

2020 Pre-Accredited Enrolment Form

Please identify the course you are enrolling in:	
English for Everyone – Foundation	
English for Everyone – Next Step	
English for Life Skills	
English for Sewing	
English for Sewing – Next Step	
English for Computers	
English in the Kitchen	
Introduction to Hospitality	
Introduction to Café Skills	
Healthy Cooking on a Budget	
Intermediate Computers	
Flexible Computers	
Advanced Computers	
Introduction to Cleaning	
Introduction to Office Administration	
Introduction to Jewellery Making	
Introduction to Community Services	
Career Development	

Course location:	<input type="checkbox"/> Melton	<input type="checkbox"/> Sunshine	<input type="checkbox"/> Other
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1. APPLICANT 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, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.			
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <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. Write your single name in the 'Family name section)		
Family name:			
First name:			
Middle name:			
Preferred name:			
Previous name (if applicable):			
Date of birth:	(day/month/year)		
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Indeterminate/Intersex/Unspecified
Mobile:		Phone:	
Email:			
Alternative email (optional):			

Usual residential address:			
Building/Property name:			
Flat/Unit details:		Street/Lot number:	
Street name:			
Suburb:			
State/Territory:		Postcode:	
Postal address (if different from residential address):			
Building/Property name:			
Flat/Unit details:		Street/Lot number:	
Street name:			
Suburb:			
State/Territory:		Postcode:	

2. EMERGENCY CONTACT			
Name:			
Relationship to student:			
Mobile:		Phone:	

3. LANGUAGE AND CULTURAL DIVERSITY			
In what country were you born?			
<input type="checkbox"/> Australia	City of birth:		1101
<input type="checkbox"/> Other, please specify:			
Do you speak a language other than English at home? (If more than one language, indicate the language spoken most often)			
<input type="checkbox"/> No, English only			1201
<input type="checkbox"/> Other, please specify:			
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin tick both Yes boxes.)			
<input type="checkbox"/> No			4
<input type="checkbox"/> Yes, Aboriginal			1
<input type="checkbox"/> Yes, Torres Strait Islander			2
			(3 yes to both)
Citizenship			
<input type="checkbox"/> Australian citizen or <input type="checkbox"/> New Zealand citizen			
<input type="checkbox"/> Permanent resident			
<input type="checkbox"/> Other, please specify:			

4. DISABILITY			
Do you consider yourself to have a disability, impairment or long-term condition?		Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	Go to Section 5
If YES, then please indicate the areas of disability, impairment or long-term condition. You may indicate more than one area.			
<input type="checkbox"/> Hearing/Deaf	11	<input type="checkbox"/> Physical	12
<input type="checkbox"/> Intellectual	13	<input type="checkbox"/> Learning	14
<input type="checkbox"/> Mental illness	15	<input type="checkbox"/> Acquired brain impairment	16
<input type="checkbox"/> Vision	17	<input type="checkbox"/> Medical condition	18
<input type="checkbox"/> Other - please specify:			19
Is assistance required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify:			

5. SCHOOLING	
What is the highest level you have successfully COMPLETED at school? Tick one box only	
<input type="checkbox"/> Completed Year 12 or equivalent	12
<input type="checkbox"/> Completed Year 11 or equivalent	11
<input type="checkbox"/> Completed Year 10 or equivalent	10
<input type="checkbox"/> Completed Year 9 or equivalent	09
<input type="checkbox"/> Completed Year 8 or below	08
<input type="checkbox"/> Never attended school	02
Are you still enrolled in secondary or senior secondary education?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. PREVIOUS QUALIFICATIONS ACHIEVED	
Have you SUCCESSFULLY completed any of the qualifications listed below? If YES, tick ANY applicable boxes.	No <input type="checkbox"/> Go to Section 7
<input type="checkbox"/> Bachelor Degree or Higher Degree	008
<input type="checkbox"/> Advanced Diploma or Associate Degree	410
<input type="checkbox"/> Diploma or Associate Diploma	420
<input type="checkbox"/> Certificate IV or Advanced Certificate/Technician	511
<input type="checkbox"/> Certificate III (or Trade Certificate)	514
<input type="checkbox"/> Certificate II	521
<input type="checkbox"/> Certificate I	524
<input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)	990
Have you completed any of the above qualifications overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/> Go to Section 7
If YES, have you had this qualification recognised in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/> Go to Section 7
If YES, please specify level of qualification, e.g. Certificate, Degree, etc. and field of study	

