

## Enrolment Form

### Course Details

Which course would you like to enroll into?

Preferred start date:

\_\_\_/\_\_\_/\_\_\_

Have you ever studied with SWTS before?

Yes  No

Do you wish to apply for **Credit Transfer**?

*If YES, certified copies of transcripts (SOA) from previous qualifications must be provided with this form.*

Yes  No

Maybe I'd like more information

Do you wish to apply for **Recognition of Prior Learning**?

*If you indicate YES, you will be contacted to discuss this further.*

Yes  No

Maybe I'd like more information

### Contact details

Home phone:

( )

Work:

( )

Mobile:

Email:

Alternative Email:

Title:

Mr/Mrs/Miss/Ms/Dr

### Personal Details

1. Enter your full name

Surname:

Given names:\*

*\* 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 and want SWTS to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.*

2. Date of Birth

\_\_\_/\_\_\_/\_\_\_\_ (dd-mm-yyyy)

3. Gender:

Male  Female

(Indeterminate/Intersex/Unspecified)

4. Country of Birth

5. City of Birth

6. What is the address of your usual residence?

*Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.*

Street or Unit Number (e.g. 205 or Lot 118):

Street name:

Suburb, locality or town:

State/Territory:

Postcode:



### Previous qualification achieved

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

- Yes – indicate below Question 18  
 No – Go to Question 19

18. If yes, please enter ONE of these Prior Education Achievement Recognition Identifiers for ANY applicable qualification level. If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use:

**A – Australian E– Australian equivalent I – International**

	A	E	I		A	E	I
Bachelor Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Employment

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Self-employed –employing others               | <input type="checkbox"/> Unemployed – seeking part-time work <u>go to Question 22</u>   |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Not employed – not seeking employment <u>go to Question 22</u> |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking full-time work           |   |

20. Which of the following classifications BEST describes your current or recent occupation? (Tick one box only)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Managers                      | <input type="checkbox"/> Community and Personal Service Workers | <input type="checkbox"/> Machinery Operators and Drivers |
| <input type="checkbox"/> Professionals                 | <input type="checkbox"/> Clerical and Administrative Workers    | <input type="checkbox"/> Labourers                       |
| <input type="checkbox"/> Technicians and Trade Workers | <input type="checkbox"/> Sales Workers                          | <input type="checkbox"/> Other                           |

21. Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick one box only)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing          | <input type="checkbox"/> Accommodation and Feed Services          | <input type="checkbox"/> Administrative and Support Services |
| <input type="checkbox"/> Mining                                     | <input type="checkbox"/> Transport, Postal and Warehousing        | <input type="checkbox"/> Public Administration and Safety    |
| <input type="checkbox"/> Manufacturing                              | <input type="checkbox"/> Information Media and telecommunications | <input type="checkbox"/> Education and Training              |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Financial and Insurance Services         | <input type="checkbox"/> Health Care and Social Assistance   |

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Construction    | <input type="checkbox"/> Rental, hiring and real Estate Services         | <input type="checkbox"/> Arts and recreation Services |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Professional, Scientific and Technical Services | <input type="checkbox"/> Other Services               |
| <input type="checkbox"/> Retail Trade    |  |   |

#### Study reason

22. Of the following categories, which BEST describes your main reason for undertaking this course? *(tick one box only)*

- To get a job
- It was a requirement of my job
- To develop my existing business
- I wanted extra skills for my job
- To start my own business
- To get into another program of study
- To try for a different career
- For personal interest or self-development
- To get a better job or promotion
- Other reasons

## Victorian Student Number *(to be completed by all Victorian students aged up to 24 years)*

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

23. Enter your Victorian Student Number (VSN)

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24. Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

Yes - I have attended a Victorian school since 2009.

Most recent Victorian school attended:

\_\_\_\_\_

\_\_\_\_\_

And/ or

Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011

List the most recent training organizations with which you have participated in training in Victoria since 2011 (List up to 3 training organizations)

1.

2.

3.

### Next of kin/emergency contact

Name:		Relationship to you:	
Address:			
		Postcode:	
Home phone:	( )	Work:	( )
Mobile:		Email:	

## Unique Student Identifier (USI)

From 1 January 2015, we at SWTS can be prevented from issuing you with a nationally recognized VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI, you can apply for it directly at;

<http://www.usi.gov.au/create-your-usi/> on computer or mobile device.

25. Enter your unique student identifier

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26. Would you like SWTS to apply for a USI on your behalf?

- Yes  
 No

### Identification Evidence

When we create a USI on behalf of a student or when a student creates their own USI, the USI Registry System will confirm that the details entered exactly match those on the student's chosen form of ID from the list below. Please tick the relevant form of ID below and enter the details required for that form of ID.

- Current Driver's License
- Australian Passport
- Certificate of Registration by Descent
- Current Medicare Card
- Non Australian Passport (with Australian Visa)
- Birth Certificate (Australian)
- Citizenship Certificate

### Authorization for USI

I understand that in accordance with section 11 of the Student Identifiers Act 2014, SWTS will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

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>

**If you would like SWTS to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.**

- I authorize SWTS to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf and I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>, and NCVER policies, procedures and protocols published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)

### Privacy Statement & Student Declaration

- I understand that:
  - SWTS is required to provide the Victorian Government, through the Department of Education and Training, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines.
  - I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey (NCVER) or a Department endorsed project or

audit or review.

- The Education and Training Reform Act 2006 requires SWTS to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.
- For more information in relation to how student information may be used or disclosed please contact SWTS's Officer on 03 97489233 or [training@swcc.org.au](mailto:training@swcc.org.au)

**Privacy Notice**

- Under the Data Provision Requirements 2012, SWTS 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 SWTS for statistical, regulatory and research purposes. SWTS 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.
- SWTS's full Privacy Policy is published in the Student Handbook, which all students receive at the time of their enrolment, and also will be on our SWTS website; [www.swts.org.au](http://www.swts.org.au)
- I acknowledge and agree to the terms described in this privacy statement.
- I understand that by signing this enrolment form I am a student of SWTS and it is my responsibility to respect the SWTS code of behavior.
  - 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:	/ /
Printed Name:			
<b>Parent/Guardian approval <i>Required If you are under 18 years of age</i></b>			
Parent/Guardian Name:			
Contact Details:			
Signature:		Date:	/ /

**OFFICE USE ONLY**

SWTS Representative Signature:		Date:	/ /
Printed Name:			