

ENROLMENT FORM

Please complete all sections of this form. If you have any questions, please contact our friendly staff using the contact details on the last page.

1. FUNDING

- I am interested in applying for 'Certificate 3 Guarantee' funding
- I am interested in applying for 'Higher Level Skills' funding.
- I am interested in applying for 'JobTrainer' funding.
- I am applying for 'User Choice' funding
- I am interested in applying for 'WorkReady' funding.
- I am applying for 'Fee for Service'. I will pay for my own training

COURSE DETAILS

Course name: _____

Location: _____ Date: _____

Course Type: Face to Face Distance RPL / CT Other _____

Course Advisor/Consultant Name: _____

2. UNIQUE STUDENT IDENTIFIER

Do you have a Unique Student Identifier (USI)?

- Yes No If yes, please provide your USI: _____
If no, please visit www.usi.gov.au to create your own USI

Do you agree to give permission to Celtic training to search for or obtain a USI on your behalf?

Yes Signature: _____

Information: In accordance with section 53 of Student Identifiers Act 2014, any training organisation must not issue a VET qualification and statement of attainment unless the individual has been assigned a student identifier. From 1 January 2015, all students undertaking nationally recognised training delivered by a registered training organisation will need to have a Unique Student Identifier (USI).

3. PERSONAL AND CONTACT DETAILS

Your preferred title: Mr Mrs Miss Ms Dr

First name: _____ Middle name: _____

Last name: _____ Previous surname: _____

Date of birth: _____ Gender: Male Female Gender X

Country of birth: _____ City of birth: _____

Are you of Aboriginal or Torres Strait Islander Origin?

- No, Neither Aboriginal nor Torres Strait Islander Yes, Aboriginal
 Yes, Torres Strait Islander Yes, Aboriginal AND Torres Strait Islander
 Would prefer not to say

Are you an Australian Citizen? Yes No, please specify county of birth: _____
 Are you a New Zealand Citizen? Yes No
 Are you a Permanent Resident? Yes No
 Are you a Temporary resident on the pathway to Permanent residency, with relevant visa approval?
 Yes, Visa approval number: _____ No

Do you have a concession card? Yes No
 If you answer yes, a copy of your concession card will be required by Celtic training
 If yes,
 Concession Card Name: _____ Expiry Date: : _____

Do you speak English? Yes No
 Do you speak any language other than English?
 No, English only Yes, please specify _____
 How well do you speak English?
 Very well Well Not well Not at all

Do you consider yourself to have a disability, impairment or long-term condition that may affect your studies? Yes No

If yes, please indicate the area of disability, impairment or long-term condition:

Hearing/deaf Acquired brain injury Physical Vision
 Intellectual Medical condition Learning Mental illness
 Other: _____

Residential Address

Street Address: _____
 City: _____ State: _____ Postcode: _____ Country: _____
 Primary contact number: _____ Mobile Home Work
 Other contact number: _____ Mobile Home Work
 Email address: _____

Postal Address Same as residential

Street Address: _____
 City: _____ State: _____ Postcode: _____ Country: _____

4. EMERGENCY CONTACT

Name of contact: _____ Relationship to student: _____
 Primary contact number: _____ Mobile Home Work

5. EDUCATION

How would you rate your computer skills?

- Beginner Average Good Advanced

What is your highest **COMPLETED** school level? (Tick one box only)

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

Are you still attending secondary school? Yes _____ No

In what year did you complete that school level? _____

6. QUALIFICATIONS

Are you currently enrolled in any course?

- No
 Yes (if yes, please provide the qualification title) _____

Have you **SUCCESSFULLY** completed or participated in any of the following qualifications?

- No
 Yes (If yes, please provide the qualification title, the year achieved and from where you attended the training. You may be required to provide copy of your qualification or statement of attainment)

- Bachelor or Higher Degree Advanced Diploma or Associate Degree
 Diploma of Associate Diploma Certificate IV or Advanced Certificate (Technician)
 Certificate III or Trade Certificate Certificate II
 Certificate I

Name of Qualification: _____

Year Achieved: _____

7. WORK EXPERIENCE

Please list any previous work experience or skills from the last 10 years relevant to the course you are undertaking (up to 5 examples). This can include volunteer work

1. _____
2. _____
3. _____
4. _____
5. _____

8. EMPLOYMENT

Which BEST describes your current employment status?

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

(Please specify why not seeking employment _____)

9. EMPLOYER DETAILS

COMPANY NAME		ABN	
ADDRESS		SUBURB	
STATE		POSTCODE	
CONTACT PHONE NO.		MOBILE	
CONTACT PERSON			
CONTACT EMAIL			

10. STUDY REASON

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

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It is a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I want extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get skills for community/ voluntary work |
| | <input type="checkbox"/> Other _____ |

11. HOW DID YOUR HEAR ABOUT US?

- Our website Word of mouth Newspaper Agent Other (please specify)

12. PRIVACY NOTICE AND STUDENT DECLARATION

Under the Data Provision Requirements 2012, Celtic 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 and your training activity data) may be used or disclosed by Celtic training for statistical, regulatory and research purposes. Celtic training 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.*

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

13. REFUND POLICY

If you wish to withdraw, you will be required to fill out and sign a withdrawal form before cancellation.

If you have applied for a refund, you will be notified in writing of the outcome. A withdrawal confirmation with remittance advice will be sent via email, if a refund is approved. Please note that it will be at Celtic training's discretion whether a student is entitled to a refund.

Celtic training will make a judgment based on the evidence the student has provided that supports any special circumstances preventing further study.

14. TERMS AND CONDITIONS/STUDENT DECLARATION

- I have read and agree to the terms and conditions set out by Celtic training
- I have received and read the Celtic training Student Handbook
- I have completed and submitted my LLN Exercise
- I agree to undertake the employment outcome survey within 6 weeks of completion or discontinuing
- I understand I may be contacted to undertake surveys from time to time
- I am aware that if I do not provide a USI at enrolment, I may not receive my qualification
- I hereby agree to the conditions set out in the above Refund Policy
- I acknowledge that facilities made available for my use will be used only in accordance with the principles of proper use and relevant rules (for face-to-face training)
- I confirm that I have access to internet and computer (*for online learning*)
- I have completed and signed my Statement of Fees (Certificate 3 Guarantee & Higher Level Skills only)

Student Declaration and Consent

*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 Name: _____

Student Signature: _____ **Date:** _____

Parent Name: _____

Parent Signature: _____

(Required if applicant is under 18 years of age)

15. SUBMITTING THE ENROLMENT FORM

Once you have completed this form you can submit it by saving the document on your computer and emailing it to admin@celtictraining.com.au

ADMINISTRATION USE ONLY	
Staff member name:	
Date enrolled:	