



Adult Education Enrolment Application Form



Course applying for: **Computers / iPads** **English / language** **Other:**

1. PERSONAL DETAILS ***please notify the centre if your contact details change*******

Title: Please tick Mr Mrs Miss Ms Dr Other

Given name:

Family name (Surname):

Preferred name (if different from above):

Unit Number or Building/Property name:

Street no and name:

Suburb

State

Post Code:

Postal Address (If different from above)

Unit Number or Building/Property name:

Street no and name:

Suburb:

State:

Post Code:

Phone Home:

Mobile:

Email:

Date of Birth: d d / m m / y y y y

Male

Female

(Indeterminate / Intersex / Unspecified)

Town/City of birth:

Country of birth:

Language spoken at home:

Emergency contact details

Name:

Phone:

Relationship:

Victorian Student Number & Unique Student Identifier

If you are under 25 years of age, have you attended any Victorian school since 2009, or enrolled to undertake any training with a vocational education and training (VET) registered training organisation, or an Adult Community Education provider in Victoria since 2011?

YES NO

If Yes, what is the name/s of the three (3) most recent services attended:

If you have a Victorian Student Number, please provide it here

More information can be obtained from - <http://www.vcaa.vic.edu.au/Pages/schooladmin/vsn/overview.aspx>

From 1 January 2015, CCC can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your certificate program, if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on your computer or mobile device.

If you have a Unique Student Identifier please provide it here:

If you do not have a Unique Student Identifier, do you give CCC permission to apply for one on your behalf?

YES NO

If you answer Yes to the question above, we will retain copies of identity documents to support the application. More information about the USI can be obtained here - <http://www.usi.gov.au/>.

For CCC to apply for a USI on your behalf please provide one of the following:

Drivers Licence

Medicare Card

Australian Passport

Visa and passport

Australian Birth Certificate (full, NOT extract)

Citizen certificate

Immicard

Preferred contact method for your USI:

Email

Mobile

Mail

2. LEARNING DETAILS

How well do you speak English? Very well Well Not well Not at all

What is your highest completed school level? (Tick one box.)

Year 12

Year 11

Year 10

Year 9 or equivalent

Year 8 or lower

Never attended

Are you still attending secondary school? YES NO

In which year did you complete that school level?

Have you successfully completed any of the following qualifications? YES NO

If yes, please enter one of these prior education achievement recognition identifiers any applicable qualification level. (Tick one box.)

Bachelor Degree or higher degree

Advanced Diploma/Associate Degree

Diploma (or Associate Diploma

Certificate

Certificate II

Certificate III (or Trade Certificate

Certificate IV (or Advanced Certificate/Technician)

Certificate other than listed

Are you of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait islander

Do you consider yourself to have a disability, impairment or long term condition?

YES NO

If Yes, please indicate the areas of disability, impairment or long-term condition

Acquired brain injury

Hearing/deaf

Visual/sight

Learning

Medical condition

Intellectual

Physical

Mental Illness

Other disability

Is there anything that may prevent you from successfully completing the **certificate** course?

YES

NO

If yes, please supply details

3. EMPLOYMENT DETAILS

Which situation best describes your current employment status? (Tick one box)

Full-time employee

Part-time employee

An employer

Employed (unpaid worker in family business

Self-employed – not employing others

Not employed - not seeking employment

Unemployed – seeking part time work

Unemployed - seeking full time work

Which of the following classifications BEST describes your current or recent occupation? (Tick one box)

1 Manager

2 Professionals

3 Technicians & Trade Workers

4 Community & personal service worker

5 Clerical & Administrative worker

6 Sales worker

7 Machinery operator & drivers

8 Labourers

9 Other

Which of the following classifications BEST describes the Industry of your current or previous employer? (Tick one box)

A - Agriculture, forestry & fishing

B - Mining

C - Manufacturing

D - Electricity, gas, water & waste service

E - Construction

F - Wholesale trade

G - Retail trade

H - Accommodation & Food Services

I - Transport Postal & Warehouse

J - Information Media & telecommunications

K - Financial & Insurance services

L - Rental, Hiring and real Estate Services

M - Professional, Scientific & Technical services

N - Administrative & support services

O - Public Administration & Safety

P - Education & Training

Q - Health Care and Social Assistance

R - Arts & recreation services

S - Other services

How did you hear about the course? (Please select appropriately)

Word of Mouth

Friend

Brochure in letterbox

Website

Facebook

Ad in local paper

Existing or past participant

Job Network

Other

4. DECLARATION

Please read this section carefully before signing and submitting the application.

