

## Student Enrolment form

# Smart and Skilled funded course

### Personal Details (Please use block letters)

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Former Surname: \_\_\_\_\_

Other names: \_\_\_\_\_

Unique Student Identifier: \_\_\_\_\_

If you do not have a USI and would like that Superior Training Centre apply on your behalf, you must authorise us to do so and declare that you have read the privacy information located at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>.

#### USI Student Declaration

I have read the privacy statement 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>

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Please go to page no. 7 to fill an application for USI)**

**Gender:**                     Male                     Female

**Date of birth:**        /        /

#### Residential Address:

Street name and number

Suburb, locality or town

Postcode

Home phone number

Mobile:

Email address

**Which course are you enrolling in? Choose one only**

Course code and title	Apprenticeship	Full Qualification	Part Qualification
UEE22011 - Certificate II in Electrotechnology (Career Start)			
UEE20111 - Certificate II in Split Air-conditioning and Heat Pump Systems			
UEE32211 - Certificate III in Air-conditioning and Refrigeration			
UEE21911 - Certificate II in Electronics			
UEE30811 - Certificate III in Electrotechnology Electrician			
MEM30305 - Certificate III in Engineering - Fabrication Trade			

**Language and Diversity**

**Which country were you born in?** \_\_\_\_\_

**Which town/city were you born in?** \_\_\_\_\_

**Which language do you speak at home?** \_\_\_\_\_

*(If more than one language, indicate the one that is spoken most often)*

**How well do you speak English?**

Very well       Well       Not well       Not at all

**What is your residency status?**

Australian Citizen

Permanent Resident

Other, please specify \_\_\_\_\_

**Are you of Aboriginal or Torres Strait Islander origin?**       No       Yes

Yes, Torres Strait Islander       Yes, Aboriginal

## Schooling

**Are you still attending secondary school?**  Yes  No

**What is your highest COMPLETED school level?** (Please tick ONE box only)

- Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  
 Year 9 or equivalent  Year 8 or equivalent  Never attended school

**In which YEAR did you complete that school level?** \_\_\_\_\_

**Have you achieved any qualifications since turning 17?**

- Yes, while still in school   
Yes, after leaving school   
No

**If yes, please select:**

- Foundation   
Certificate I   
Certificate II   
Certificate III   
Certificate IV and above   
Certificate IV and above with acquired disability   
Diploma

**Are you registered, or intending to be registered, in an apprenticeship or traineeship for this qualification in NSW?**

- Yes, registered  Trainee/Apprentice  
Yes, intend to be registered  Trainee/Apprentice  
No

**Have you undertaken any other Smart and Skilled qualification this calendar year?**

No  Yes

**Employment**

**Of the following categories, which BEST describes your current employment status?**

*Please tick ONE box only*

- |  |  |
|--|--|
| <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Employer                              |
| <input type="checkbox"/> Full-time employee                            | <input type="checkbox"/> Not employed – not seeking employment |
| <input type="checkbox"/> Part-time employee                            | <input type="checkbox"/> Self-employed- not employing others   |
| <input type="checkbox"/> Unemployed – seeking full-time work           | <input type="checkbox"/> Unemployed – seeking part-time work   |

**Do you have a disability?**

- Yes, I have a disability
- No disability

*If yes, please tick relevant item(s) below*

- |  |  |                                       |                                   |
|--|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Hearing/Deafness  | <input type="checkbox"/> Physical                  | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Mental Illness    | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Vision       |                                   |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other                     |                                       |                                   |

*If yes, please state what student support you need in order to successfully participate in and complete the course*

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Do you have any other circumstances which require specific support? (E.g. age, family responsibilities, gender identity, religious membership)

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**Are you living in NSW social housing or are you, or your household on the NSW Housing Register?**

No  Yes

**Indicate your welfare status:**

- I am a welfare recipient
- I am the dependent child or spouse of a person receiving one of the pensions listed below
- I am not a welfare recipient

*If YES, please specify:*

- Age Pension
- Carer Payment
- Farm Household Allowance
- Sickness Allowance
- Special Benefit
- Widow Allowance
- Widow Pension
- Youth Allowance
- Austudy
- Exceptional Circumstance Relief Payment
- Family Tax Benefit Part A – Maximum Rate
- Parenting Payment (single)
- Veteran’s Affairs Pensions
- Veteran’s Children Education Scheme
- Wife Pension

