

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. It is important to note that if we are unable to collect sufficient personal information from you, we may not be able to enrol you as a student. It may also affect your ability to access subsidised funding through programs and initiatives offered by state governments.

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 us using the contact details listed below.

BRISBANE (Head Office) Level 2, 359 Queen Street

Brisbane QLD 4000 Australia +61 7 3221 1626 info@queensford.edu.au

ADFLAIDE Level 11, 90 King William Street Adelaide SA 5000 Australia +61 8 8410 4605 sa@queensford.edu.au

FITZWILLIAM STRFFT - PARRAMATTA Level 3, 1 Fitzwilliam Street Parramatta NSW 2150 Australia +61 2 8660 0040 info@queensford.edu.au

WENTWORTH STREET - PARRAMATTA Level 5, 9 Wentworth Street Parramatta NSW 2150 Australia +61 2 8660 0040 info@queensford.edu.au

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.

If you are accessing subsidised funding offered by state governments, those bodies are subject to Information Privacy Acts and Right to Information Acts as legislated under their relevant jurisdiction.

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@queensfordcollege.edu.au

Queensford College Privacy Policy: https://queensford.edu.au/privacy-policy/

COURSE DETAILS

1. What qualification are you enrolling into?

Course Code: Course Title:

2. Campus location (Tick ONE box only)

3. Study mode (Tick ONE box only)

Brisbane (QLD)

Parramatta (NSW)

Adelaide (SA)

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:

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 abut the User Choice program funding and co-contribution fee requirements and I am aware of my obligations under a registered training contract as an apprentice or ainee

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

Enrolments for South Australia only:

Training Guarantee for SACE Students (TGSS)

Work place

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WENTWORTH STREET - PARRAMATTA

PERSONAL DETAILS								
6. What is your title?	Mr. Mrs.	Ms.	Miss	Other.				
7. Enter your full name	*							
Family name (surname):		Given n	ame (s):		Seco	ond Given name (N	Middle):	
*Please write the name t have a USI and want Qu written in the identity of	eensofrd College to	apply for a U	ISI on your be	ehalf, <mark>you must w</mark>	rite your na	me, including any	middle names	
9. Enter your birth date 10. Gender (Tick ONE box only)								
Day/month/year:	//			Male	Female	Other		
11. Enter your Unique Student Identifier (USI): 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 NCVER. 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 (Tid	ck ONE box only)							
Australian Citizen	Aus	tralian Perma	nent Reside	nt	Nev	w Zealand Citizen		
	(includes humanitarian entrant)							
13. Enter your contact of	letails							
Home phone:		Work phone: Mobile:						
Email address:								
14. What is the address of your usual residence? (Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area, use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site) Building property name:								
Flat/unit number:	Street	number:		Street name:				
Suburb:		State/territ	tory:			Postcode:		
15. What is your postal address (if different from above)?								
Building property name:								
Flat/unit number:	Street	number:		Street name:				
Suburb:		State/territ	tory:			Postcode:		
16. In case of emergency, please contact:								
Name:	ame: Relationship:							
Email:		Mobile:						
17. Do you hold a valid concession card)	and current conce	ssion card? (evidence ma	ay include you as	the partne	or dependant of	a person who	holds a valid

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Health Care Card

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Reference: 16022021

Commonwealth Seniors Card

Pensioner Consession Card

LANGUAGE AND CULTURAL DIVERSITY

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

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

Yes, other - please specify No, English only

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

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

Nο Yes, Aboriginal Yes, Torres Strait Islander

DISABILITY

22. Do you consider yourself to have a disability, impairment or long-term condition? No (No - go to question 24)

23. 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 8 for an explanation of the following disabilities)

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

Medical condition Other

SCHOOLING

24. 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 10 or equivalent Year 11 or equivalent Year 9 or equivalent Never attended school Year 8 or below

Never completed any primary or secondary level education - go to question 26

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

26. Are you still enrolled in secondary or senior secondary education? Yes Nο

27. What is the name of your school?:

PREVIOUS QUALIFICATIONS ACHIEVED

28. Have you SUCCESSFULLY completed or are currently enrolled in qualifications listed in question 29 within Australia? No (No-Yes go to question 30)

29. If YES, tick ANY applicable boxes. (and provide evidence of a certified copy of your certificate/statement of attainment for assessment of potential Credit Transfer of units of competency previously achieved. Note: If you are eligible for Credit Transfer, you will be requested to enable on your USI portal, authorisation for Queensford College to view your USI transcript for verification purposes before approval of Credit Transfer,

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

EMPLOYMENT

30. 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

STUDY REASON (TICK ONE BOX ONLY)

31. Of the following categories, select the one which best describes the main reason why you are undertaking this course/traineeship/apprenticeship

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:

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ABN 17129064437 | RTO 31736 | CRICOS 03010G

Reference: 16022021

EMPLOYMENT SERVICES PROVIDER

32. Are you registered with an employment services provider? Yes Nο

If YES, Employment Service Provider Name:

Jobseeker ID:

Suburb:

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

33. Are you currently employed in the same industry sector as the qualification you are enrolling in? (Yes - Please provide employer details)				No
Employer Contact Name:				
Supervisor Name:				
Supervisor Phone Number:				
Contact Name:				
Work phone:		Mobile:		
Building property name:				
Unit number:	Street number:	Street name:		

STUDENT DECLARATION AND CONSENT

I declare that the information I have provided to the best of my knowledge is true and correct.

