



<b>Office Use Only:</b>	
STS Commitment ID:	_____
Training Contract ID:	_____
AVETARS Contract ID:	_____

# Enrolment Form

Form: Enrolment Form\_v7.2  
 Form Number: 042D  
 Date Created: March 2012  
 Date Reviewed: December 2019  
 Version: 7.2

## 1. COURSE DETAILS

Course Code and Name	_____		
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"/> _____

## 2. STUDENT DETAILS

\* 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 IRT Academy 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 at the end of this form for a detailed explanation.

Title:	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Other: _____
Single Name only	<input type="checkbox"/> Tick this box if you have one name only that cannot be written in the following format. Please write your single name in the 'Surname' section below.				
First Name:	_____	Middle Name:	_____		
Surname:	_____				
Date of Birth:	_____	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Home Phone / Mobile:	_____	Email:	_____		
Home Address:	_____				
Suburb:	_____	State:	_____	Postcode:	_____
Postal Address: (if different to home address)	_____				
Suburb:	_____	State:	_____	Postcode:	_____
Emergency Contact Name:	_____	Phone:	_____	Relationship:	_____

## 3. IRT EMPLOYEES ONLY – Manager to complete

IRT Employee Position:	_____	Employment status:	Part-time <input type="checkbox"/>	Fulltime <input type="checkbox"/>
IRT Employment Site:	_____			
IRT 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"/>				
IRT Manager Signature:	_____	Date:	_____	

## 4. LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other – please specify: _____
City of Birth:	_____	
Country of Citizenship:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other – please specify: _____
Citizenship status:	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Australian Permanent Resident
	<input type="checkbox"/> New Zealand Citizen	<input type="checkbox"/> Other – please specify: _____
Are you in Australia on a Visa?	<input type="checkbox"/> Student TU / 500	<input type="checkbox"/> Other – please specify Visa subclass and attach to your enrolment: _____
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	
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes, 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

5. DISABILITY	
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – please go to section 6
If yes, please indicate your condition:	<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"/> Acquired brain impairment <input type="checkbox"/> Other: _____
Please indicate the disability assessment type and attached evidence:	<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

6. CONCESSION 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 – please go to section 7
	If yes, please indicate form of welfare received and provide evidence:  _____
	Please attach a letter from the Department of Human Services (Centrelink) confirming receipt of the benefit.

7. 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
	Which year did you complete this school level?
	Have you completed any qualifications since turning 17? <input type="checkbox"/> Yes <input type="checkbox"/> No – please go to next section
	If yes, when did you complete these qualifications? <input type="checkbox"/> While attending school <input type="checkbox"/> After leaving school
	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

8. RECOGNITION OF PRIOR LEARNING AND CREDIT TRANSFER	
If you have previously completed accredited training or have a combination of experience, skills, training and knowledge that you have built up in your career, you may be eligible for Credit Transfer or Recognition of Prior Learning.	
Do you wish to apply for Credit Transfer?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please complete a Credit Transfer Form and attach with a copy of the Course Transcript from your prior studies.
Do you wish to seek Recognition of Prior Learning?	<input type="checkbox"/> No <input type="checkbox"/> Yes – your Educator will issue you with a RPL Guide

## 9. 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

## 10. PRIVACY NOTE

Under the *Data Provision Requirements 2012*, **IRT Academy** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). **IRT Academy** also collects, uses, holds and discloses personal information in accordance with the *Privacy Act 1988* and its Privacy Policy, a copy of which can be found at [www.irt.org.au/privacy\\_policy](http://www.irt.org.au/privacy_policy).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by **IRT Academy** for statistical, administrative, regulatory and research purposes. **IRT Academy** may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.
- Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:
  - populating authenticated VET transcripts;
  - facilitating statistics and research relating to education, including surveys and data linkage;
  - pre-populating RTO student enrolment forms;
  - understanding how the VET market operates, for policy, workforce planning and consumer information; and
  - administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

I have read and understand the terms of this Privacy Note.

Student/Parent/Guardian Signature: \_\_\_\_\_

## 11. SUBSIDISED TRAINING

By agreeing to receiving Smart and Skilled funding the student must be aware of, and agree to the following:

Under the Data Provision Requirements 2012, IRT Academy is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by IRT Academy for statistical, regulatory and research purposes. IRT Academy may disclose my personal information for these purposes to third parties, including:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorized agencies, including the NSW Department of Industry;
- NCVER;
- Organisations conducting student surveys; and
- Researchers

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidized training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email or post, during or after I have ceased subsidised training with IRT Academy for the purposes of evaluating and assessing my subsidised training.

For students in receipt of subsidised training (ie. funded by a State/Federal Government body) please note the following contact details for more information:

- NSW Smart and Skilled – W: <https://smartandskilled.nsw.gov.au/> Ph: 1300 772 104
- ACT Skilled Capital- W: [www.skills.act.gov.au](http://www.skills.act.gov.au) Ph: 132 281

I have read and understand the terms of subsidised training under Smart and Skilled funding.

Student/Parent/Guardian Signature: \_\_\_\_\_

## 12. UNIQUE STUDENT IDENTIFIER (USI) – FOR ACCREDITED TRAINING ONLY

Have you been issued with a USI previously?	<input type="checkbox"/> Yes, please provide your 10 digit USI: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
	<input type="checkbox"/> No - please read the Privacy Notice below and complete the following information:										

### PRIVACY NOTE

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.

In accordance with section 11 of the *Student Identifiers Act 2014*, IRT Academy 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.

#### Please provide details of **ONE (1)** form of identity:

1. Australian Driver's Licence	State:		Licence Number:	
2. Medicare Card	Medicare Card Number:			Ref #
	Medicare Card Colour:	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Yellow
	Medicare Expiry Date:			
3. Australian Passport	Passport Number:			
4. Non-Australian Passport (with Australian Visa)	Passport Number:			

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>

Student Full Name:			
Student Signature:		Date:	

## 13. STUDENT ENROLMENT 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 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
I have read and understood IRT Academy's consumer protection policy as outlined in the Student Handbook: <a href="https://www.irt.org.au/careers-study/irt-academy/resources/">https://www.irt.org.au/careers-study/irt-academy/resources/</a>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I declare that the information I have provided to the best of my knowledge is true and correct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Full Name:		
Student Signature:		Date
For students under the age of 18 - Full name of Parent / Guardian:		
Parent/Guardian Signature:		Date
Witness Signature:		Date
Witness Name:		

**Please scan and email your Enrolment Form to [irtacademy@irt.org.au](mailto:irtacademy@irt.org.au)**