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| **Student Details:**  ***\**** ***Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI please refer to the USI section of the form for information on how to apply for a USI. You must write your name, including any middle names, exactly as written in the identity document you choose to use for applying for a USI.*** | | | | | | | | | | | | | | | **Application Date:** Select | | |
| **First Name:** Enter Text | | | | | | | **Last Name:** Enter Text | | | | | | | | Male  Female  Other | | |
| **Home Address:** Enter Text | | | | | | | | | | | | | | | **Date of Birth (DD/MM/YY):**  Select | | |
| **Suburb:** Enter Text | | | | | | **State:** Select | | | | | **Post Code:** Enter Text | | | | **Age Declaration:** | | |
| **Postal Address:** Enter Text | | | | | | | | | | | | | | | I am at least 18 years of age | | |
| **Suburb:** Enter Text | | | | | | **State:** Select | | | | | **Post Code:** Enter Text | | | | *Note: Train2Care does not enrol students below 18 years of age. Please contact Student Support Services if you have questions.* | | |
| **Home Phone:** Enter Text | | | | | **Work Phone:** Enter Text | | | | | | | | **Mobile #:** Enter Text | | | | |
| **Email Address:** Enter Text | | | | | | | | | | | | | | | | | |
| **Language and Cultural Diversity** | | | | | | | | | | | | | | | | | |
| **Country of Birth:** Enter Text | | | | | | | | | | **City of Birth:** Enter Text | | | | | | | |
| **Main Language Spoken:** Enter Text | | | | | | | | | | | | | | | | | |
| **Do you speak a language other than English at home?** | | | | | | | | | | No  Yes, other: Enter Text | | | | | | | |
| **Are you Aboriginal and/or Torres Strait Islander?** (please tick all that applies) | | | | | | | | | | | | | | | | | |
| No | | | Yes, Aboriginal | | | | | | | | | | | Yes, Torres Strait Islander | | | |
| **Disability:** *Please see Disability Supplement section (page 8)* | | | | | | | | | | | | | | | | | |
| **Do you have any disability, impairment, or long-term condition which may affect your course?**  Yes  No | | | | | | | | | | | | | | | | | |
| **Do you live with any physical/mental disability that may affect your participation in the course?** | | | | | | | | | | | | | | | | | |
| Hearing/Deaf | Physical | | | | | | | | | Intellect | | | | | | Medical Condition | |
| Mental Illness | Vision | | | | | | | | | Learning | | | | | | Other: Enter Text | |
| Acquired brain impairment | | | | | | | | | | | | | | | | | |
| **Do you require additional support?** | | | | | | | | No  Yes *(please specify:* Enter Text*)* | | | | | | | | | |
| **Education and Training Details:** | | | | | | | | | | | | | | | | | |
| **Are you able to read, write, and understand English?**  Yes  No | | | | | | | | | | | | | | | | | |
| **What if your highest COMPLETED school level?** (tick one only)  *If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10, the Highest school level completed is Year 9.* | | | | | | | | | | | | | | | | | |
| Year 12 or equivalent | | | Year 10 or equivalent | | | | | | | | | | | Year 8 or below | | | |
| Year 11 or equivalent | | | Year 9 or equivalent | | | | | | | | | | | Never attended school | | | |
| **Are you still enrolled in secondary or senior secondary education?**  Yes  No | | | | | | | | | | | | **In which YEAR did you complete that school level?** Enter Text | | | | | |
| **Have you successfully completed any of the following qualifications?** (please select all that apply) | | | | | | | | | | | | | | | | | |
| Certificate I | | | Certificate IV (or advanced certificate/technician) | | | | | | | | | | | Bachelor’s degree or Higher | | | |
| Certificate II | | | Diploma (or associate diploma) | | | | | | | | | | | Other education (including certificates or overseas qualifications not listed above) | | | |
| Certificate III (Trade Cert) | | | Advanced Diploma/Associate Degree | | | | | | | | | | | None | | | |
| **Employment Details:** | | | | | | | | | | | | | | | | | |
| **Employer Business Name:** Enter Text | | | | | | | | | | **Employer Contact:** Enter Text | | | | | | | |
| **Employer Address:** Enter Text | | | | | | | | | | | | | | | | | |
| **Employment Status:** | | Self-employed - not employing others | | | | | | | | | | | | Unemployed - seeking full-time work | | | |
| Full-time employee | | Self-employed - employing others | | | | | | | | | | | | Unemployed - seeking part-time work | | | |
| Part-time employee | | Employed - unpaid worker in a family business | | | | | | | | | | | | Unemployed - not seeking employment | | | |
| **Reason for Study:** | | | | | | | | | | | | | | | | | |
| **Of the following categories, which BEST describes your main reason for undertaking this course?** | | | | | | | | | | | | | | | | | |
| To get a job | | | | To get a better job or promotion | | | | | | | | | | It was a requirement for my job | | | |
| I wanted extra skills for my job | | | | To start my own business | | | | | | | | | | To get into another course of study | | | |
| To try for a different career | | | | To develop my existing business | | | | | | | | | | For personal interest or self-development | | | |
| To get skills for community/voluntary work | | | | Other reasons | | | | | | | | | |  | | | |
| **Existing Skills and Knowledge:** | | | | | | | | | | | | | | | | | |
| **Please describe any related work or industry experience (job role, description of responsibilities, inclusive dates, etc.) you have, if any:** | | | | | | | | | | | | | | | | | |
| Enter Text | | | | | | | | | | | | | | | | | |
| **Please list down any related qualifications you currently hold, if any:** | | | | | | | | | | | | | | | | | |
| **Qualification Title and Code** | | | | | | | | | **Provider Name** | | | | | | | | **Date Studied** |
| Enter Text | | | | | | | | | Enter Text | | | | | | | | Select |
| Enter Text | | | | | | | | | Enter Text | | | | | | | | Select |
| Enter Text | | | | | | | | | Enter Text | | | | | | | | Select |
| Enter Text | | | | | | | | | Enter Text | | | | | | | | Select |

