

Student Enrolment form pre final

Personal Details

1. Surname: _____
2. Given name: _____
3. Former Surname: _____
4. Other names: _____
5. Unique Student Identifier: _____

If you do not have a USI and would like Superior Training Centre to 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>.

I, _____ authorise SUPERIOR TRAINING CENTRE Pty Ltd to apply, pursuant to subsection 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

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>

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

Student Signature _____ Date: ____ / ____ / ____

(Please go to page 6 to give STC permission to apply for a USI)

6. Gender: Male Female

7. Date of birth: ____ / ____ / ____

8. Residential Address:

- Number and street name

- Suburb, locality or town
- Postcode

- Home phone number
- Mobile:

- Email address

9. What is your postal address?

- Number and street name

- Suburb, locality or town
- Postcode

10. Proof of Identity confirmed 100 pts ID (student must be Australian Citizen or Permanent Resident)

- Driver's license Citizenship Certificate
 Permanent resident Visa Passport
 Medicare Card

Language and Cultural Diversity

11. In which country were you born? _____ In which city were you born? _____

12. Do you speak a language other than English at home? _____

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

13. How well do you speak English?

- a. Very well Well Not well Not at all

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

- Yes, Torres Strait Islander Yes, Aboriginal

Disability

15. Do you consider yourself to have a disability, impairment or long-term condition?

- Yes No

If YES, please indicate the areas of disability, impairment or long-term condition (You may indicate more than one)

- Acquired Brain Impairment Hearing/Deaf Intellectual
 Learning Medical Condition Mental Illness
 Physical Vision Other

Schooling

16. Are you still attending secondary school? Yes No

17. What is your highest COMPLETED school level? (Tick ONE box only)

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

18. In which YEAR did you complete that school level? _____

Previous Qualifications Achieved

19. Have you SUCCESSFULLY completed any of the following qualifications?

- Yes No

(If YES, tick ANY applicable boxes)

- | | |
|---|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Advanced/Associate Diploma |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician) |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Qualifications other than above |

Year qualification obtained? _____

Which country obtained from? _____

Employment

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

(Tick ONE box only)

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

Course Details

21. Course applying for (please tick):

- UEE20111 Certificate II in split air-conditioning and heat pump system
- 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

22. Are you applying for Credit Transfer? Yes No

23. Are you applying for Recognition of Prior Learning? Yes No

Study Reason

24. 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
- Extra skills for my job
- To get another course of study
- Personal interest
- Other reasons

24. For enrolment purposes we are kindly asking you to provide us with the following supporting documentation

- Signed, current resume
- Two references from employers
- Trade tickets
- Any other documents you wish to submit as evidence toward RPL or credit transfer

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/assessments/information to Employers and government agencies, for reporting purposes or for use as educational, promotional and visibility materials, in accord with relevant privacy legislation.

Signature: _____ Date / /

APPLICATION FOR UNIQUE STUDENT IDENTIFIER

I give permission for Superior Training Centre Pty Ltd to apply on my behalf for a Unique Student Identifier.

STUDENT NAME _____ DATE _____

STUDENT SIGNATURE _____

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 _____

PASSPORT OR AUSTRALIAN BIRTH CERTIFICATE NUMBER _____

MEDICARE NO (*plus number on card relating to student*) _____ / _____

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: / /