State/territory:

I understand why I am providing USI information including authorisation for verification of my transcripts (where applicable).

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 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.

Postcode:

I acknowledge that I have been provided full, clear and correct information regarding the qualification, its occupational and educational outcomes, course duration, course contact hours delivery modes, expected non-contact study times and other obligations such as vocational placement if applicable.

I agree for my academic progress and results to be shared with Government, 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 have been provided the applicable fact sheet for the relevant funded program I am enrolling in and understand/acknowledge the information provided there in.

I authorise Queensford College to contact me by SMS and Email.

Queensland Funding Program Specific Declaration and Consent

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 understand that I will no longer be eligible for another subsidised qualification under the same funded program once I have successfully completed/achieved the qualification level targeted under this program.

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 have been provided information about fees, charges and the refund policy for my course. I understand the specific fee information including concessional and non-concessional co-contribution fees applicable to my course.

South Australian Funding Program Specific Declaration and Consent

I understand that I can enrol in a maximum of two subsidised training programs

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* arental/guardian consent is required for all students under the age of 18.	Signature of Parent/Guardian	Date (DD/MM/YYYY)

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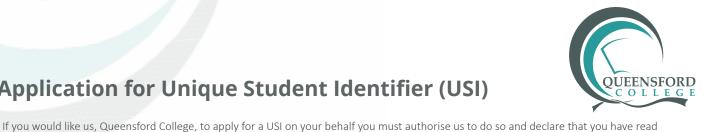
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Application for Unique Student Identifier (USI)

	on at: https://www.usi.gov.au/on as noted at the end of this fo			ehalf. You must also provide some		
	me] [Middle Name] me] authorise Queensford College to apply pursuant to sub-section 9(2) of the Student					
	for a USI on my behalf.	udthonse d	decisiona concecto appriy parso	and to sub-section s(2) or the student		
I have read and I co	onsent to the collection, use an	d disclosure of my I	personal information (which may i	include sensitive information) pursuant		
to the information	detailed at: https://www.usi.go	v.au/documents/pi	rivacy-notice-when-rto-applies-the	eir-behalf		
Town/City of Birth						
(please write the nan	ne of the Australian or oversea	s town or city whe	re you were born)			
We will also need to	verify your identity to create yo	ur USI. Please pro	vide details for one of the forms	s of identity below (numbered 1 to 8).		
	y of this identity document to in the document you selected	- •	•	name written above is exactly the		
I have selected to pro	vide <u>one</u> of the following form	of identification:				
Australian Driver's	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 r Card colour: (select w	number (next to your name on	Medicare card):				
Green	Expiry date (MM/YYYY):	/			
Yellow	Blue Expiry date (DD/MM/YYYY):	/			
3. Australian Birth Co	ertificate					
State/Territory:						
Details vary according to S	tate/Territory (see note above)					
4. Australian Passpo	rt					
Passport number:						
5. Non-Australian Pa	ssport (with Australian Visa)					
Passport number:			Country of issue:			
6. Immicard						
Immicard Number:						
7. Citizenship Certific	cate					
Stock number:			Acquisition date (DD/MM/YYYY):			
8. Certificate of Regi	stration by Descent					
Acquisition date (DD/	MM/YYYY):/	/				
of applying for a USI on the		have made the applica	tion or the information is no longer needed	ich we collect from individuals solely for the purpose d for that purpose, unless the retention of personal		

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UNIQUE STUDENT IDENTOFIER (USI) PRIVACY NOTICE

CONSENT FOR COLLECTION, USE OR DISCLOSURE OF PERSONAL INFORMATION

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the Student Identifiers Act 2014.
- is collected by the Registrar for the purposes of:
 - applying for, verifying and giving a USI;
 - resolving problems with a USI; and
 - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
- Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - the purposes of administering and auditing VET, VET providers and VET programs;
 - education related policy and research purposes; and
 - to assist in determining eligibility for training subsidies;
 - VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
- current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
- the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolv ing problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - researchers for education and training related research purposes;
 - any other person or agency that may be authorised or required by law to access the information;
- any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar's Privacy Policy (https://www.usi.gov.au/documents/privacy-policy) or by contacting the Registrar on admin@usi.gov.au or telephone 1300 857 536, international enquiries +61 2 6240 8740. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act 1988, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

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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 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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