

ENROLMENT FORM

Is this the first time you have enrolled at this organisation? YES NO
 If YES, then state year study is to commence. _____
 Unique Student Identifier (USI) _____

TITLE: (Please tick ONE box only) MR MISS MRS MS OTHER _____
GENDER: (Please tick ONE box only): MALE FEMALE OTHER
FAMILY NAME: Surname: _____
 Given Names: _____
DATE OF BIRTH: (dd/mm/yyyy) _____ / _____ / _____

ADDRESS OF USUAL RESIDENCE:

Building/Property/Flat/Unit: _____
 Number and Street: _____
 Suburb: _____ State/Territory: _____ Postcode: _____
POSTAL ADDRESS: Number and Street: _____
 PO Box **OR** Roadside Delivery Box: _____
 Suburb: _____ State/Territory: _____ Postcode: _____
 Phone Hm: _____ Wk: _____ Mob: _____
 E-mail: _____ Fax: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
 Address: _____
 Suburb: _____ State/Territory: _____ Postcode: _____
 Phone: _____

EMPLOYER

Company Name: _____
 Address: _____
 Suburb: _____ State/Territory: _____ Postcode: _____
 Phone: _____

I am seeking to enrol in:

- HLTAID004 Provide an emergency first aid response in an education and care setting
- HLTAID003 Provide first aid
- HLTAID002 Provide basic emergency life support
- HLTAID001 Provide cardiopulmonary resuscitation
- 22556VIC Course in the Management of Asthma Risks and Emergencies in the Workplace
- 22300VIC Course in First Aid Management of Anaphylaxis

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I am seeking to undertake the training at:

- Wagga RSL Wagga Cnr of Kincaid St and Dobbs St Wagga NSW
 Comfort Inn Peppermill 7900 Goulburn Valley HWY, Shepparton VIC 3630
 Unit 2, 659 Young Street Albury NSW 2640
 Bendigo
 Ballarat
 Geelong
 Other

1. In which country were you born?

Australia	
Other – Please Specify	

2. Do you have permanent residence in Australia?

Yes	
No	

3. Are you of Aboriginal or Torres Strait Islander origin?

No	
Yes, Aboriginal	
Yes, Torres Strait Islander	
Yes, Both Aboriginal And T S I	

4. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)

No, English Only	Go to Question 6
Yes, Other– Please Specify	

5. How well do you speak English?

Very Well	
Well	
Not Well	
Not At All	

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

Yes	
No	Go to Question 8

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

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

8. 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	
Year 8 Or Below	
Never Attended School	Go to Question 11

9. In which YEAR did you complete that school level?

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10. Are you still attending secondary school?

YES	
NO	

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11. Have you attempted or completed any of the following qualifications? Tick Yes or No to ANY applicable boxes.

Level of Qualification	Attempted	Completed
Bachelor Degree Or Higher Degree		
Advanced Diploma Or Associate Degree		
Diploma (Or Associate Diploma)		
Certificate IV (Or Advanced Certificate/Technician)		
Certificate III (Or Trade Certificate)		
Certificate II		
Certificate I		
Certificates Other Than Above		

12. Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)

Full-Time Employee	
Part-Time Employee	
Self-Employed – Not Employing Others	
Employer	
Employed – Unpaid Worker In a Family Business	
Unemployed – Seeking Full-Time Work	
Unemployed – Seeking Part-Time Work	
Not Employed – Not Seeking Employment	

13. Your major reason for study? (Tick ONE box only.)

Get a Job	
To Develop my Existing Business	
To Start my Own Business	
To Try for a Different Career	
To Get a Better Job or Promotion	
It Was a Requirement of My Job	
I Wanted Extra Skills For My Job	
To Get into Another Course of Study	
For Personal Interest or Self-Development	
To get skills for community/voluntary work	
Other Reasons	

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Recognition of Prior Learning

Are you seeking Recognition of Prior Learning? Yes No

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

Survey Contact Status:

Available for survey use

Correctional facility (Address or Enrolment)

Deceased Student

Invalid address/Itinerant Student (very low likelihood of response)

Minor (Under 15 years of age – not to be surveyed)

Overseas (Address or Enrolment)

Privacy Notice

Under the *Data Provision Requirements 2012*, Smart Link Training 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), may be used or disclosed by Smart Link Training for statistical, administrative, regulatory and research purposes. Smart Link Training may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).



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Notes

I have read and accepted the terms and conditions of the fees and refund policy as described in the Pre-enrolment Information.

I give permission for Smartlink Training Pty Ltd to review and report my training progress with representatives from the Department of Education and Training, Department of Industry and my employer (if applicable). I understand that I can authorise others to receive this information only by completing a Participant Records Access Form.

I have read and understood the Privacy Policy.

I have read and understood the pre-enrolment information

I have read and understood the Fee Management Policy

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

SIGNATURE: _____ **DATE:** ____ / ____ / _____