ENROLMENT FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Please **print neatly** and complete all mandatory fields (marked with \*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. USI (Unique Student Identifier)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please provide your USI number:\** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Trainer to initial: ID Checked | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title:\* | |  | | | | | | | | Given Name/s:\* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Name:\* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth:\* | | | |  | | | | | | | | | | | | | | | | | | | | | Gender: | | | | Male | | | | | | | | | | Female | | | | | | | | | | Other | |
| Name of Employer: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. CONTACT DETAILS**  *Please provide an email address for your Statement of Attainment/Qualification to be emailed to you.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Phone: | | | |  | | | | | | | | | | | | | | | | Mobile:\* | | | | |  | | | | | | | | | | | | | Home: | | | |  | | | | | | | | |
| E-mail:\* | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alternative Email (optional): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please provide an Australian address:* | | | | | | | | | | | | | | | | | | | | | | | | | | Postal Address same as Street Address | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address:\* | | | | | | |  | | | | | | | | | | | | | | | | | | | Street Address: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Town/Suburb: | | | | | | |  | | | | | | | | | | | | | | | | | | | Town/Suburb: | | | | | | | | | | |  | | | | | | | | | | | | | |
| State & Postcode: | | | | | | |  | | | | | | | | | | | | | | | | | | | State & Postcode: | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. EMERGENCY CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | Contact Number: | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. ENROLMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course:\* | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dates: | | | |  | | | | | | | | | |
| Delivery Type: | | | | | Short Course | | | | | | | | | | | | | Qualification | | | | | | | | Apprenticeship/Traineeship | | | | | | | | | | | | | | | | | | | | | | | | |
| *Do you intend applying for Recognition of Prior Learning (RPL) and/or Credit Transfer (CT)?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. STUDY REASONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please tick most applicable study reason:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To get a job | | | | | | | | | | | | | | | | | | To get a better job or promotion | | | | | | | | | | | | | | | | | Other reasons | | | | | | | | | | | | | | | |
| To develop my existing business | | | | | | | | | | | | | | | | | | It was a requirement of my job | | | | | | | | | | | | | | | | | For personal interest or self-development | | | | | | | | | | | | | | | |
| To start my own business | | | | | | | | | | | | | | | | | | I wanted extra skills for my job | | | | | | | | | | | | | | | | | To get skills for community/voluntary work | | | | | | | | | | | | | | | |
| To try for a different career | | | | | | | | | | | | | | | | | | To get into another course of study | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. LANGUAGE AND CULTURAL DIVERSITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Birth: | | | | | | Australia | | | | | | | | | | | Other (please specify): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Main language spoken at home: | | | | | | | | | | | | | | | English | | | | | | | | Other (please specify): | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Level of English Proficiency: | | | | | | | | | | | | Very Well | | | | | | | | | | | | Well | | | | | | | | | | Not well | | | | | | | | | | | | | Not at all | | | |
| Do you identify as: | | | | | | | | | | | | Aboriginal | | | | | | | | | | | | Torres Strait Islander | | | | | | | | | | Both | | | | | | | | | | | | | Neither | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. EMPLOYMENT STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please tick most applicable employment status:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full time employee | | | | | | | | | | | | | | | | | | | Employer | | | | | | | | | | | | | | | | | Unemployed – seeking part time work | | | | | | | | | | | | | | |
| Part time employee | | | | | | | | | | | | | | | | | | | Employed – unpaid family worker | | | | | | | | | | | | | | | | | Not employed – not seeking employment | | | | | | | | | | | | | | |
| Self employed – not employing others | | | | | | | | | | | | | | | | | | | Unemployed – seeking full time work | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. MEDICAL CONDITION / DISABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Do you consider yourself to have any of the following medical conditions which could affect your training?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | Yes (Please tick any that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hearing / Deaf | | | | | | | | | Physical | | | | | | | | | | | | | Intellectual | | | | | | | | | | Learning | | | | | | | | | | | | | Mental Illness | | | | | |
| Acquired Brain Impairment | | | | | | | | | | | | | | Visual / Sight / Seeing | | | | | | | | | | | | | Medical Condition | | | | | | | | | | | | | | | | | Other | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10. SCHOOLING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Are you still attending school?* | | | | | | | | | | | | | No | | | | | | | | Yes – Name of School: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| *What is your highest completed school level?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year 12 | | | | | | Year 11 | | | | | | | | | | Year 10 | | | | | | | | Year 9 (or equivalent) | | | | | | | | | Year 8 (or equivalent) | | | | | | | | | | | | | Did not go to school | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. PREVIOUS QUALIFICATIONS ACHIEVED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Have you succesfully completed any of the following qualifications?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | | | | Yes (Please tick any that apply): | | | | | | | | | | | | | | | |
| Bachelor degree or higher | | | | | | | | | | | | | | | | | | | Diploma | | | | | | | | | | | Certificate III | | | | | | | | | | | | | Certificate I | | | | | | | |
| Advanced diploma or associate degree | | | | | | | | | | | | | | | | | | | Certificate IV | | | | | | | | | | | Certificate II | | | | | | | | | | | | | Other / Miscellaneous | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12. PRIVACY NOTICE AND STUDENT DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *SWQ Training Pty Ltd is committed to providing ongoing and high quality services to all our clients. 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. 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. 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. 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*](https://www.dese.gov.au/national-vet-data/vet-privacy-notice)*.*  *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.*  *At any time, you may contact SWQ Training Pty Ltd via* [*train@swqtraining.com.au*](mailto:train@swqtraining.com.au) *or calling 07 4617 7800 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*   *To access SWQ Training’s Privacy Policy please visit* [*https://swqtraining.com.au/get-started/*](https://swqtraining.com.au/get-started/)*.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Enrolment:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *I declare that the information I have provided is true and correct to the best of my knowledge.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *I understand that by completing this form I am enrolling with SWQ Training Pty Ltd and consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *I consent to SWQ Training Pty Ltd conducting a USI search if required, and in accordance with the Privacy Notice above.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *I hereby acknowledge that I have received a copy of the Student Information/Handbook and have read and understand the policies and procedures contained within, including the training and assessment process, fee structure, refund policies and appeals and grievance policies.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Release of Certifications:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *I understand that by providing my email address my certification will be emailed directly to me, provided there are no outstanding fees for my enrolment. I understand that if I have not supplied an email address, a hard copy certification will be mailed to my postal address.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *I consent to a copy of my certification being emailed to my employer/the person who organised my training.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Marketing:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *I hereby agree to participate in photographs or videos of my training, for use by SWQ Training Pty Ltd in any advertising or promotional material.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name:\* | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:\* | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date:\* | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consenting Parent/Guardian (if under 18 Consenting Parent/Guardian to sign for Apprentice, Traineeship/Full Certificates)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | |