

STUDENT ENROLMENT FORM

ALL sections must be completed by the applicant
Targeted Priorities Prevocational
& Part Qualifications Program

OFFICE USE ONLY:		
DATS REGISTRATION NO:	PAS:	
COMMITMENT ID:	COMMITMENT ID NOTIFICATION DATE:	
SUBSIDY: \$	Location Loading: \$	Needs Loading: \$
STS ONLINE BY:	VETTRAK BY:	

Course / Unit/s to be enrolled	
Code	Title

Student Details <i>(Please print clearly)</i>		
Single name only <input type="checkbox"/> (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section).		<i>NOTE:</i> 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 please apply at https://www.usi.gov.au/students/create-your-usi/ on computer or mobile device.
Title:	Family name (surname):	
First given name:		
Second given name (middle):		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:	
USI:	City/Town of birth:	
Home Ph:	Work Ph:	
Mobile Ph:	Email:	
Residential Address:		
Suburb/town:	State:	Postcode:
Postal Address: <i>(if different from above)</i>		
Are you living in NSW social housing or are you or your household on the NSW housing register? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company/Employer Details <i>(Please print clearly)</i>	
Employer Name:	Contact Person:
Phone:	ABN:
Address:	
Email:	

Evidence of NSW Residency / Employment
<p>Please attach a copy of your proof of NSW residency or employment. This can be one of the below:</p> <p>Living in NSW - <input type="checkbox"/> Commonwealth of NSW Government issued document (e.g. Driver's Licence)</p> <p>Working in NSW - <input type="checkbox"/> Employer issued document confirming employment in NSW</p>

How did you hear about us?
<input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> TV <input type="checkbox"/> Word of mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Employer/Business <input type="checkbox"/> Repeat Student <input type="checkbox"/> Agency/Job Service Provider <input type="checkbox"/> Other: _____

Emergency Contact		
Name:	Relationship:	Phone:
Cultural Diversity		
Are you: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither (For persons who are both Aboriginal and Torres Strait Islander origin, tick both boxes)		
Country of birth: _____		
Citizenship		
What is your residency status? – Please tick and provide a copy of the relevant evidence as listed.		
<input type="checkbox"/> Australian Citizen:	<input type="checkbox"/> Passport; or <input type="checkbox"/> Green Medicare Card; or	<input type="checkbox"/> Birth Certificate; or <input type="checkbox"/> Certificate of Australian Citizenship
<input type="checkbox"/> Australian Permanent Resident	<input type="checkbox"/> Green Medicare Card; or <input type="checkbox"/> Certificate of Evidence of Resident Status (CERS), which confirms status as an Australian permanent resident; or	<input type="checkbox"/> Use the Department of Immigration and Border Protection's Visa Entitlement Verification Online (VEVO) facility to confirm status as Australian permanent resident and check passport;
<input type="checkbox"/> Humanitarian Visa (Refugee or asylum seeker)	<input type="checkbox"/> Relevant visa documentation; or	<input type="checkbox"/> ImmiCard (where applicable)
<input type="checkbox"/> New Zealand Citizen	<input type="checkbox"/> New Zealand birth certificate; or <input type="checkbox"/> New Zealand passport; or	<input type="checkbox"/> Green Medicare Card
<input type="checkbox"/> None of the above		
Schooling		
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you undertaking an alternative pathway to achieve year 10? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your highest completed school level? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school		
Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW? <input type="checkbox"/> Yes, registered <input type="checkbox"/> Yes, intending to register <input type="checkbox"/> No		
If yes, what type: <input type="checkbox"/> New Entrant Traineeship <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Existing Worker Traineeship <input type="checkbox"/> School Based Apprenticeship <input type="checkbox"/> School Based Traineeship		
Have you undertaken any other Smart and Skilled qualification this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No I recognise that if I am receiving funding for this course this could affect any future funding for training <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment		
Which of the following best describes your current employment status? <i>Note, for casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full-time (35 hours or more) or part-time employee (less than 35 hours per week).</i>		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed - <i>not employing others</i> <input type="checkbox"/> Self-employed - <i>employing others</i>		
<input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Employed – <i>unpaid in a family business</i>		
<input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking work		
Are you a client of an Employment Service Provider (ESP)? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes:		
ESP Company name: _____		
ESP Contact person: _____		
ESP Client ID/JobSeeker Number: _____		
ESP Referral ID (if referred by ESP): _____		

