

# Enrolment Form

## COURSE DETAILS

I wish to enrol in the following Course/s:

Course Code ..... Course Name ..... Cost .....

Course Code ..... Course Name ..... Cost .....

## PERSONAL DETAILS (Please print clearly)

USI (If known) .....

Given Name/s: ..... Surname:.....  
(Legal Given Names) (Legal Family 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 Laurels Education and Training to apply for a USI on your behalf, you must write your name exactly as it is written in the identity document you choose to use.*

Male     Female     Indeterminate/Intersex/Unspecified

Date of Birth: ..... Town of Birth .....

Home Phone: ..... Work Phone: .....

Mobile Phone: ..... Email: .....

**Current Residential Address (REQUIRED)**.....  
(Street Number and Name – not a P O Box)

Postal Address (if different from above): .....

## EMERGENCY CONTACTS DETAILS

1 .Name; ..... Relationship: .....

Mobile Phone:..... Home Phone :..... Work Phone:.....

2 .Name; ..... Relationship: .....

Mobile Phone:..... Home Phone :..... Work Phone:.....

## LANGUAGE AND CULTURAL DIVERSITY

In which Country were you born?     Australia     Other ..... (Please specify)

Do you speak a language other than English at home?  Yes     No (English Only)

If yes, please specify the language spoken most often: .....

Are you of Aboriginal or Torres Strait Islander Origin?  No     Yes, Aboriginal     Yes, Torres Strait Islander

***(for persons of both Aboriginal or Torres Strait Islander origin mark “yes” on both boxes)***

Yes, I am happy to be contacted about future activities and workshops

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## DISABILITY

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:

- Hearing/Deaf     Physical     Intellectual     Learning     Mental Health Condition  
 Acquired Brain Injury     Vision     Medical Condition     Other

## SCHOOLING

Are you still attending Secondary School?  Yes  No

What is your highest COMPLETED secondary school education level?

- Year 12     Year 11     Year 10     Year 9 or Equivalent     Year 8 or Lower     Never attended School

In which year did you finish secondary school? .....

Name of School/Training Organisation

.....

## PREVIOUS QUALIFICATION ACHIEVED

Have you successfully completed any of the following qualifications?  Yes  No

If YES, please tick appropriate

	Australian	Australian Equivalent	International
Bachelor Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diploma or Associate Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificates other than the Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify .....			

## EMPLOYMENT

Which of the following best describes your current employment Status?

- |  |  |
|--|--|
| <input type="checkbox"/> Full-time Employee                            | <input type="checkbox"/> Part-time Employee                    |
| <input type="checkbox"/> Self Employed – Not Employing Others          | <input type="checkbox"/> Self Employed – Employing others      |
| <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 |

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

- |   |  |
|---|--|
| <input type="checkbox"/> 1 - Managers                             | <input type="checkbox"/> 6 – Sales Workers                   |
| <input type="checkbox"/> 2 - Professionals                        | <input type="checkbox"/> 7 – Machinery Operators and Drivers |
| <input type="checkbox"/> 3 – Technicians and Trade Workers        | <input type="checkbox"/> 8 – Labourers                       |
| <input type="checkbox"/> 4 – Community & Personal Service Workers | <input type="checkbox"/> 9 - Others                          |
| <input type="checkbox"/> 5 – Clerical and Administrative Workers  |  |

Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only)

- |   |  |
|---|--|
| <input type="checkbox"/> A – Agriculture, Forestry and Fishing          | <input type="checkbox"/> K – Financial and Insurance Services                |
| <input type="checkbox"/> B - Mining                                     | <input type="checkbox"/> L – Rental, Hiring and Real Estate Services         |
| <input type="checkbox"/> C – Manufacturing                              | <input type="checkbox"/> M – Professional, Scientific and Technical Services |
| <input type="checkbox"/> D – Electricity, Gas, Water and Waste Services | <input type="checkbox"/> N – Administrative and Support Services             |
| <input type="checkbox"/> E – Construction                               | <input type="checkbox"/> O – Public Administration and Safety                |
| <input type="checkbox"/> F – Wholesale Trade                            | <input type="checkbox"/> P – Education and Training                          |
| <input type="checkbox"/> G – Retail Trade                               | <input type="checkbox"/> Q – Health Care and Social Assistance               |
| <input type="checkbox"/> H – Accommodation and Food Services            | <input type="checkbox"/> R – Arts and Recreation Services                    |
| <input type="checkbox"/> I – Transport, Postal and Warehousing          | <input type="checkbox"/> S – Other Services                                  |
| <input type="checkbox"/> J – Information Media and telecommunications   |  |

## STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course? (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 program of study       | <input type="checkbox"/> For Personal interest or self-development |
| <input type="checkbox"/> Other Reasons                    | <input type="checkbox"/> To get skills for community/voluntary work |  |

## CONCESSIONS AND ELIGIBILITY

Do you have a current concession card?  Yes  No If YES, Expire Date: .....CRN:.....

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Health Care Card | <input type="checkbox"/> Pensioner Concession Card | <input type="checkbox"/> Veteran Gold Card Concession |
|---|--|---|

## VICTORIAN STUDENT NUMBER TO BE COMPLETED BY ALL STUDENTS AGED UP TO 24 YEARS

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been upon enrolment to each individual student up to 24 years

Students must report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian School (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN..

Enter your Victorian Student Number (VSN)  GO TO NEXT SECTION IF YOU PROVIDE A VSN

## Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

- NO - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.
- YES – I have attended the following Victorian school since 2009 \_\_\_\_\_  
*(Most recent Victorian School attended)*
- YES – I have participated in training at a TAFE or other training organisation since the beginning of 2011 (List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations))  
\_\_\_\_\_  
\_\_\_\_\_

## UNIQUE STUDENT IDENTIFIER

From 1 January 2015, Laurels Education and Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your 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 a computer or mobile device. **PLEASE ensure you have entered your Unique Student Identifier (USI) at the commencement of the enrolment form.**

## To be eligible for Government Funding you need to meet one of the following citizen/residency status:

- Are you an Australian citizen?  Yes  No If NO, are you: (please tick one of the following)
- An Australian Permanent Resident (holder of a permanent visa?)  An East Timorese asylum seeker?
  - A holder of a Special Category Visa (subclass 444), New Zealand citizen  a holder of a Temporary Protection Visa

## And are you any of the following?

- a young person under the age of 20;  an applicant undertaking an apprenticeship;
- undertaking a Foundation skills course;  undertaking a higher qualification than the highest qualification already held

# Enrolment Form

## VICTORIAN GOVERNMENT VET STUDENT ENROLMENT PRIVACY STATEMENT

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

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

LET 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, including interaction between the Department and Student where appropriate.

The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

### 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 NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.

### 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 LET's CEO in the first instance by phone 5367 1061 or email [info@thelaurels.org.au](mailto:info@thelaurels.org.au)

### Further Information

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 and agree to the terms described in this privacy statement:**

Student signature: ..... Date: .....

Parent/Guardian Signature (Consent required for all students under the age of 18) .....Date: .....

## APPLICANTS DECLARATION

For more information in relation to how student information may be used or disclosed, please see LET's Policy MAN015 Records Management or contact the CEO on 03 5367 1061 or email [info@thelaurels.org.au](mailto:info@thelaurels.org.au)

### By signing this declaration:-

- I understand the following information which has been explained to me
  - I have been given all of the information to make an informed decision about my enrolment in this course, including detailed information about tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy.
  - Laurels Education and Training's refund policy details and process for requesting a refund
  - Information about recognition of prior learning and credit transfer
  - If I have paid the tuition fee in full and I withdraw, cancel or transfer from the course prior to completion, I will receive a formal Statement of Attainment providing results obtained at no extra cost.
  - Provision for student welfare and safety
- I agree that the information I have provided on this form is true and correct
- I agree to be bound by the LET rules and policies
- I have undertaken the Language and Numeracy testing and agree to adhere to any special needs assistance required to achieve a successful outcome.
- I agree to advise LET staff of any contact details that may change while I am studying with LET

Student signature: ..... Date: .....

Parent/Guardian Signature (Consent required for all students under the age of 18) ..... Date: .....