



Enrolment Form

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COURSE DETAILS			
Course Name and Code			
Course Start Date		Course End Date	
Course Delivery	Wollongong <input type="checkbox"/>	Milton <input type="checkbox"/>	ACT <input type="checkbox"/> Online <input type="checkbox"/> Other <input type="checkbox"/> _____

STUDENT DETAILS			
Title (Please tick)	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other:
Given Name(s)			
Surname			
Date of Birth		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Phone		Email	
Address			
Suburb		State	Postcode
Postal Address (if different to home address)			
Suburb		State	Postcode
Workplace Name (if applicable)			
Emergency Contact	Name	Phone	Relationship

IRT EMPLOYEES ONLY – Manager to complete			
Employment Site			
Manager Name			
I give permission for the above employee to complete the specified course with IRT Academy Yes <input type="checkbox"/> No <input type="checkbox"/>			
Manager Signature		Date	

LANGUAGE AND CULTURAL DIVERSITY	
Country of Citizenship:	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify:
Citizenship status:	
Are you an Australian Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, which Visa subclass do you have?	<input type="checkbox"/> Student TU / 500 <input type="checkbox"/> Other – please specify:
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify:
Native Language:	<input type="checkbox"/> English <input type="checkbox"/> Other – please specify:
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

DISABILITY	
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:	<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Learning <input type="checkbox"/> Other: _____
Disability assessment type:	<input type="checkbox"/> Recipient of a disability support pension <input type="checkbox"/> Assessed as a student with a disability <input type="checkbox"/> Dependent of a person in receipt of a disability support pension

CONSESSION INFORMATION (required for funded training)	
Do you live in NSW social housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on the NSW housing register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession	Are you currently a welfare recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate form of welfare received and provide evidence: _____ <i>NOTE: you will be required to provide IRT Academy with evidence of your concession to receive the concession rate. Please attach a letter from the Department of Human Services (Centrelink) confirming receipt of the benefit.</i>

EDUCATION				
Schooling	Do you still attend school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	What is your highest COMPLETED school level?	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school		
	Please specify which YEAR you completed that school level:			
	Have you completed any qualifications since turning 17?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, was this	<input type="checkbox"/> while attending school	or	<input type="checkbox"/> post-schooling?
	If yes, then tick ANY applicable boxes:	<input type="checkbox"/> Bachelor degree or higher degree <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Diploma (or associate diploma) <input type="checkbox"/> Certificate IV (or advanced certificate/technician) <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than the above:		
Funding	Have you undertaken any other Funded Qualifications this calendar year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

RECOGNITION OF PRIOR LEARNING AND CREDIT TRANSFER	
Do you wish to seek Recognition of Prior Learning?	<input type="checkbox"/> No <input type="checkbox"/> Yes – your facilitator will issue you with a RPL Guide
Do you wish to apply for Credit Transfer?	<input type="checkbox"/> No <input type="checkbox"/> Yes – your facilitator will issue you with a Credit Transfer Application

EMPLOYMENT & STUDY REASON	
Of the following categories, which BEST describes your current employment status? (Tick ONE box only)	<input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Employer <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment
If you are employed as an aged care worker, please specify the area of aged care	<input type="checkbox"/> Residential Care <input type="checkbox"/> Home Care
If you are employed as an aged care worker, please tick the duties you currently undertake	<input type="checkbox"/> Personal care (showering, grooming, continence care etc) <input type="checkbox"/> Laundry <input type="checkbox"/> Cleaning <input type="checkbox"/> Maintenance <input type="checkbox"/> Preparing and serving food <input type="checkbox"/> Leisure and lifestyle activities <input type="checkbox"/> Assist in the administration of medication Other, please specify:
Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons