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| **Course Enrolment Details: (See Course Outline for delivery mode and available durations)** | | | |
| **Course Name:** Certificate III in Individual Support | | | **Course Code:** CHC33021 |
| **Course Delivery:** Blended (with face to face and distance) | | | **Course Duration:** 12 months |
| **Course Start Date:** Enter Text | | | **Do you want to apply for RPL?**  Yes  No |
| **Please briefly explain/outline the skills and experience you believe you have that relates to the course in which you are enrolling:** | | | |
| Enter Text | | | |
| **Additional Information: (please answer all questions)** | | | |
| **Do you have access to a computer and the internet?**  Yes  No | | | |
| **What level of computer literacy do you have?** | | Excellent  Good  Basic  Poor | |
| **How do you rate your numeracy skills?** | | Excellent  Good  Basic  Poor | |
| **Do you require additional support?** | No  Yes *(please specify:* Enter Text*)* | | |
| **I understand that I will receive my results and student correspondence online**  Yes, I understand | | | |

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| IMPORTANT NOTE: Train2Care will provide access to additional support services where required, as described in the Additional Support Policy and Procedures. However, where a student is unable to meet minimum course entry requirements such as corresponding Learning, Literacy and Numeracy Skills and/or Physical Fitness requirements of a course, Train2Care reserves the right to defer/terminate enrolment. If you are in doubt, please ask us about it. |
| UNIQUE STUDENT IDENTIFIER From 1 January 2015, we Train2Care can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/your-usi/create-usi> on computer or mobile device.  For more details, please refer to “Unique Student Identifier (USI)” [www.usi.gov.au](http://www.usi.gov.au)   1. Enter your Unique Student Identifier (if you already have one)   **Unique Student Identifier (10 digits):** Enter Text   1. If you don’t have a USI number, you can apply for one by going to the USI website: [www.usi.gov.au](http://www.usi.gov.au) and follow the steps here: <https://www.usi.gov.au/your-usi/create-usi>   You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the ‘Forgotten USI’ link on the USI website at <https://www.usi.gov.au/faqs/find-your-usi>  If you have an objection to being assigned a Unique Student Identification Number (USI), you are able to apply for an exemption, directly to the Student Identifiers Registrar at www.usi.gov.au. Where the USI exemption applies, the results of the training will not be accessible through the Commonwealth and will not appear on any authenticated VET transcript. |
| 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 a vocational education and training (VET) course with us. The RTO will not be able to enrol students who fail or refuse to provide personal information.  **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 Education, Skills and Employment (DESE), 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](http://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.  DESE 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 DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.  If for any reason you cannot access the privacy notice electronically on the Department’s website, please get in touch with us at training@train2care.com.au to obtain a copy of the 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 Train2Care 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 |
| Refund Policy Details of the Company Fees and Charges / Refund Policy can be found in the Fee Administration and Refund Policy, Student Handbook and Company website. |

