



# Domestic Student Enrolment Form

## PRIVACY STATEMENT

### 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 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 Queensford College 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

Phone: 1300 120 457

Email: [info@queensford.edu.au](mailto:info@queensford.edu.au)

Privacy Policy on website: <https://queensford.edu.au/privacy-policy/>

#### BRISBANE (Head Office)

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## COURSE DETAILS

### 1. What qualification are you enrolling into?

Course Code: \_\_\_\_\_ Course Title: \_\_\_\_\_

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### 2. Campus location (Tick ONE box only)

Brisbane (QLD)

Parramatta (NSW)

Adelaide (SA)

### 3. Study mode (Tick ONE box only)

On Campus

Online

RPL

Workplace

### 4. How did you find out about us?

Queensford College Representative – please specify name: \_\_\_\_\_

Website or Internet Advertisement

Job Services Provider - please specify: \_\_\_\_\_

Business name: \_\_\_\_\_

Branch: \_\_\_\_\_

### 5. Type of enrolment (Tick ONE box only)

Fee for Service *(For all campus locations)*

#### Enrolments for Queensland only, please tick boxes below where applicable:

I declare that advice has been provided to me concerning expectations and rules regarding Queensland government funded training programs offered at Queensford College.

**Vocational Education and Training in Schools (VETiS):** I acknowledge that I will no longer be eligible for a government subsidised training place under the VET in Schools program once I have completed the Certificate I or II level qualification.

**Certificate 3 Guarantee:** I acknowledge that I will no longer be eligible for a government subsidised training place under the Certificate 3 Guarantee program once I have completed a Certificate III or higher-level qualification. I also declare that I have not been enrolled in or completed a Certificate III or higher-level qualification.

**User Choice (Apprenticeships / Traineeships):** I acknowledge that I have been provided with information about the User Choice program funding and co-contribution fee requirements.

**Higher Level Skills:** I acknowledge that I will no longer be eligible for a government subsidised training place under the Higher Level Skills program once I have completed a Certificate IV or higher-level qualification. I also declare that I have not been enrolled in or completed a Certificate IV or higher-level qualification.

#### Enrolments for South Australia only:

South Australian Government Subsidised Training

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## PERSONAL DETAILS

6. What is your title? Mr. Mrs. Ms. Miss

7. Enter your full name \*

Family name (surname): Given name (s): Second Given name (Middle):

\*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 5 for a detailed explanation.

9. Enter your birth date

Day/month/year: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Gender (Tick ONE box only)

Male Female Other

11. Enter your Unique Student Identifier (USI):

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From 1 January 2015, we (Queensford College) 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). In addition, we are required to include your USI in the data we submit to NCVET. 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.

12. Residency status (Tick ONE box only)

Australian Citizen Australian Permanent Resident New Zealand Citizen  
Permanent Visa – please specify

13. Enter your contact details

Home phone: Work phone: Mobile:

Email address: Alternative Email address:

14. What is the address of your usual residence?

Building property name:

Flat/unit number: Street number: Street name:

Suburb: State/territory: Postcode:

15. What is your postal address (if different from above)?

PO box number:

Flat/unit number: Street number: Street name:

Suburb: State/territory: Postcode:

16. In case of emergency, please contact:

Name: Relationship:

Email: Mobile:

Building property name:

Flat/unit number: Street number: Street name:

Suburb: State/territory: Postcode:

## LANGUAGE AND CULTURAL DIVERSITY

17. In which country were you born? Australia Other – please specify

18. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)

No, English only Yes, other – please specify

19. How well do you speak English? Excellent Well Not well Poorly

20. 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

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## DISABILITY

21. Do you consider yourself to have a disability, impairment or long-term condition? Yes No (No - go to question 23)

22. 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

23. 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 25

24. In which year did you complete that school level?

25. Are you still enrolled in secondary or senior secondary education? Yes No

26. What is the name of your school?:

## PREVIOUS QUALIFICATIONS ACHIEVED

27. Have you SUCCESSFULLY completed any of the qualifications listed in question 28 within Australia? Yes No (No - go to question 29)

28. 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

29. 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    Casual  
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

30. 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  
To get skills for community/voluntary work    Other reasons:

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

31. Are you registered with an employment services provider? Yes No

If YES, Employment Service Provider Name:

Jobseeker ID:

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### 32. 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:

### STUDENT DECLARATION AND CONSENT

- I declare that the information I have provided to the best of my knowledge is true and correct.
- 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 do and/or have attended.
- I agree to abide by Queensford College policies as outlined in the Student Handbook.
- 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 agree for my academic progress and results to be shared with Government Departments, School or Employer (whichever applies) if required.
- I agree to for Queensford College to video and/or take photos for quality training purposes and marketing.
- I understand that I must meet all relevant entry requirements associated with my chosen course, and/or funding arrangement, prior to my enrolment being accepted
- I understand that I will have to complete a student employment survey within 3 months of completion of my qualification or 3 months of withdrawal from my qualification.
- 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	Signature of Student	Date (DD/MM/YYYY)
_____	_____	____/____/____
Parent/Guardian Name*	Signature of Parent/Guardian	Date (DD/MM/YYYY)

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

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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). A copy of this identity document along with this application must be emailed to the respective Campus you are applying to. Please also 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

*Please select the relevant State/Territory below.*

South Australia

Registration Number: \_\_\_\_\_

Date Printed (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Certificate Number: \_\_\_\_\_

New South Wales

Registration Number: \_\_\_\_\_

Year of Registration: \_\_\_\_\_

Queensland

Date of Registration (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration Number: \_\_\_\_\_

Year of Registration: \_\_\_\_\_

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#### 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.

## 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 a 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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