



Fill in all sections clearly and carefully by writing in BLOCK LETTERS. Information requested on this form is for the NCVER national database and tracking purposes and assists in ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

## 1. PERSONAL DETAILS

Title: *(Please tick)*    Mr     Mrs     Miss     Ms     Dr     Other

Family Name: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone/s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency/Next of Kin Contact Details: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2. COURSE DETAILS

Name of Course/Qualification: \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_ Have you started this course previously? YES NO With which RTO? \_\_\_\_\_

Who is your Apprenticeship Network Provider ? \_\_\_\_\_

## 3. UNIQUE STUDENT IDENTIFIER

From 1 January 2015, Industrylink Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course 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/>.

**\*\* Please note, we are unable to complete your registration for the course until you provide us with a USI.**

Do you have a Unique Student Identifier (USI)? YES  Please provide your USI (10 digits) \_\_\_\_\_

If you would like Industrylink Training 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 <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice> A hard copy of the privacy policy will be provided on request.

I .....authorise Industrylink Training to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. 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/Documents/Privacy>.

**\*\*Please complete the attached USI Details Form.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### 4. CURRENT EMPLOYMENT DETAILS

Business Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Part Time / Full Time (pls circle)

#### 5. LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal or Torres Strait Islander origin? NO  YES Aboriginal  YES Torres Strait Islander

Were you born in Australia? YES  NO  If not, please specify: \_\_\_\_\_

Are you an Australian citizen? YES  NO  If not, please specify: \_\_\_\_\_

Do you speak a language other than English at home? YES  NO  If yes, please specify: \_\_\_\_\_

How well do you speak English? VERY WELL  WELL  NOT WELL  NOT AT ALL

#### 6. DISABILITY

Do you consider that you have a disability, impairment or long-term condition? NO  YES  If yes, please tick ALL below:

Vision  Hearing/Deaf  Physical  Medical Condition  Intellectual  Learning   
Mental Illness  Acquired Brain Impairment  Other  Please specify: \_\_\_\_\_

#### 7. EDUCATION

What is your highest completed school level? In which year did you complete that level? \_\_\_\_\_

Completed year 12  Completed year 11  Completed Year 10

Completed year 9 or equivalent  Completed year 8 or lower  Did not go to school

Are you still at secondary school? YES  NO

Please tick any of the below qualifications which you have successfully completed:

<input type="checkbox"/>	Bachelor Degree of Higher	<input type="checkbox"/>	Certificate III or Trade Certificate
<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	Diploma or Associate Diploma	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	Certificate IV or advanced certificate	<input type="checkbox"/>	Certificates other than the above

#### 8 EMPLOYMENT STATUS

Of the following categories, please tick which best describes your current employment status (tick ONE box only)

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

## 9. STUDY REASON

Of the following categories, which best describes your main reason for undertaking this training? (tick **ONE** box only)

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

## 10. DECLARATION

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Industrylink Training.

I also consent to any photos or video taken of me whilst in training to be used by Industrylink in any appropriate marketing of the RTO and its facilities.

I understand that Industrylink Training is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a school based apprentice or trainee or VET in Schools student.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_