



Australian College of Training and Assessment

Enrolment Form

Students who would like to enrol in a program or qualification must complete **all** areas of the Enrolment Application Form. Please note that the information contained with this document may be supplied to, and used by governments and other agencies for administration and research in accordance with legislative requirements.

1. Course Details

| | | |
|--|--|--|
| Qualification Name | | |
| Qualification Code | | |
| Short Courses | | |
| Delivery Method | <input type="checkbox"/> Classroom <input type="checkbox"/> Recognition of Prior Learning <input type="checkbox"/> Blended | <input type="checkbox"/> Work based Training and Assessment <input type="checkbox"/> e-Learning |
| Proposed Course Dates | | |
| Do you wish to apply for RPL or Credit Transfer? If yes, please attach relevant transcript(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Personal Details

When completing the table below please write the name used when you applied for your Unique Student Identifier (USI), including any middle names and provide the physical address where you usually reside rather than a temporary address which you reside for training, work or other purposes.

| | | | | | |
|---|--|--------------------------------|---|-----------|--|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| First Name | | Surname | | | |
| Middle Name | | Former Name (if applicable) | | | |
| Unique Student Identifier (USI) | | Date of Birth | ____/____/____ Date / Month / Year | | |
| Residential Address | | | | | |
| Suburb | | State | | Post Code | |
| Postal Address (if different from above) | | State | | Post Code | |
| Email Address | | | | | |
| Home Phone | | Work Phone | | | |
| Mobile Phone | | Emergency Phone | | | |
| Emergency Contact | | | | | |



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3. Disability/ Special Need

All information is collected, stored and destroyed confidentially. The information collected below will be used to support students who have a special need or an additional support requirement by the development of an individualised learning and assessment plan. For government subsidised students who have a disability fee concessions maybe available.

| | |
|---|---|
| Do you have a disability, impairment or long term condition? NOTE: You may select more than one area. | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select the areas in the following list. |
| <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <input type="checkbox"/> Acquired brain impairment |
| Has your disability ever been assessed by a health professional/specialist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you on a disability support pension? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a dependent child or spouse of a person in receipt of a disability support pension? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. Language and Cultural Diversity

| | | | |
|--|--|--|--|
| Are you an Australian Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a permanent resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Evidence of citizenship/ residency/visa § Attach evidence to application form | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medicare card <input type="checkbox"/> Passport <input type="checkbox"/> Naturalisation Certificate | <input type="checkbox"/> Certificate of Evidence Resident Status (CERS) <input type="checkbox"/> Visa <input type="checkbox"/> Other | |
| If you are not an Australian Citizen or Permanent Resident, list your Visa Type. | Visa Type _____ | Place of Birth - Town /State _____ | |
| In which country were you born? | <input type="checkbox"/> Australia | <input type="checkbox"/> Other – Please Specify _____ | |
| Do you speak a language other than English at home? | <input type="checkbox"/> No | <input type="checkbox"/> Yes – Please Specify _____ | |
| How well do you speak English? | <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all | | |
| Are you Aboriginal or Torres Strait Islander? | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander NOTE: For persons of both Aboriginal and Torres Strait Islander origin, tick both YES boxes. | | |

5. Schooling

| | | |
|---|--|---|
| Are you still attending secondary school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If under 17 years of age. have you completed your Year 10 certificate or equivalent? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below |
| In what year did you complete that school level? | | |
| What is the highest level of school that you completed? | <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below |
| Are you currently studying with another Registered Training Organisation (RTO)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you are currently studying with another RTO, are you wanting to transfer your enrolment? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Are you registered for a NSW Traineeship? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If currently registered or awaiting registration for a NSW Traineeship, please identify your Apprenticeship Centre. | | |



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6. Previous Qualifications Achieved

| | | | |
|--|---|---|--|
| Have you successfully completed a qualification? | | <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, tick the applicable boxes | |
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Certificate IV (or advanced certificate technician) | <input type="checkbox"/> Certificate II | |
| <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Certificate I | |
| <input type="checkbox"/> Diploma or associate diploma | | <input type="checkbox"/> Certificates other than the above | |
| Did you complete your qualification(s)? | | <input type="checkbox"/> Whilst at school <input type="checkbox"/> Since leaving school <input type="checkbox"/> This calendar year | |
| Did you achieve your qualification after turning 17 years of age? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your qualification funded under Smart and Skilled? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, identify the qualification and year completed. NOTE: If applying for credit transfer please attach a copy of your Qualification and Transcript of Results. | Qualification | Year | |
| | | | |
| | | | |
| | | | |