7. EMPLOYMENT			
Which of the following categories BEST describes your current employment status? For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week). (Tick ONE box only)			
<input type="checkbox"/> Full time employee	01	<input type="checkbox"/> Employed – unpaid worker in family business	05
<input type="checkbox"/> Part time employee/casual	02	<input type="checkbox"/> Unemployed – seeking part time work	07
<input type="checkbox"/> Self-employed – not employing others	03	<input type="checkbox"/> Unemployed – seeking full time work	06
<input type="checkbox"/> Self-employed – employing others	04	<input type="checkbox"/> Not employed – not seeking employment	08

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)			
<input type="checkbox"/> Managers	1	<input type="checkbox"/> Clerical and administrative workers	5
<input type="checkbox"/> Professionals	2	<input type="checkbox"/> Sales workers	6
<input type="checkbox"/> Technicians and trade workers	3	<input type="checkbox"/> Machinery operators and drivers	7
<input type="checkbox"/> Community and personal service workers	4	<input type="checkbox"/> Labourers	8
<input type="checkbox"/> Never employed		<input type="checkbox"/> Other	9

Which of the following classifications BEST describes the industry of your current or recent employer? (Tick ONE box only)			
<input type="checkbox"/> Agriculture, Forestry and Fishing	A	<input type="checkbox"/> Financial & Insurance Services	K
<input type="checkbox"/> Mining	B	<input type="checkbox"/> Rental, Hiring & Real Estate Services	L
<input type="checkbox"/> Manufacturing	C	<input type="checkbox"/> Professional, Scientific & Technical Services	M
<input type="checkbox"/> Electricity, Gas, Water & Waste Services	D	<input type="checkbox"/> Administrative & Support Services	N
<input type="checkbox"/> Construction	E	<input type="checkbox"/> Public Administration & Safety	O
<input type="checkbox"/> Wholesale Trade	F	<input type="checkbox"/> Education & Training	P
<input type="checkbox"/> Retail Trade	G	<input type="checkbox"/> Health Care & Social Assistance	Q
<input type="checkbox"/> Accommodation & Food Services	H	<input type="checkbox"/> Arts & Recreation Services	R
<input type="checkbox"/> Transport, Postal & Warehousing	I	<input type="checkbox"/> Other Services	S
<input type="checkbox"/> Information Media & Telecommunications	J	<input type="checkbox"/> Never employed	

8. STUDY REASON			
Of the following categories, select the one which BEST describes the main reason you are undertaking this course or traineeship or apprenticeship? (Tick ONE box only)			
<input type="checkbox"/> To get a job	01	<input type="checkbox"/> I wanted extra skills for my job	07
<input type="checkbox"/> To develop my existing business	02	<input type="checkbox"/> To get into another course of study	08
<input type="checkbox"/> To start my own business	03	<input type="checkbox"/> For personal interest or self-development	12
<input type="checkbox"/> To try for a different career	04	<input type="checkbox"/> To get skills for community/voluntary work	13
<input type="checkbox"/> To get a better job or promotion	05	<input type="checkbox"/> Other reasons	11
<input type="checkbox"/> It was a requirement of my job	06		

