

Queensland Domestic Student Application Form

PRIVACY STATEMENT

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 NCVER and other bodies handle your personal information

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.

NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), 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

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

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

For more information about how 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.

DEWR 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 DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.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@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:

Do you meet all entry requirements for this qualification?

Yes

No

Unsure

Entry requirements may include previous qualifications, work experience, English language proficiency, or other prerequisites. Please discuss with a Queensford College representative if you are unsure.

2. Campus location (Tick ONE box only)

Brisbane (QLD)

3. Study mode (Tick ONE box only)

On Campus

Online

Blended

Workplace

RPL

4. How did you find out about us?

Queensford College Representative – please specify name:

Website or Internet Advertisement

5. Type of enrolment (Tick ONE box only)

Fee for Service **(For all campus locations)**

Government funded

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 and I am aware of my obligations under a registered training contract as an apprentice or trainee.

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.

PERSONAL DETAILS

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

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.

8. Enter your birth date

Day/month/year: ____/____/____

9. Gender (Tick ONE box only)

Male Female Other

10. 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 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.

11. Residency status (Tick ONE box only)

<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Australian Permanent Resident (Includes humanitarian entrant)	<input type="checkbox"/> New Zealand Citizen	<input type="checkbox"/> Pathway to Permanent Residency (Requires further evidence of Visa sub class)
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12. Enter your contact details

Home phone: Work phone: Mobile:

Email address:

13. 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)

Flat/unit number: Street number: Street name:

Suburb: State/territory: Postcode:

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

Flat/unit number: Street number: Street name:

Suburb: State/territory: Postcode:

15. In case of emergency, please contact:

Name: Relationship:

Email: Mobile:

16. Do you hold a valid and current concession card? (Evidence may include you as the partner or dependent of a person who holds a valid concession card) (Tick the applicable box)

☐ Pensioner Concession Card ☐ Health Care Card ☐ Commonwealth Seniors Card

For Students undertaking Early Childhood, Aged Care and Disability Qualifications Only:

17. Do you hold any of the current Checks/Cards?

☐ Working with Children Card (Blue Card) ☐ Criminal History Screening – Prescribed Notice (Yellow Card) ☐ National Police Check
☐ NDIS Check

18. Are you aware of any reason you would be ineligible to apply for the relevant checks/cards? Please tick the applicable box.

☐ Working with Children Card (Blue Card) ☐ Criminal History Screening – Prescribed Notice (Yellow Card) ☐ National Police Check
☐ NDIS Check

Please provide details of why you may be ineligible:

LANGUAGE AND CULTURAL DIVERSITY

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

20. 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

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

22. 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

DISABILITY

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

24. 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

25. 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

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

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

28. What is the name of your school?:

PREVIOUS QUALIFICATIONS ACHIEVED

29. Have you SUCCESSFULLY completed or are currently enrolled in qualifications listed in question 30 within Australia? Yes No (No - go to question 32)

30. 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)

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

31. Are you seeking to access RPL or Credit Transfer? Recognition of Prior Learning (RPL) Credit Transfer Not Applicable

*If you have selected "Credit Transfer", please complete a Credit Transfer Application and Review form and submit along with this application.
If you have selected "Recognition of Prior Learning", Queensford College Admissions team will contact you to discuss if the RPL option is appropriate for you and advise you of the further steps.*

EMPLOYMENT

32. 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)

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

34. Are you currently employed in the same industry sector as the qualification you are enrolling in? Yes No (If yes please provide the details)

Employer Contact Name:

Supervisor Name:

Supervisor Phone Number:

Contact Name:

Work phone:

Mobile:

Email:

Unit number:

Street number:

Street name:

Suburb:

State/territory:

Postcode:

LANGUAGE, LITERACY, NUMERACY AND DIGITAL (LLND) SKILLS ASSESSMENT STUDENT DECLARATION**Student Declaration of Authenticity**

Note: You must sign the declaration for your LLND submission to be accepted.

Before you submit this Language, Literacy, Numeracy and Digital (LLND) Skills assessment, you must declare the work is your own.

Do you require any assistance with language, literacy or numeracy? Yes No (If Yes, a member of our support team will contact you to discuss your requirements)

Do you require any adjustments to your training or assessment methods? Yes No

Please specify:

Please read the text below and sign the declaration if you agree with all the statements.

I declare:

- The answers I have given in this LLND skills assessment are my own work and no part of it has been completed or copied from any other source.
- Queensford College will retain this assessment as evidence of LLND evaluation for audit purposes.
- I give permission for my LLND assessment to be reproduced, communicated, compared, and archived for the purposes of detecting plagiarism or collusion and to fulfil Queensford College's requirements as an RTO.
- Any assessment marked as unsatisfactory will require me to undergo further evaluation and may involve different assessment/evaluation to that originally undertaken.
- I have read and understand the policies and procedures relating to Language, Literacy, Numeracy and Digital (LLND) skills and Enrolment as outlined in the Queensford College Student Handbook (or the International Student Handbook) and the LLND and Enrolment Policies and Procedures (www.queensford.edu.au)

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

Student Name: Date: ____ / ____ / ____

Student Signature:

Student ID Number:

..... Date: ____ / ____ / ____

Note: If you are completing this document electronically, only authenticated digital signatures will be accepted.

FEE INFORMATION

Total course fees:

Payment terms: Full payment upfront Payment plan (details to be provided separately) Government funding (eligibility to be confirmed) Other:

I acknowledge that I have received a copy of Queensford College's Fees, Charges and Refund Policy and understand the conditions for refunds as outlined in this policy. Initial here:

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STUDENT DECLARATION AND CONSENT

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

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

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 consent to Queensford college using photographs or videos of me for:

- Quality assurance and training purposes (internal use only)
- marketing materials including website, social media, and printed publications
- promotional events and activities

I understand I can withdraw this consent at any time by contacting Queensford college in writing.

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'm enrolling in & understand/acknowledge the information provided there in.

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

I understand that I will need to provide evidence of having taken COVID 19 vaccination (prescribed number of doses) before commencement of Vocational Placement. (Only applicable to students undertaking nursing, individual support and disability qualifications).

I understand that I will need to provide evidence of having taken the Flu vaccination (which will remain current for the duration of vocational placement).

I have been provided access to all relevant policies and procedures and the student handbook

I understand that my enrolment with Queensford College is protected by Australian Consumer Law, and that Queensford College guarantees to deliver the training and assessment as advertised. I am aware that I have rights as a consumer, including the right to receive services that are fit for purpose as described in the course informat.

I acknowledge that I have been informed about Queensford College's Complaints and Appeals Policy, which is available on the college website at www.queensford.edu.au/policies and in the Student Handbook. I understand my rights to make a complaint or appeal a decision according to this policy.

I am aware that Queensford College offers a range of student support services including academic support, counselling referrals, and assistance for students with special needs. Information about these services is available in the Student Handbook and on the college website.

Queensland Funding Program Specific Declaration and Consent

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.

I understand that I may receive a survey from the Department within 12 months of completion or cancellation of my training course. The purpose of the survey is to seek information regarding my training experience and outcomes on employment/further training.

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).**

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, unless the retention of personal information is required under Commonwealth and/or State or Territory government funding requirements.

UNIQUE STUDENT IDENTIFIER (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, resolving 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.

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.