cancellation of enrolment before unit/ course completion, either at the request of Skills Australia Institute, at the request of the student or as a result of a breach of Skills Australia Institute's code of conduct. Funded Program Students are those enrolled in the Department of Training and Workforce Development (DTWD) Funded Programs including Jobs and Skills WA Training Courses.

Refund for fees paid in advance

The calculation applied for fees paid is listed in Table 1.

FEES AND CHARGES

Fees payable may include the following:

- **Unit Fees:** Are the fees payable for students undertaking a Department of Training and Workforce Development (DTWD) Funded Program, including Jobs and Skills\ WA Training Courses. Unit Fees are charged in accordance with the current VET Fees and Charges Policy copy available at the Front Office or via our website **www.skillsaustralia.edu.au**
- **Resource Fees:** Fees are as specified in your agreement with Skills Australia Institute. For Funded Program students, other fees currently charged are as follows:
  Resource Fees: AUR30620 Certificate III in Light Vehicle Mechanical Technology - $1000
  CPC30220 Certificate III in Carpentry - $1000
  CPC33020 Certificate III in Bricklaying and Blocklaying - $1000

GENERAL INFORMATION

- **Enrolment Invoices:** Students are issued an enrolment invoice at course commencement. Students are invoiced on a Unit by Unit (per subject) basis, as they COMMENCE the units.
- **Recognition of Prior Learning/Credit:** : There is no fee for units that are granted Credits. RPL units are charged on a unit-by-unit (per subject) basis (fee payable will vary depending on the type of evidence submitted).
- **Withdrawal Dates:** : Students are only required to pay for the units that they complete. Students must notify Skills Australia Institute of their intention to cancel a unit by the individual unit withdrawal date, to avoid paying the Unit Fee or to receive a FULL Refund of unit fees pre-paid. Withdrawal dates are set for each unit at no less than 20% of the way through the period during which the unit is undertaken.
- **Student Portal:** Students can check their student portal to confirm when fees are due and see which fees have been paid.

TABLE 1 - REFUND - FUNDED PROGRAM STUDENTS

Full Refund of Unit Fees for units that have not yet commenced will be made when:

> A student withdraws from a course when the course and/or a unit is cancelled or re-scheduled to a time that is unsuitable to the student; or

> A student is not given a place due to maximum number of places being reached.

Partial Refund of Unit Fees will be made when:

> A student withdraws for reasons other than those listed above, and who lodges a Course Variation Form before 20% of delivery for the unit has been concluded. In this case, students will be eligible for a full refund of the applicable unit fee.

Pro Rata Refunds will be made when:

Students withdraw for reasons of personal circumstances beyond their control. For example:

> serious illness resulting in extended absence from classes;

> injury or disability that prevents the student from completing their program of study; or

> other exceptional reasons at the discretion of the accountable officer.

In all cases, relevant documentary evidence (for example, medical certificate) is required

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PRIVACY NOTICE

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 avocational 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 Employment and Workplace Relations (DEWR), 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
- Understanding how the VET market operates, for policy, workforce planning and consumer 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

www.ncver.edu.au/privacy.

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.

DEWR 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 DEWR will handle your personal information, please refer to the DEWR VET
Privacy Notice at https://www.dewr.gov.au/national-vet-data/vet-privacy-notice.

Surveys

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.

Contact information

At any time, you may contact Skills Australia Institute to:

- 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

SEND YOUR APPLICATION TO

Email: enrolments.perth@skillsaustralia.edu.au

Post: 230 Railway Parade, Cannington WA 6107

FOR OFFICE USE ONLY

Name of Officer who sighted and collected the completed form:

.....

Signature:..... Date: ...../...../...../

☐ I confirm that I have collected the required documents to support this application

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APPRENTICESHIP PRE-ENROLMENT QUESTIONNAIRE

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At Skills Australia Institute, we are excited to welcome you, and we would love to learn more about you and your goals! Please take a moment to fill the below questionnaire about your interest in studying with Skills Australia Institute:

Name ..... Date (dd/mm/yy) .....

Course you want to enrol in: .....

Why are you considering enrolling with Skills Australia Institute?

Why are you interested in this course?

Why do you think you are suitable for this course?

What do you expect to achieve from studying this course?

What are the courses fees payable for the course you have selected?

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Receiving Staff Member ..... Date (dd/mm/yy) .....

Has this prospective student met with a student counsellor at Skills Australia Institute? ☐ Yes ☐ No Details .....

☐ **Enrolment recommended** (I confirm I have reviewed the answers provided by the prospective student, and recommend this student for enrolment). Attached this form to completed Application for Enrolment.

☐ **Enrolment NOT recommended** (I confirm I have reviewed the answers provided by the prospective student and do NOT recommend this student for enrolment). Provide explanation/recommendations:

When a student is NOT recommended for enrolment, student must be contacted and informed why we have made recommendation, and provide with some suggestions, which may include a different course selection at Skills Australia Institute. To be Authorised by Training & Compliance Manager.

Signature ..... Date (dd/mm/yy) .....

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