DECLARATION	
Statistical Information Statement	
We are committed to maintaining your privacy and confidentiality at all times and complying with the NSW Privacy and Personal Information Protection Act 1998 and the Federal Privacy Act 1988. Student information will not be provided to anyone unless you have provided written consent for us to do so or the information is allowed or required by law to be provided. This may occur when training attracts Government Incentives and may include; Federal and State Education Departments (including; State Training Services), Trainee employers and Australia Skills Quality Authority.	
I declare that all information provided in this enrolment form is true and accurate and that I have read and understood the Terms and Conditions of enrolment contained in this Enrolment Form, the Student Handbook and Fees & Charges Schedule.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission to share my information as per the Statistical Information Statement above	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to submit all assessments to IRT Academy within 6 weeks from the course end date. NOTE: a fee may be charged for any work submitted beyond this date	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any photograph or video taken of me during my time with IRT may be used at any time, both now and at any future date, for promotional purposes. I understand that photographs or video previously used by IRT to this point may not be retractable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for IRT Academy to verify Certificates or Statement of Attainments that have been issued by an RTO other than IRT Academy	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRT Employees Only: should I be required to access the IRT Academy Learning Community (ALC), I accept that IRT Academy will be accessing my current work contact information, including my name, position and place of work, to create my student record within the IRT Student Management System (aXcelerate).	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRT Employees Only: I give permission for IRT Academy to share my course progress with my employer and other relevant IRT Group managers / . Team Leader	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read and understood IRT Academy's consumer protection policy https://www.irt.org.au/careers-study/irt-academy/resources/	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUBSIDISED TRAINING	
By agreeing to receiving Smart and Skilled funding the student must be aware of, and agree to the following: <ul style="list-style-type: none"> Acceptance of Smart & Skilled funding may impact upon future government provided funding Deferral of studies only allowed for a maximum period of 12 months Enrolled students who do not recommence within 12 months will be reported as discontinued and may have future government funding impacted upon The cut-off date for withdrawing from a course and receiving your student fee back is two (2) weeks from the commencement of the course (administration fees will apply) To provide evidence required for student eligibility for Smart & Skilled programs, fee exemptions and concessions where relevant. <p>The preliminary advice of eligibility to access state government incentives provided herein is subject to Apprenticeship Support Australia undertaking a full assessment of eligibility criteria. A full assessment can only be made upon receipt by Apprenticeship Support Australia of fully completed and correct assessment documentation, and when requested by Apprenticeship Support Australia, additional information may be required. Apprenticeship Support Australia makes no representation about the accuracy or suitability of the information provided. All information is provided 'as is' without express or implied warranty.</p> <p>For students in receipt of subsidised training (ie. funded by a State/Federal Government body) please note the following contact details for more information;</p> <p>NSW Smart and Skilled – W: https://smartandskilled.nsw.gov.au/ Ph: 1300 772 104 ACT Skilled Capital- W: www.skills.act.gov.au Ph: 132 281</p>	
I declare that all information provided on this Eligibility Assessment Form is true and accurate and the signature below is that of the student applying for Smart & Skilled funding	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the information provided may be disclosed to and used by the Australian Government, including the Department of Education, Employment and Workplace Relations, and Centrelink, State/Territory government departments and agencies, employers, Apprenticeship Support Australia, Registered Training Organisations, non-government education authorities and the contractors or agents of any of these organisations, departments and agencies. The contact details for Smart and Skilled are https://smartandskilled.nsw.gov.au/ or 1300 772 104.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Signature	Date
Parent/Guardian Signature For Students under the age of 18 (SBAT & TVET students only)	Date
Witness Signature	Date
Witness Name	

UNIQUE STUDENT IDENTIFIER (USI) – FOR ACCREDITED TRAINING ONLY

Have you been issued with a USI previously?

 No, please read and sign the Privacy Notice below Yes, please provide your 10 digit USI: _____**Privacy Notice**

If you would like IRT Academy 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 below so that we can apply for a USI on your behalf.

Australian Driver's Licence

State:

Licence Number:

Medicare Card

Medicare Card Number:

Australian Passport

Passport Number:

Non-Australian Passport (with Australian Visa)

Passport Number:

Town of Birth

I declare that I have read and acknowledge the above information in relation to my Unique Student Identifier, and give IRT Academy permission to create, search and validate my USI as required

 Yes No

Student Name

Student Signature

Date

Please forward to IRT Academy
Email: enrolments@irt.org.au