*(Please note: evidence of welfare status is required)*

**Reason for Study**

**Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)**

- To get a job
- To develop my existing business
- To start my own business
- To try a different career
- To get a better job or promotion
- It was required of my job
- To gain extra skills for my job
- To get another course of study
- Personal interest
- Other reasons

**Are you applying for credit transfer?**

Yes  No

*If yes, please supply evidence*

**Are you applying for recognition of prior learning?**

Yes  No

*If yes, please discuss this with STC staff during enrolment*

Planned start date \_\_\_\_\_ (by training provider)

Planned end date \_\_\_\_\_ (by training provider)

**Are you an Employment Service Provider client?**

Yes  No

Employment Service Provider Organisation/ID \_\_\_\_\_

Employment Service Provider Client ID \_\_\_\_\_

**Have you been referred to this training by an employment Service Provider client?**

Yes  No

Employment Service Provider referral ID \_\_\_\_\_

**I can provide appropriate evidence of long term unemployed status**

Yes  No

**We are obliged to demonstrate that we have confirmed your identity. We kindly ask you to provide the following, where applicable:**

100 points of ID  Proof of Long term unemployment status  Citizenship status

**Applicant Declaration**

*I acknowledge that the information provided is true and correct. 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 any offer made by Superior Training Centre Pty Ltd.*

*I also give my permission to Superior Training Centre for the release of the images/tests/information to Employers and government agencies for reporting purposes, or to use them for educational, promotional and visibility materials.*

**Signature:** \_\_\_\_\_ **Date**                    /                    /

## Privacy Notice

Under the Data Provision Requirements 2012, Superior Training Centre (STC) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by STC for statistical, regulatory and research purposes. STC may disclose your personal information for these purposes to third parties, including:

School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;

Employer – if you are enrolled in training paid by your employer;

Commonwealth and State or Territory government departments and authorised agencies;

NCVER;

Organisations conducting student surveys; 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 surveys;

understanding how the VET market operates, for policy, workforce planning and consumer information; and

administering VET, including program administration, regulation, monitoring and evaluation.

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

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cwth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

## Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE\* \_\_\_\_\_ DATE \_\_\_\_\_

\*Parental/guardian consent is required for all students under the age of 18.

**PERMISSION FOR SUPERIOR TRAINING CENTRE TO CREATE A UNIQUE STUDENT IDENTIFIER**

I give permission for the Administration Staff at Superior Training Centre Pty Ltd to create a Unique Student Identifier (USI) on my behalf.

I therefore provide the following details:

FULL NAME: \_\_\_\_\_

DATE OF BIRTH:        /        /

COUNTRY OF BIRTH: \_\_\_\_\_

TOWN/CITY OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

PASSPORT OR AUSTRALIAN BIRTH CERTIFICATE NUMBER: \_\_\_\_\_

MEDICARE NO: (plus number on card relating to student): \_\_\_\_\_ / \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

**INFORMATION REGARDING UNIQUE STUDENT IDENTIFIER**

From 2015, school students participating in nationally recognised training must have a Unique Student Identifier (USI). The USI will provide students with the ability to obtain a complete record of their Vocational Education and Training (VET) enrolments and achievements from a single online source. Students often need to provide evidence of their academic achievements, for example when applying for a job or to undertake further study.

The USI enables students to obtain a full transcript of all the accredited VET training they have undertaken from the time the USI comes into effect, or an extract showing the achievements they wish to see. A student must provide their USI to their training provider before the training provider can issue a statement of attainment or qualification. While students can apply for their own USI, schools can also apply on behalf of students with the student's permission. Suggested forms of ID for young students would be a Medicare number, Australian Birth Certificate or Citizenship Certificate.

Further information about the USI also available at:

<http://www.industry.gov.au/skills/regulationreformsandinitiatives/uniquelstudentidentifierforvet/Pages/default.aspx>



STC Representative. I certify that all required fields have been completed by the applicant.

STC Representative

(Print Name) \_\_\_\_\_ Signed \_\_\_\_\_

Date:        /        /

STC Manager: I certify that this form has been checked for correctness and completeness.

STC Manager:

(PrintName) \_\_\_\_\_ Signed \_\_\_\_\_

Date:        /        /

### Assessor's notes

- I have assessed this applicant/student
- I find that the applicant has sufficient language, literacy and numeracy skills
- I find that the applicant does not have sufficient language, literacy and numeracy skills

STC Assessor's Name: \_\_\_\_\_

STC Assessor's Signature: \_\_\_\_\_ Date: /        /