

# STUDENT ENROLMENT FORM

ALL sections must be completed by the applicant

|   |                        |  |
|---|------------------------|--|
| Course:   |                        |  |
| Location:   |                        | Date(s):   |
| <b>Student Details</b> <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 <a href="https://www.usi.gov.au/students/create-your-usi/">https://www.usi.gov.au/students/create-your-usi/</a> 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  |                        |  |
| USI: <i>Must be completed</i>   | Email:                 |  |
| Date of Birth:  | City/Town of birth:    | <i>Must be completed</i>   |
| Mobile Ph:  | Home Ph:               | Work Ph:   |
| Residential Address:  |                        |  |
| Suburb/town:  |                        | State:      Postcode:  |
| Postal Address: <i>(if different from above)</i>  |                        |  |
| <b>Company/Employer Details</b> <i>(Please print clearly)</i>   |                        |  |
| Employer Name:  |                        | Contact Person:  |
| Phone:  |                        | ABN:   |
| Address:  |                        |  |
| Email:  |                        | No of Employees:   |
| <b>How did you hear about us?</b>   |                        |  |
| <input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> TV <input type="checkbox"/> Word of mouth <input type="checkbox"/> Newspaper<br><input type="checkbox"/> Employer/Business <input type="checkbox"/> Repeat Student <input type="checkbox"/> Agency/Job Service Provider <input type="checkbox"/> Other: _____  |                        |  |
| Do you wish to receive email updates/newsletter? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                        |  |
| <b>Emergency Contact</b>  |                        |  |
| Name:   | Relationship:          | Phone:   |
| <b>Cultural Diversity</b>   |                        |  |
| Are you: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither<br>(For persons who are both Aboriginal and Torres Strait Islander origin, tick both boxes)   |                        |  |
| Country of birth:   |                        |  |
| <b>Schooling</b>  |                        |  |
| Are you currently attending school? <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<br><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  |                        |  |
| <b>Employment</b>   |                        |  |
| 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><br><input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Employed – <i>unpaid in a family business</i><br><input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment |                        |  |

**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, go to next question  
 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

**Previous Qualifications Achieved**

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
- Other education (including certificates or overseas qualifications not listed above)

**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:*

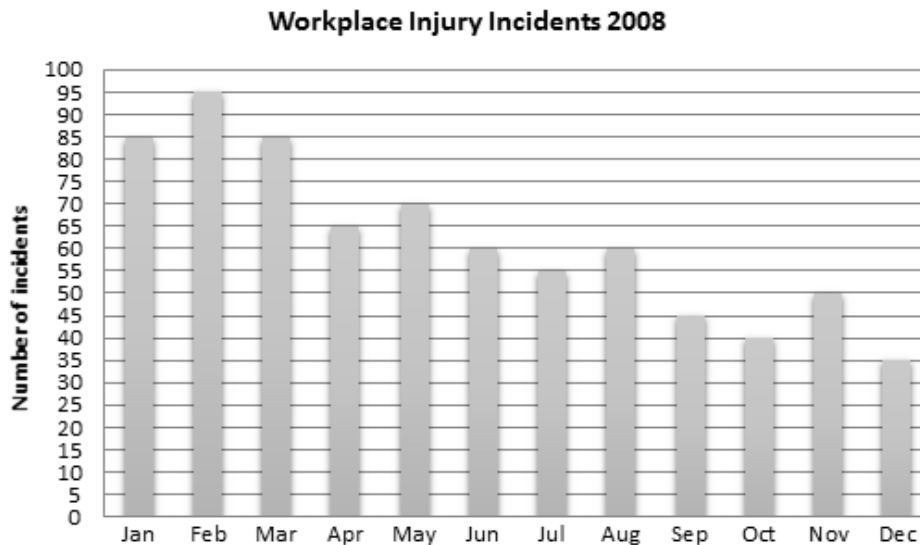
- all workers were given the opportunity to offer their point of view on what would make a difference to their safety in the workplace
- all workers were retrained in aspects of safety
- a system of rewards was offered to work teams that demonstrated a decrease in the number of workplace incidents
-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



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.  
\_\_\_\_\_  
\_\_\_\_\_

### **Payment**

BPAY     Cheque     Purchase Order     Credit Card

Please contact your local DATS office to make payment before your course commences.

### **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](http://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 NCVET 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.

## Student Declaration and Consent

- 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.

I give my consent to DATS to forward a copy of my Statement of Attainment/ Statement of Completion to my employer on my behalf.

Signature:

Date:

Parent/Guardian Signature:

\*Parental/guardian consent is required for all students under the age of 18.

Date:

## Thank you for your enrolment

| Office Use Only              |                         |       |
|------------------------------|-------------------------|-------|
| Student Registration Number: | Enrolment processed by: | Date: |