



South Australia VETiS Student Enrolment Form

PRIVACY STATEMENT

Privacy Notice

Under the Data Provision Requirements 2012, Queensford College 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), may be used or disclosed by Queensford College for statistical, administrative, regulatory and research purposes. Queensford College may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; 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.

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).

COURSE DETAILS

1. What qualification are you enrolling into?

Course Code:

Course Title:

2. When is the intake date:

3. When is the training day:

4. Where will it be delivered:

Adelaide Campus

External, please specify:

5. Select type of enrolment:

Fee For Service

TGSS

6. SACE number:

7. What year level are you in?

8. Name of school you are currently attending:

9. Select who to send the Queensford College Invoice to:

School

Student / Parent

PERSONAL DETAILS

10. What is your title?

Mr.

Mrs.

Ms.

Miss

11. Enter your full name *

Family name (surname):

Given name (s):

*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 and want Queensford College to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI on page 6 for a detailed explanation.

12. Enter your birth date

Day/month/year: ____/____/____

13. Gender (Tick ONE box only)

Male

Female

Other

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DISABILITY

25. Do you consider yourself to have a disability, impairment or long-term condition? Yes No (No - go to question 27)

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

(You may indicate more than one area. Please refer to the Disability Supplement on page 7 for an explanation of the following disabilities)

Hearing/deaf Physical Intellectual Learning Mental illness Acquired brain impairment Vision
Medical condition Other

SCHOOLING

27. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

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

Never completed any primary or secondary level education – go to question 29

28. In which year did you complete above school level?

PREVIOUS QUALIFICATIONS ACHIEVED

29. Have you SUCCESSFULLY completed any of the qualifications listed in question 30 within Australia?

Yes No (No - go to question 31)

30. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree Advanced diploma or associate degree Diploma (or associate diploma)
Certificate IV
(or advanced certificate/technician) Certificate III (or trade certificate) Certificate II
Certificate I Other education (including certificates or overseas qualifications not listed above)

EMPLOYMENT

31. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

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 per week) or part-time employed (less than 35 hours per week).

Full-time employee Part-time employee Self employed – not employing others
Self employed – employing others Employed – unpaid worker in a family business Unemployed – seeking full-time work
Unemployed – seeking part-time work Not employed – not seeking employment

32. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job To develop my existing business To start my own business
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 get into another course of study For personal interest or self-development
Other reasons:

EMPLOYER DETAILS (APPRENTICESHIP/TRAINESHIP STUDENT MUST COMPLETE THIS SECTION (if applicable))

33. Enter employer contact details

Company Name:

Contact Name:

Work phone:

Mobile:

Email address:

Building property name:

Flat/unit number:

Street number:

Street name:

Suburb:

State/territory:

Postcode:

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STUDENT CONDITIONS OF ENROLMENT, DELCARATION AND CONSENT

Before signing the agreement below, please read the following points, tick where applicable, and clarify anything that you are unsure of with a Queensford College Team Member.

I understand that qualifications such as Childcare, Individual Support, Fitness, Hospitality requires work placement as a part of study. Yes No n/a

*Please check the course flyer for detail information.

I am an Australian citizen or permanent resident who permanently resides in South Australia. Yes No

I confirm that I am a registered year 10 – 12 South Australia secondary school student. Yes No

I confirm that I have or will provide a copy of my current student ID to Queensford College, clearly displaying my full name and year level. Yes No

- I certify that the information set out in this form to the best of my knowledge, is true and accurate.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice on page 1.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I give Queensford College permission to obtain official records from an educational institution that I have attended.
- I understand that Queensford College collects, stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.
- I understand that if I have applied through an approved Queensford College agent, correspondence relating to my application may be forwarded to that agent.
- I agree for my academic progress and results to be shared with Government Departments, School or Employer (whichever applies) if required.
- By signing this agreement, I acknowledge and understand my obligations and responsibilities to myself, the school, Queensford College and my vocational placement provider.
- I agree to abide by Queensford College's code of conduct and student handbook, as introduced at my student induction. I understand that non-compliance of my obligations or responsibilities may result in my suspension or termination from the program.
- Queensford College will assist me by securing one (1) vocational placement provider. If I do not attend, do not participate or am terminated by my designated vocational placement provider Queensford College has fulfilled its obligation and I will be required to source an additional vocational placement provider to complete my qualification.
- I authorise Queensford College to collect, use, disclose and manage my personal information in a manner which is consistent with its obligations under Australian privacy law.
- I understand that Queensford College may record public training sessions for quality and training purposes.
- I understand that I am not entitled to remuneration or royalties in respect of our involvement of any project that was produced in whole or in part by this.
- I understand that I have no claims to copyright in any aspect or portion of the project.
- I agree that the material may be used in all formats and media, as representations, reproductions or adaptations either complete or in part, alone or in conjunction with any wording or drawing.
- I authorise Queensford College to contact me by SMS and Email.

Student Declaration and Consent

Tick here to confirm you have declared and consented to the above mentioned.

Student Name:

Date: ____ / ____ / ____

Student Signature:

PHOTOGRAPHY / MEDIA CONSENT AND RELEASE

I hereby grant permission to Queensford College, its employees, and representatives to use my image in media productions such as photographs/digital images, video tapes, and audio tapes. I agree to be identified by my name, hometown, and course and year of studies.