7. Employment

| | | |
|---|---|---|
| Of the following categories, which best describes your current employment status? | | |
| <input type="checkbox"/> Full Time employee | <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Employed – unpaid in a family business |
| <input type="checkbox"/> Part-employee | <input type="checkbox"/> Unemployed – seeking full-time work | <input type="checkbox"/> Not employed – not seeking employment |
| <input type="checkbox"/> Employer | | |
| Have you been unemployed for a period greater than 52 weeks? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Note: If YES please provide evidence |
| Are you currently registered with a Job/ Employment Service Provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES – Please provide the following details <ul style="list-style-type: none"> Name of Job/ Employment Service Provider Employment Service Provider Client ID (JSID) | | |

8. Study Reason

| | | | |
|---|---|--|---|
| Of the following categories, which best describes your reason for undertaking this course / traineeship / apprenticeship? | | | |
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To try for a different career | <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> For personal reasons or self-development |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> Job | | |

10. Refund Policy

REFUND INFORMATION

We will make refunds to students in certain circumstances as listed below. To apply for a refund, you should: email a request/ **fill in our Refund Form located on our website and** send to admin@actacollege.edu.au



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REFUNDS

| Circumstance | Refund Policy |
|--|--|
| Withdrawing from a training program. | You will be entitled to a full refund of fees paid if you withdraw more than 7 days before the scheduled start of the training program. |
| | If you withdraw within 7 days before the scheduled start of the training program you will be entitled a credit voucher may be obtained for any future class for a period of one year only, OR, apply in writing to the Committee for a refund. Once a course has started funds are committed and cannot be refunded or transferred. |
| If a training program is cancelled before commencement | You will be entitled to a full refund of fees paid. |

Provider Fee Refund Guarantee

| | |
|--|---|
| IF for any reason we (ACTA) cannot complete the training | You will be entitled to a refund of fees proportional to the amount of training not delivered |
|--|---|

11. Unique Student Identifier

From 1 January 2015 all students undertaking nationally recognised training must have a Unique Student Identifier (USI) and provide that USI to their Registered Training Organisation for verification. **If you do not have a USI number, you can apply directly at <http://www.usi.gov.au/create-your-usi/>** . ACTA is not able to issue AQF certification documentation (your certificate, record of results or statement of attainment) without a verified USI.

Read the permission statements below and tick if consent is provided.

- 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> also contained on page 6 of the enrolment form.
- give my permission to ACTA to **apply** for a USI on my behalf pursuant to subsection 9(2) of the Student Identifiers Act 2014
- I agree to provide one of the forms of identity required to create a USI • Australian Driver Licence • Medicare Card • Passport • Non – Australian Passport with Australian Visa • Immicard •Citizenship Certificate • Certificate of Registration by Descent.
- I give permission for ACTA to **verify** my USI.

In accordance with section 11 of the Student Identifiers Act 2014 ACTA will securely destroy all personal information which is collected from individuals solely for the purpose of applying for a USI as soon as practicable (after the application has been made or when the information is no longer needed for that purpose, unless required by or under any law to retain it

12. Referral

| | | |
|----------------------------------|---|--|
| How did you hear about RTO NAME? | <input type="checkbox"/> Website <input type="checkbox"/> TV/Radio advertising <input type="checkbox"/> Newspaper Advertising | <input type="checkbox"/> Employer <input type="checkbox"/> Other _____ |
|----------------------------------|---|--|



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This section is to be filled in by NSW Smart and Skilled students ONLY
 IF you are not a NSW SMART AND SKILLED applicant go to section 18. Page 6

13. Funding Options

| | | |
|--|------------------------------|-----------------------------|
| NSW Smart and Skilled Government Subsidy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fee for Service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

14. Smart and Skilled Eligibility

| | | |
|--|------------------------------|-----------------------------|
| Are you still at school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you live or work in NSW? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you an Aboriginal or Torres Strait Islander? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you undertaken any other Smart and Skilled qualification this calendar year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

15. Welfare Status

| | | |
|---|---|--|
| Are you a welfare recipient | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Note: <ul style="list-style-type: none"> You must provide suitable evidence to qualify for a concession fee – Please attach § A NSW Trainee/Apprentice on a Newstart Allowance is not eligible for a concession fee The Carer Payment does not include the Carer Allowance or Carer Adjustment Payment | <input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Family Tax Benefit Part A – maximum rate <input type="checkbox"/> Parenting Payment- Single <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Disability Pension | <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans Affairs Pensions <input type="checkbox"/> Veterans Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Farm Household Allowance |