Have you been long term unemployed? No Yes

If yes, do you have evidence from the Commonwealth indicating that you have been unemployed for 52 or more consecutive weeks? No Yes

What is your welfare status?

Receiving welfare Dependent child or spouse of a welfare recipient Not a welfare recipient

Which type/s of welfare (if applicable): _____

Please supply evidence of the payment receive, i.e. copy of Health Care card.

Language

Do you speak a language other than English at home? No, English only Yes, please specify: _____

Disability

Do you consider yourself to have a disability, impairment or long-term condition? No Yes, please specify; (You may tick more than one) *See Disability Supplement attached for more information.

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

Are you a dependent child or spouse of a person in receipt of a disability support pension? Yes No

Previous Qualifications Achieved

Have you achieved any qualifications since turning 17 years of age?

Yes, while at school Yes, after leaving school No

Have you successfully completed any of the following qualifications? (You may tick more than one)

Bachelor Degree or Higher Degree Advanced Diploma or Associate Diploma
 Diploma or Associate Diploma Cert IV or Advanced Certificate/Technician
 Cert III or Trade Certificate Cert II Cert I Other None

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course? Tick ONE box only

To get a job To develop my existing business
 To get skills for community/voluntary work 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 start my own business
 For personal interest or self-development To get into another course of study Other reasons

Do you intend applying for RPL (Recognition of Prior Learning)? Yes No

Language, Literacy and Numeracy

DATS may be able to assist participants who are not confident in their language, literacy or numeracy skills. It is important to advise DATS of any learning difficulties or special requirements (you may have) as soon as possible prior to the scheduled training date.

Do you feel you may need assistance with any aspect of this course? Yes No

Please read the following text and answer the LLN Indicator questions:

Minezone is a large mining company that employs approximately 7000 workers. The company has become increasingly concerned about workplace safety as there had been a growing number of incidents, including one death in 2007. Minezone's CEO, Martha Henderson, was committed to improving the safety of their workers, so in 2008 they undertook a large scale training program to educate their workforce about work safety. Some successful aspects of the program included:

- all workers were given the opportunity to offer their point of view on what would make a difference to their safety in the workplace
- all workers were retrained in aspects of safety
- a system of rewards was offered to work teams that demonstrated a decrease in the number of workplace incidents
- new workers were provided with extensive training in the correct use of equipment.

PART A

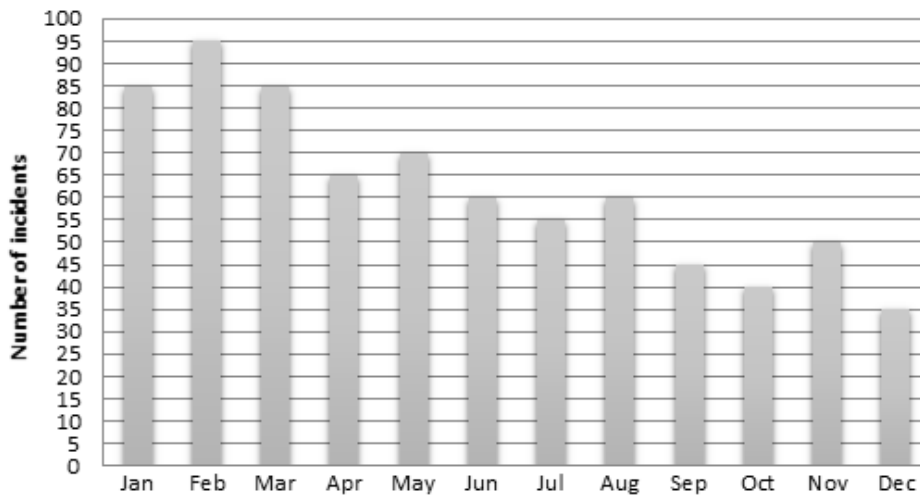
1. Approximately how many workers are employed at Minezone? _____
2. In what year did the death of a worker occur? _____
3. What was Minezone's management committed to? _____
4. Who is the CEO of Minezone? _____
5. Note two successful aspects of the workplace safety program. _____