- I will inform my tutor if I am sick or cannot attend for personal reasons. (reception: Phone 9583 0095)
- I declare that the information provided by me in this application is true, correct and complete at this time.
- I acknowledge that providing false, misleading or inaccurate information may affect the acceptance of this application and/ or the continued provision of training and assessment services
- I have read and understood CCC Fee information and Course Cancellation terms (available on the website).

- I acknowledge all fees are payable in full on course commencement or the commencement of the term that the fees relate to.
- I agree to abide by CCC Code of Conduct and Policies and Procedures.
- I understand my rights when undertaking a course with CCC including the right to access the Complaints and Appeals Policy. I also understand I have the right to access Australian Consumer Protection Law.
- I acknowledge that the information that I provide to CCC may be made available to Commonwealth and State agencies through its obligations to comply with the Training Reform Act 2006.

I, (the student named in this application)

give **do not give**

permission for the use of my image and/or details to be used for the purposes of marketing or advertising services.

- I acknowledge and agree that ownership of any photographic, video, audio or other recording of me will be retained by Cheltenham Community Centre.
- I give this permission with full understanding and agreement that I will not be entitled to remuneration or compensation.
- I understand and agree that if I wish to withdraw this authorisation, it is my responsibility to inform Cheltenham Community Centre in writing.
- I understand the nature and the consequence of what is being proposed above

Privacy Statement

CCC respects client's privacy rights and operates in compliance with the Privacy Act and National Privacy Principles 2001. Refer to www.privacy.vic.gov.au for more details. All client personal information will be treated confidentially and will not be disclosed to a third party without the client's prior written consent.

Except where required through its commitment to comply with the Education and Training Reform Act 2006 (and subsequent amendments) and supply client data to Victorian Registration and Qualifications Authority and other regulatory bodies. Further information on how your details are managed by CCC, please read the Information Collection Statement available on our website.

Victorian Government VET Student Enrolment Privacy Notice *

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Collection of your data

CCC is required to provide the Department with student and training activity data. This includes personal information collected in the CCC enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

CCC provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by CCC; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVET or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact CCC's Manager in the first instance by phone 9583 0095 or email admin@chelt.com.au.

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to: <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to: <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.(see * above).

By signing below, I acknowledge and agree to the terms described in this privacy statement and declaration above

Please **return this completed enrolment form to Reception.**

To receive a Victorian Government funded place please supply supporting documentation:

Green Medicare card – proof of Australian citizenship, Australian Permanent Residency or New Zealand Citizenship

Concession Card - Healthcare or Pension – if claiming concession rate

If studying a **Certificate** level course, CCC will **also** require the following:

Birth Certificate or Australian Passport if born in Australia - original or certified copy must be sighted

Australian Citizenship or Permanent Residency papers - if born overseas.

Original Certificates or certified copies of any previous qualifications – either Australian or overseas

If you have been referred to CCC for training under one of the following programs, please provide us with a copy of the Referral Form:

Referred Job Seekers

Asylum Seekers and Victims of Human Trafficking Initiative


Workers in Transition Program

Single and Teenage Parents Training Initiative

Young People Transitioning from Care Initiative

Student signature:

Date:

 If you are unable to provide a digital signature you can submit the form by email unsigned, but will be required to sign the form on your first attendance.

OFFICE USE ONLY

5. COURSE DETAILS (*Reproduced from Course Enrolment Confirmation*)

Course Name:	Start Date	Funding	Course fee	C/NC**	Amenities per term	Total
		TOTAL				

Student is: Resident / Non-resident

Referral Job Network Funding Confirmed Y N	Contact Name: Organisation:	Contact details: P: E:
Childcare: Required? Y N	Child's name:	Childs D.O.B: d d / m m / y y y y

6. COURSE ENTRY (See *Student Record of Interview.*)

The client has submitted the appropriate evidence/ documentation in support of the application.

YES NO

Staff name: **Staff signature**

Date: / /