

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

Personal Details

1. Enter your full name

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 [name of RTO] 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.

Surname (Legal Family Name)

First Name (Legal Given Name)

Middle Name (Legal Middle Name)

Date of birth

2. Enter your birth date

___/___/____ (dd-mm-yyyy)

3. Gender (tick one box only)

Male Female

(Indeterminate/Intersex/Unspecified)

Contact details

4. Enter your contact details

Home phone:

()

Work:

()

Mobile:

Email:

Alternative Email:

Title:

Mr/Mrs/Miss/Ms/Dr

| Usual residence | | | |
|--|--|---|--|
| <p>5. What is the address and postcode of the suburb, locality or town in which you usually live??</p> <p><i>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.</i></p> | | | |
| Building/Property Name | | | |
| Flat/Unit Number | | | |
| Street Number (e.g. 205 or Lot 118): | | | |
| Street name: | | | |
| Suburb, locality or town: | | | |
| State/Territory: | | Postcode: | |
| Postal address | | | |
| <p>6. What is your postal address (if different from above)?</p> | | | |
| Building/ property name: | | | |
| Flat/unit details: | | Street or Lot Number (e.g. 205 or Lot 118): | |
| Street name: | | | |
| Suburb, locality or town: | | | |
| State/Territory: | | Postcode: | |
| Language and cultural diversity | | | |
| <p>7. In which country were you born?</p> | | <input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____ | |
| <p>8. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)</p> | | <input type="checkbox"/> No, English only - <u>Go to question 9</u> <input type="checkbox"/> Yes, other, please specify: _____ How well do you speak English? <input type="checkbox"/> well <input type="checkbox"/> very well <input type="checkbox"/> not well <input type="checkbox"/> not at all | |
| <p>9. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)</p> | | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander | |
| Disability | | | |
| <p>10. Do you consider yourself to have a disability, impairment or long-term condition?</p> | | <input type="checkbox"/> Yes <input type="checkbox"/> No – <u>go to question 12</u> | |

11. If yes, please indicate the area of disability, impairment or long term condition (*tick as many as apply*)

- Hearing/deaf Intellectual Mental illness Physical Acquired brain impairment
 Learning Medical condition Vision Other (Please specify): _____

Schooling

12. What is your highest COMPLETED school level?

(Tick ONE box only)

Never attended school – Go to next Question

- Year 12 Year 11 Year 10
 Year 9 or equivalent Year 8 or lower Never attended school

13. Are you still attending secondary school?

- Yes No

Previous qualification achieved

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

- Yes – *indicate below Question*
 No – **Go to Question 16**

15. 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 |
|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| 008 - Bachelor Degree or Higher Degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 514 - Certificate III (or Trade Certificate) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 410 - Advanced Diploma or Associate Degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 521 - Certificate II | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 420 - Diploma (or Associate Diploma) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 524 - Certificate I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 511 - Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 990 - Certificates other than the above | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Employment

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

- Full-time employee Self-employed –employing others Unemployed – seeking part-time work
 Part-time employee Employed – unpaid worker in a family business Not employed – not seeking employment – **go to study reason**
 Self-employed – not employing others Unemployed – seeking full-time work

17. 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 |

18. Which of the following classifications BEST describes the Industry of your current or previous Employer?

- | | | |
|---|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Accommodation and Food 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

19. If the following categories, which BEST describes your main reason for undertaking this program/traineeship/apprenticeship? (Tick ONE box only)

- To 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 program of study
- For personal interest or self-development
- Other reasons
- To get skills for community/voluntary work

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

Victorian Student Number to be completed by all 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 must 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.

20. Enter your Victorian Student Number (VSN)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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. No more questions if you answer No above.

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 SWTS can be prevented from issuing you with a nationally recognised 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

| | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| 21. Enter your unique student identifier | | | | | | | | | |
| 22. Would you like SWTS to apply for a USI on your behalf? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |

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 (NAME)authorise 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

| | |
|---|--|
| 23. Town/ city of birth (please write the name of the Australian or overseas town or city where you were born) | |
|---|--|

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.

| | |
|---|--------------------------------|
| <input type="checkbox"/> Current Driver's License <input type="checkbox"/> Australian Passport <input type="checkbox"/> Certificate of Registration by Descent <input type="checkbox"/> Current Medicare Card <input type="checkbox"/> Non Australian Passport (with Australian Visa) <input type="checkbox"/> Citizenship Certificate | State: _____ License No: _____ |
|---|--------------------------------|

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 unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI) including 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
- 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
- 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.

Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Collection of your data

SWTS is required to provide the Department with student and training activity data. This includes personal information collected in the SWTS enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). SWTS provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate. The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Please note you may opt out of the NCVET survey at the time of being contacted. Consequences of not providing your information Failure to provide your personal information may mean that it is not possible for you to enroll in VET and/or to obtain a Victorian Government VET subsidy.

Victorian VET Student Statistical Collection Guidelines – 2020 Access, correction and complaints You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached. For further information, please contact SWTS in the first instance by phone 03 9748 9233 or e-mail training@swcc.org.au

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge that I have read the Victorian Government’s VET Student Enrolment Privacy Notice.

| | | | |
|--|--|-------|-----|
| Student Signature: | | Date: | / / |
| Student Name: | | | |
| Parent/Guardian approval <i>Required If you are under 18 years of age</i> | | | |
| Parent/Guardian Name: | | | |
| Contact Details: | | | |
| Signature: | | Date: | / / |

OFFICE USE ONLY

| | | | |
|--------------------------------|--|-------|-----|
| SWTS Representative Signature: | | Date: | / / |
| SWTS Representative Name: | | | |