6. The main purpose of this text is: to persuade to inform to complain

PART B

The following graph shows the number of workplace injury incidents during 2008. This covers all incidents ranging from very minor incidents (e.g. cuts and bruises) to more serious ones requiring hospitalisation. Look at the graphs and answer the following questions.

Workplace Injury Incidents 2008



7. Which month had the highest number of workplace injuries? _____
8. Which month had the lowest number of workplace injuries? _____
9. What was the total number of injuries in September and October combined? Show your working out.

10. What is the difference in the number of incidents between July and October 2008? Show your working.

11. What is the general trend in the number of incidents?

12. Do you think that the safety program was effective? Explain your answer.

Privacy Notice

Why we collect your personal information As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

Surveys You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information At any time, you may contact DATS 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

Disability Supplement

If you indicated the presence of a disability, impairment or long-term condition, please read the area(s) in the following list for explanations:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf' Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical' A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual' In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning' A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness' Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment' Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision' This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition' Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other' A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

Privacy Statement and Student Declaration – Consent to use and disclosure of personal information

I _____
(First, middle and last name)

of _____
(current residential address)

with date of birth _____

Understand and agree that, under the Data Provision Requirements 2012, Dickens Assessment and Training Services is required to collect personal information (information or an opinion about me), collected from my, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **Personal Information**) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (**NCVER**).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by Dickens Assessment and Training Services for statistical, regulatory and research purposes. Dickens Assessment and Training Services may disclose my personal information for these purposes to third parties, including:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Industry (**Department**);
- 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.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my 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).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with Dickens Assessment and Training Services for the purposes of evaluations and assessing my subsidised training.

I declare that the information I have provided to the best of my knowledge is true, accurate, complete, correct and not misleading in any way.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

- 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,
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I have notified DATS if I have any disability, physical impairment, language, literacy or numeracy problems, or any health problems/conditions which may affect my training.
- I have read and understood the Student Handbook (available on our website).
- I have read and understood the course flyer for the course in which I am enrolling (available on our website).
- I meet the pre-requisites for the course in which I am enrolling (if applicable).
- I agree to my photo or comments in the evaluation sheet being used for promotional purposes.
- I understand I am required to present appropriate Identification on the day of the course i.e. Driver's Licence.
- I give DATS permission to undertake a search for my USI.
- I understand that SafeWork NSW or WHS QLD may request that a High Risk Work Licence holder be re-assessed anytime and that SafeWork NSW or WHS QLD may suspend, cancel, refuse to issue or renew a High Risk Licence if the licence holder refuses or fails to comply, without reasonable excuse, with the requirements set out in a written notice.
- I am aware, accept and understand that training activities conducted by Dickens Assessment & Training are potentially hazardous, physically strenuous and/or emotionally stressful. I accept all hazards as briefed to me, relating to, associated with or arising from my participation in such activities or practical exercises.
- Irrespective of who is paying, I am aware of the fees associated with my training course.

USI-Privacy Notice

From 1 January 2015, we, Dickens Assessment and Training Services, 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/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance. If you have a Unique Student Identifier (USI), you give permission to Dickens Assessment and Training Services to locate.

I give my consent to DATS to forward on my behalf, to my employer, copy of the Certificate/Statement NO / YES

Print Full Name: _____

Signature: _____ Date: ____ / ____ / ____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required

Print Full Name of Guardian: _____

Signature of Guardian: _____ Date: ____ / ____ / ____

Thank you for your enrolment