I authorise Queensford College to use, reuse, copy, publish, display, exhibit, reproduce, and distribute the materials for educational or promotional purposes in press releases, publications, website articles, and other media outlets without notifying me.

I agree that I am participating on a voluntary basis and I will not receive any payment from Queensford College for signing this release or as a result of any publication of the materials.

If the person is under 18, the form must be signed by a parent or guardian.

Student Name or Parent/ Guardian Name:

Date: ____ / ____ / ____

Signature:

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PAYMENT TERMS AND CONDITIONS

Semester and Full Year Courses

All course fees will be paid at minimum of two (2) weeks prior to your course commencing. Payment plans can be arranged, however full payment must be made two (2) weeks before the course start date. Case by case arrangements can be discussed with our Accounts Department.

Schools can be invoiced direct if they are paying for the students to complete the course. This will need to be indicated to Queensford College when enrolling the student.

Requests for cancellation/withdrawal must be received in writing at least four (4) weeks prior to course commencement. Any cancellation/withdrawal requests received within two to four (2-4) weeks of course commencement will incur an Administration Fee of \$250. Please be aware that no refunds are applicable if a student withdraws two (2) weeks prior to course commencement date.

Short Courses (including First Aid, Manual Handling, Hospitality, RAN)

All course fees will be paid at minimum of two (2) weeks prior to your course commencing.

Requests for cancellation/withdrawal must be received in writing at least four (4) weeks prior to course commencement. No refunds applicable within two (2) weeks of course commencement. Any cancellation/withdrawal requests received within two to four (2-4) weeks of course commencement will incur an Administration Fee of \$50.

Failure to complete the course by the due date will result in re- enrollment. Full fee may apply.

In the event of course cancellation, all fees paid will be refunded within thirty (30) days.

Please note:

- You will not be issued with your Academic Transcript(s) until full payment for the course has been received

PARENTAL / GUARDIAN CONSENT

Before signing the agreement below, please read the following information and clarify anything that you are unsure of with a Queensford College Team Member.

- I the parent/guardian of the student allow to undergo studies under the VETiS program provided by Queensford College.
- I understand that my child may have to complete vocational placement with an industry employer if it is a course requirement to complete the qualification.
- I have been well informed about Queensford College and the VETiS program.
- I give permission for Queensford College to contact my child directly for any course or vocational placement requirements.
- I understand by signing this form that I agree to all of the above statements.
- I agree to the payment terms and conditions.
- I give permission for my child to leave campus during designated break times.
- If you DO NOT allow this, please tick here: NO
- I give permission for my child to attend any off site excursion during their designated course hours.
- If you DO NOT allow this, please tick here: NO

Queensford College Invoice

Tick here to confirm the Queensford College Invoice will be sent to you.

Parent / Guardian Contact Number:

Parent / Guardian Email:

Parent Name:

Parent Signature:

Date: ____ / ____ / ____

VET COORDINATOR DECLARATION

The above mentioned student, to the best of my knowledge, has a full and clear understanding of the specified requirements for successful completion of the course.

All information provided to support this application has been reviewed and verified to be true and correct.

I hereby recommend Queensford College to proceed with the above mentioned student's enrolment application.

Queensford College Invoice

Tick here to confirm the Queensford College Invoice will be sent to you.

School Name:

VET Coordinator Name:

VET Coordinator Signature:

Date: ____ / ____ / ____

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Application for Unique Student Identifier (USI)



If you would like us, Queensford College, 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: <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [First Name] _____ [Middle Name] _____

[Last Name] _____ authorise Queensford College 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 (which may include sensitive information) pursuant to the information detailed at: <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

Town/City of Birth _____

(please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI. **Please provide details for one of the forms of identity below (numbered 1 to 8). Please provide a copy of this identity document to sa@queensford.edu.au. Please ensure that your name written above is exactly the same as it is written in the document you selected to provide below.**

I have selected to provide one of the following form of identification:

Australian Driver's Licence	Medicare Card	Australian Birth Certificate	Australian Passport
Non-Australian Passport (with Australian Visa)	Immicard	Citizenship Certificate	Certificate of Registration by Descent

1. Australian Driver's Licence

State:

Licence Number:

2. Medicare Card

Medicare card number:

Individual reference number (next to your name on Medicare card):

Card colour: (select which applies below)

Green Expiry date (MM/YYYY): ____/____/____

Yellow Blue Expiry date (DD/MM/YYYY): ____/____/____

3. Australian Birth Certificate

State/Territory:

Details vary according to State/Territory (see note above)

4. Australian Passport

Passport number:

5. Non-Australian Passport (with Australian Visa)

Passport number:

Country of issue:

6. Immicard

Immicard Number:

7. Citizenship Certificate

Stock number:

Acquisition date (DD/MM/YYYY): ____/____/____

8. Certificate of Registration by Descent

Acquisition date (DD/MM/YYYY): ____/____/____

In accordance with section 11 of the *Student Identifiers Act 2014*, Queensford College will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

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Disability Supplement Information

DISABILITY SUPPLEMENT

INTRODUCTION

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please see an explanation in the following list below:

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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