

South Australia Domestic Enrolment 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: (08) 8410 4605 | **Email:** sa@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:

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. Intake Date: ____ / ____ / ____

3. Campus location (Tick ONE box only)

Adelaide (SA)

4. Study mode (Tick ONE box only)

On Campus

Online

RPL

Workplace

5. How did you find out about us?

Queensford College Representative – please specify name:

Website or Internet Advertisement

Friend/Colleague

Job Services Provider - please specify:

Business name:

Branch:

6. Type of enrolment (Tick ONE box only)

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

Enrolments for South Australia only, please tick boxes below where applicable:

South Australian Government Subsidised Training

Have you completed any subsidised qualification before? Yes No

If YES, please list the name of qualification(s):

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PERSONAL DETAILS

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

8. Enter your full name *

Family name (surname):

Middle name:

Given name:

*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 8 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 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 (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 27

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:

31. Enter employer contact details (Currently Working)

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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32. Employer details for Apprenticeship/Traineeship

Company Name:

Contact Name:

Work phone:

Mobile:

Email address:

Building property name:

Flat/unit number:

Street number:

Street name:

Suburb:

State/territory:

Postcode:

CENTRELINK AND JOBACTIVE PROVIDER DETAILS

Are you registered with Centrelink and in receipt of a concession card? Yes No

Do you hold any of the following concessions? If yes please tick one of the following boxes.

Health Care Card issued by the Commonwealth

Centrelink CRN:

Pensioner Concession Card; or

Veterans Gold card

Expiry Date: ____ / ____ / ____

Other (Please specify):

Are you a Prisoner? Yes No If Yes, please contact the STL Subsidy Info line 1800 506 266

Are you under the Guardianship of the Minister? Yes No If Yes, Guardianship of Minister No:

Are you registered with a Job Seeker? Yes No JSID No:

Jobactive Provider:

Job Coach Name:

Job Coach Email Address:

Job Coach Phone:

COURSE FEES

Which of the following applies? (Tick ONE box only) Fee for Service STL Subsidy Traineeship

Select Payment Method: EFT Instalments (Direct debit) Invoice (Details below)

Invoice details:

Please indicate who the course will be billed to: Self/Participant Employer School Jobactive Provider Parent / Guardian

Fees \$:

Purchase order no:

Invoice Contact:

Contact no:

ABN:

Business name:

Business address:

I confirmed I'm responsible for all applicable fees:

Payer

Signature

____ / ____ / ____
Date (DD/MM/YYYY)

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.

Parent/Student Name

Signature

____ / ____ / ____
Date (DD/MM/YYYY)

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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.

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 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.*

Queensford College to Invoice:

Name/Organisation:

Email Address:

Signature:

Date: ____ / ____ / ____

Checklist for Documents to be provided

- Completed application form
- Photo Identification card (Drivers License/Proof of Age card/Passport)
- Birth Certificate
- Photo of Residence (Drivers License/Proof of Age card/Bill with address)
- Proof of Citizenship (Passport/Medicare/Eligible Visa)
- Concession card
- Participant agreement form for subsidised training
- Resume (For subsidised training)
- Upfront Assessment of Need Interview (For subsidised training)

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.

Application for Unique Student Identifier (USI) (Student information)

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:

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.

Student Declaration and Consent

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.*