16. Fee Exemption Eligibility

| | | |
|--|--|-----------------------------|
| I would like to apply for a fee exemption | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fee exemption eligibility Note: You must provide suitable evidence to qualify for a fee exemption – e.g. Disability Support Pension, Centrelink evidence, Proof of Benefit, Letter/Statement – visit the following website for more information. | <input type="checkbox"/> Aboriginal/Torres Strait Islander <input type="checkbox"/> Currently receiving Disability Support Pension <input type="checkbox"/> Dependent child of a person in receipt of a disability support pension <input type="checkbox"/> Dependent spouse of a person in receipt of a disability support pension <input type="checkbox"/> Social Housing – Public Housing or Community Housing <input type="checkbox"/> Humanitarian VISA holder Humanitarian visa type _____ code _____ <input type="checkbox"/> Fee Free Scholarship (under 30 Years old) <input type="checkbox"/> Fee Free Scholarship (other circumstances) | |



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17. Concession Eligibility

| | | |
|--|---|--|
| I would like to apply for the concession fee | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>Concession fee eligibility</p> <p>Note:</p> <ul style="list-style-type: none"> You must provide suitable evidence to qualify for a concession fee – Please attach § A NSW Trainee/Apprentice on a Newstart Allowance is not eligible for a concession fee The Carer Payment does not include the Carer Allowance or Carer Adjustment Payment | <input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Family Tax Benefit Part A – maximum rate <input type="checkbox"/> Parenting Payment- Single <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Disability Pension | <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans Affairs Pensions <input type="checkbox"/> Veterans Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Farm Household Allowance |

18. Declarations and Consent

| | |
|--|--|
| All information provided to ACTA as part of the enrolment process is true and correct to the best of my knowledge and understanding. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of the offer made. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I understand that personal information collected by ACTA may be supplied to, and used by governments and other agencies for administration, regulation and research. I understand that my information may be disclosed to my employer (if I am enrolled in training paid by my employer) or school (if I am a school based apprentice /trainee or VET in Schools student) if applicable. I consent for the information collected to be used, and disclosed by ACTA in accordance with legal, regulatory and data provision requirements. – Read and complete consent to use and disclose personal information below if applying for Smart and Skilled Funding. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I would like to enrol in this course having been provided with sufficient information (e.g. student handbook, pre-enrolment information, and course and fee information) in which to make an informed decision prior to enrolment. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I agree to the fee/s being charged, payment terms and refund policy and procedure. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I am aware of my rights and responsibilities as a student and agree to abide by the policies and procedures of the organisation outlined in the Student Handbook and on the ACTA Website. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I agree for photos taken in the course of training to be used in marketing/advertising materials including social media and to receive marketing correspondence through SMS text/email. I understand that any photos taken will not be provided to another party without my consent. I understand that I can opt out of receiving marketing material at any point in time. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have read the student information Handbook on www.actacollege.edu.au | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----------|-----------------------|
| Full Name | _____ / _____ / _____ |
|-----------|-----------------------|

| | |
|-----------|-------------------|
| Signature | Day / Month/ Year |
|-----------|-------------------|

| | |
|--|---|
| Parent/Guardian Name Required if Student is under 18 years of age | _____ Parent /Guardian Signature Required if Student is under 18 years of age |
|--|---|



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† To be completed by applicants wishing to obtain a Smart and Skilled Government subsidy.

Consent to use and disclosure of personal information to the Department of Education and Communities and Other Government Agencies.

I _____ of _____ with date of birth _____
(first, middle and last name) (current residential address)

Understand and agree that 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) (together Personal information) collected by ACTA may be disclosed to the Department of Industry, Skills and Regional Development (Department).

The Department may disclose my personal Information to other Australian government agencies, including those located in States and Territories outside NSW. The aforementioned 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 consent to the collection, use and disclosure of my personal information in the manner outlined. 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 ACTA for the purposes of evaluating and assessing my subsidised training.

| | | |
|--|-------------------|--------------|
| Full Name: | Signature: | Date: |
| Parent/Guardian Name: Required if Student is under 18 years of age | Signature: | Date: |
| | | |



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Australian Government 2016 USI Privacy Notice

Instructions: The following information is provided to you on behalf of the Student Identifiers Registrar (Registrar) www.usi.gov.au when an RTO applies for a USI on behalf of a student. It is a requirement of your enrolment that you read the below information prior to the provision of consent.

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the *Student Identifiers Act 2014*.
- is collected by the Registrar for the purposes of:
 - applying for, verifying and giving a USI;
 - resolving problems with a USI; and
 - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
 - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - the purposes of administering and auditing VET, VET providers and VET programs;
 - education related policy and research purposes; and
 - to assist in determining eligibility for training subsidies;
 - VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - researchers for education and training related research purposes;
 - any other person or agency that may be authorised or required by law to access the information;
 - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the [Registrar's Privacy Policy](#) or by contacting the Registrar on usi@education.gov.au or telephone the Skilling Australia Information line on 13 38 73, international enquiries +61 3 5454 5280. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the *Privacy Act 1988*, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.