

# Australian High Risk Training Student Enrolment Form



## 1. Course Details

Course: \_\_\_\_\_

Start Date: \_\_\_\_\_

## 2. Unique Student Identifier (USI). Note: You ***must*** enter a USI Number. Visit [usi.gov.au](http://usi.gov.au) if you do not have one.

Unique Student Identifier Number: \_\_\_\_\_

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## 3. If you are completing a RTIO VOC, you must have a SAP number.

SAP Number: \_\_\_\_\_

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Department: \_\_\_\_\_

Site: \_\_\_\_\_

## 4. Full Name

Title      Mr.   Miss.   Mrs.   Ms.   Other (please specify): \_\_\_\_\_

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

(First)

(Middle)

## 5. Date of Birth

Day/Month/Year |      |      |      |

## 6. Gender

 Male Female Other

## 7. Address of Usual Residence (do not include post office boxes)

Number/Street \_\_\_\_\_

Suburb/Town \_\_\_\_\_

State/Territory \_\_\_\_\_

Postcode \_\_\_\_\_

## 8. Postal Address (if different from above)

PO Box Number \_\_\_\_\_

Number/Street \_\_\_\_\_

Suburb/Town \_\_\_\_\_

State/Territory \_\_\_\_\_

Postcode \_\_\_\_\_

## 9. Contact Details

Home Ph. \_\_\_\_\_

Mobile Ph. \_\_\_\_\_

Work Ph. \_\_\_\_\_

Email Address \_\_\_\_\_

## 10. Emergency Contact

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Ph. \_\_\_\_\_

Mobile Ph. \_\_\_\_\_

Work Ph. \_\_\_\_\_

## 11. Where were you born?

Country \_\_\_\_\_

## 12. Are you of Aboriginal or Torres Strait Islander Origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

 No Yes, Aboriginal Yes, Torres Strait Islander

**13. Do you speak a language other than English at home?**

- No, English Only                       Yes, Other – Please Specify
- 

**14. How well do you understand English?**

- Very Well                       Not Well
- 
- Well                               Not At All
- 

**15. Do you consider yourself to have a disability, impairment or long-term condition? Please indicate any that apply.**

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

**16. What is your highest COMPLETED school level? (Please choose ONE)**

- Year 12 or equivalent                       Year 9 or equivalent
- 
- Year 11 or equivalent                       Year 8 or below
- 
- Year 10 or equivalent                       Never attended school                      (Go directly to Question 17)
- 

**17. In which YEAR did you complete that school level? (i.e. 2006)****18. Are you still attending secondary school? (i.e. High school or equivalent)**

- Yes                       No
- 

**19. Have you completed any of the following qualifications? Please indicate any that apply.**

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

**20. Which of the following categories BEST describes your current employment status? (Please choose ONE)**

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

**21. Which of the following categories BEST describes your main reason for undertaking this course? (Please choose ONE)**

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

**Special requirements (only if needed)**

I hereby declare the information contained in this document to be true and correct.

Participant's Signature:

Date:

## Privacy Statement & Student Declaration

### Privacy Notice

Under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act), Australian High Risk Training is required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Recognised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER), and may be used and disclosed for the following purposes:

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Australian High Risk Training for statistical, administrative, regulatory and research purposes. Australian High Risk Training may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies;
- DESE; 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 program administration, regulation, monitoring and evaluation.

DESE is authorised by law, including the Privacy Act and the NVERTA Act, to collect, use and disclose your personal information to fulfill specific functions and activities.

You may receive a 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](http://www.ncver.edu.au)).

At any time, you may contact Australian High Risk Training to:

- request access to your personal information,
- correct your personal information,
- make a complaint about how your personal information has been handled,
- ask a question about this Privacy Notice.