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| **Declaration**  I, First Name Middle Name Last Name  of Current Residential Address  with date of birth: Select  Would like to apply for enrolment in the above course with Train2Care (RTO # 45685). I have read and understood the entry and course requirements and other course information on Train2Care website. I have read the Train2Care Student Handbook including the Privacy Policy, Fee Administration and Refund Policy, and other policies and procedures prior to enrolling. By signing this enrolment application, I agree to allow Train2Care to provide my employer, or the organisation that has funded my training, my personal information about my enrolment, course progression, assessment status, and other course information on a periodic basis, during and/or after my enrolment period.  I understand that I will be required to supply a USI to Train2Care in accordance with national legislation. I declare that I have answered all questions truthfully to the best of my knowledge. I understand that all my personal details including my USI, are confidential and are protected by relevant privacy laws. I give my consent to Train2Care to release my name, date of birth, contact details and statistical information, including my USI, to the relevant Federal government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.  I have read and consent to the collection, use and disclosure of my personal information pursuant to the information detailed at [Privacy Notice](#_Privacy_Policy) section of this form and the RTO’s Privacy Policy found in the company website.  I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey. | |
| **Printed Name:**  Enter Text | **Date:**  Select |
| **Student Signature (attach eSignature or print the form and sign):** |  |

**Once this form is completed, please return to Train2Care:**

**Email: training@train2care.com.au | Phone: 1300 222 731**

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| **Payment Options**  **OPTION 1: Quarterly payment instalment: $750 ($750 x 4 = $3,000)**  **OPTION 2: Fortnightly Direct Debit Payment Instalment: $123.08 (Total $3,200)** | | | | |
| **Payment Details:** (Select ONE Payment Method) | | | | |
| Cheque | | Direct Debit | Credit Card | Electronic Transfer |
| **Account Name:** Enter Text | | | **BSB:** Enter Text | |
| **Bank:** Enter Text | | | **Account Number:** Enter Text | |
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| **Credit Card Authorisation**  I, First Name Middle Name Last Name authorise Train2Care to debit Amount from the following credit card for the purpose of enrolling into training. For both upfront payments and payment plan amounts, please debit my card as per the selected payment option above according to the following details: | | | | |
| **Card Type:** (tick one only) | VISA  Mastercard | | | |
| **Card Number:** | Enter Text | | | |
| **Expiry:** | Month /Year | | | |
| **Card Holders Name:** | Enter Text | | | |
| **Signature:** | | | **Date:**  Select | |

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| **Office Use Only:** | **Student #:** Enter Text | | | **Enrolment #:** Enter Text | |
| Entered | | Receipt | Access Granted | | VP Checklist |
| Invoice | | Upload Form | Welcome Pack Sent \_ /\_ /\_ | |  |
| **Enrolment Coordinator:** Enter Text | | | | | |
| **Disability Supplement** | | | | | |
| **Introduction:**  The purpose of the Disability supplement is to provide additional information to assist with answering the disability question. Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses. | | | | | |
| **‘11 — Hearing/deaf’**  Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.  **‘12 — Physical’**  A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.  **‘13 — Intellectual’**  In general, the term ‘intellectual disability’ is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.  **‘14 — Learning’**  A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.  **‘15 — Mental illness’**  Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person’s usual pattern and level of functioning.  **‘16 — Acquired brain impairment’**  Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.  **‘17 — Vision’**  This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.  **‘18 — Medical condition’**  Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn’s disease, cystic fibrosis, asthma or diabetes.  **‘19 — Other’**  A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category. | | | | | |

## VERSION CONTROL

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| **Version Control Table** | | | | |
| **Date** | **Summary of Modifications** | **Modified by** | **Version** | **Date of Implementation** |
| 13/05/2021 | Document creation | 360RTO Solutions | v. 1.0 | 27/04/2021 |
| 07/02/2023 | Updated document to include direct debit fee. Updated up front fee to $750.00 to reflect fees and charges schedule. | Training Manager | v. 2.2 | 07/02/2023 |
| 07/08/2023 | Updated to reflect new address and contact number | Training Manager | v. 2.3 | 07/02/2023 |

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| RTO INFORMATION | |
| Document Name | Enrolment Form v 2.3 |
| RTO/Company Name | Train2Care |
| RTO Code | 45685 |
| ABN | 31 626 754 069 |