

Student Enrolment Form

The information you provide to CS Institute Australia (CSIA) will remain private and confidential under the requirements of the Privacy Act 1988. Your personal details will be used for the purpose of processing your enrolment and facilitating the training and assessment services requested by you. Your personal information will not be released unless required by law or you provide approval. Your information will never be sold to a third party. Your information may be provided to a third party who has entered into a legally binding agreement with CSIA to provide services to either you or CSIA and who agrees to keep your personal information confidential except as required by law. Your personal information will be collected and used for the purpose of collection of data for statistical information under the requirements of the Data Provision Requirements 2012 and in line with current AVETMISS requirements. However, this information is reported in a manner that does not identify you.

Enrolment Details: (select the course you wish to enrol)

- ☐ CHC30113 Certificate III in Early Childhood Education and Care
 ☐ CHC50113 Diploma of Early Childhood Education and Care
☐ BSB40715 Certificate IV in Franchising
 ☐ BSB50515 Diploma of Franchising
☐ BSB50215 Diploma of Business
 ☐ First Aid (HLTAID003) / ☐ CPR (HLTAID001)

Student Details:

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other
Given Name:		Middle Name:	
Preferred Name:		Former Name:	(if applicable)
Date of Birth:		Place of Birth:	
Residential Address:	Unit No /Street No Suburb	Street Name	
Postal Address:		State	Post Code
Mobile:		Home Phone:	Work Phone:
Email:		Alternate Email:	

Emergency Contact:

Name:		Relationship:		Contact No:	
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Employment Status (if applicable):

- ☐ Full-time Employee
 ☐ Part-time Employee
☐ 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
 ☐ Unemployed – not seeking employment

Organisation Name:		Position:		Phone:	
If self-employed / employee					

Citizenship / Residence Status:

- ☐ Australian Citizen
 ☐ New Zealand Citizen
 ☐ Australian Permanent Resident
☐ Student Visa
 ☐ Temporary Resident Visa
 ☐ Visitor's Visa
☐ Business Visa
 ☐ Working Holiday Visa
 ☐ Permanent Humanitarian Visa

Aboriginal or Torres Strait Islander Origin:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> None of these
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Language Spoken at Home:	<input type="checkbox"/> English If any other, please specify:
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Highest Level of Schooling completed:

- ☐ 12 or equivalent
 ☐ 11 or equivalent
 ☐ 10 or equivalent
 ☐ 9 or equivalent
 ☐ 8 or Below
 ☐ Never attended school

Are you currently at school:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please write the school name:	
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Previous qualifications achieved:

<input type="checkbox"/> Bachelor degree or higher <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"/> other education (including certificates or overseas qualifications not listed above)	Year achieved:	
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Name of University / College:	
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Reason for enrolling into this Course:

- | | | |
|---|--|--|
| <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 | | |

Disability:

Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes – see below ☐ No – go to next section

- | | | |
|--|--|--|
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Hearing/ Deaf | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Vision | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Physical | <input type="checkbox"/> Other |

If Other, please specify:

Are you applying for Recognition of Prior Learning (RPL) or Credit Transfer for your previous studies

- ☐ Yes – ☐ RPL (complete RPL application form) or ☐ Credit Transfer (Complete credit transfer application form)
☐ No

Support required

To enable successful participation and completion of the course you are eligible to undertake, CSIA will endeavour to provide you with support where possible. In the event CSIA does not have the capacity to cater for your needs, CSIA will recommend you to either an external support service or other provider. You will be responsible for the costs associated with the third party.

Please indicate the support services you may require:

Approved ID Provided:

- | | | |
|--|--|---|
| <input type="checkbox"/> Australian Passport | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Medicare Card |
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> Non-Australian Passport with Valid Visa | <input type="checkbox"/> Birth Certificate (Australian) |

Note: Student has to provide original as well as colour copy of Approved ID document(s) to the CSIA representative. Original document(s) will be returned to the student on the spot after seeing; however colour copy will be retained by CSIA for verification purposes.

Unique Student Identifier (USI) (please note: CSIA can be prevented from issuing you certificates if you don't provide USI)

If you have not yet obtained a USI you can apply directly at <http://www.usi.gov.au> on computer or your mobile device. If you already have one, enter your USI here:

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Privacy Statement and Student Declaration:

I agree and declare:

- That the information I have provided on this form is true, correct and complete to the best of my knowledge.
- That I have been provided with appropriate and sufficient information to make an informed decision about my enrolment.
- That I have been provided with detailed information about the fees and charges associated with my course enrolment including information on tuition fees, enrolment fees, materials fees, payment terms and the applicable Refund Policy.
- To provide CSIA with up-to-date and accurate contacts details and notify them if anything changes.
- To be bound by CSIA's Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time.
- That I have been provided with access to Student Handbook on CSIA website.
- That CSIA is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by CSIA or the third parties such as employers (if training paid by an employer), Government departments and authorised agencies, NCVER, organisations conducting student surveys and/or researchers.
- That I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. (I understand that I may opt out of the survey at the time of being contacted)
- NCVER will use, disclose, and retain my data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au)

Student's signature _____

Date: ____ / ____ / ____