9. REFERRAL DETAILS	
Have you been referred by a Services provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provider name:	
Case manager:	
Phone contact:	
Email:	
I give permission for a copy of my Certificate of Participation to be given to the Services Provider	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. PRIVACY STATEMENT
<p>Under the <i>Data Provision Requirements 2012</i>, Djerriwarrh Community & Education Services (Djerriwarrh) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).</p> <p>Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Djerriwarrh for statistical, administrative, regulatory and research purposes. Djerriwarrh may disclose your personal information for these purposes to:</p> <ul style="list-style-type: none"> • Commonwealth and State or Territory government departments and authorised agencies; and • NCVER. <p>Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>NCVER will collect, hold, use and disclose your personal information in accordance with the <i>Privacy Act 1988</i> (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).</p>

Victorian Government Student Enrolment Privacy Notice
<p>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).</p> <p>Collection of your data</p> <p>Djerriwarrh Community & Education Services (Djerriwarrh) is required to provide the Department with student and training activity data. This includes personal information collected in the Djerriwarrh enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).</p> <p>Djerriwarrh observes the Australian Privacy Principles as identified in Schedule 1 of the <i>Privacy Act 1988</i> (Cth) and Victorian legislation such as the <i>Privacy and Data Protection Act 2014</i> (Vic). Information on how Djerriwarrh</p>

collects, stores and protects your personal information can be found in the Djerriwarrh Privacy Policy in the Student Handbook or on the Djerriwarrh website.

Djerriwarrh 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.

A student's USI may be used for specific VET purposes including the verification of student data provided by Djerriwarrh; 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 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 that 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 Djerriwarrh in the first instance by phone on 03 8746 1000 or email info@djerriwarrh.org

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: <https://www.usi.gov.au/Students/Pages/student-privacy.aspx>

11. PROMOTIONAL AND ADVERTISING PERMISSION

How did you hear about the course/program?

- | | |
|--|--|
| <input type="checkbox"/> Word of Mouth (friends/relatives) | <input type="checkbox"/> Internet search (e.g. Google) |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Centrelink |
| <input type="checkbox"/> Job Active/Employment Services | <input type="checkbox"/> Brochure (on display) |
| <input type="checkbox"/> Brochure (in letter box) | <input type="checkbox"/> Djerriwarrh website |
| <input type="checkbox"/> Expos/Events | <input type="checkbox"/> Other (please specify) |

I give permission for Djerriwarrh Community & Education Services (Djerriwarrh) to contact me with information relating to our courses and services.

- Yes
 No

I give my permission to Djerriwarrh to use my (tick all that apply):

- personal story
 image/footage
 name

for the purpose of promoting and advertising Djerriwarrh.

This personal story/image/footage is/are in connection with courses or activities run by or connected to Djerriwarrh.

If you wish to withdraw your consent at a future date, please email Djerriwarrh at info@djerriwarrh.org

12. APPLICANT DECLARATION

Please read the following statements and acknowledge by ticking each item and signing below.

- I declare that the information provided to Djerriwarrh Community & Education Services (Djerriwarrh) in this enrolment form is to the best of my knowledge true, correct and complete at the time of my enrolment
- I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/enrolment form may result in the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training and/or cancellation of enrolment at the discretion of Djerriwarrh
- I authorise Djerriwarrh to release information regarding my enrolment to any government department and to other parties when it is legally obliged to do so
- I authorise Djerriwarrh to check available records to confirm information provided is correct
- I acknowledge that I have read the Privacy Statement and Victorian Government's Student Enrolment Privacy Notice and consent to the collection, use and disclosure of my personal information as stated

Applicant's name: (please print)			
Applicant's signature:		Date:	

Parent/Guardian Acknowledgement			
<p>For applicants under the age of 18 at the time of enrolment, this form must be signed by a Parent/Guardian.</p> <p>As the Parent/Guardian of applicant identified above, I confirm that all information provided on this application form is to the best of my knowledge true, correct and accurate.</p> <p>As the Parent/Guardian of applicant identified above, I confirm that I have read, acknowledge and agree to the terms described in the privacy notice.</p>			
Parent/Guardian name: (please print)			
Parent/Guardian signature:		Date:	

Schedule of Fees						
Course Funding Codes						
ACE ACFE funded		ACR ACFE funded - Reconnect			S Fee for service	
Course Code	Course Title	Funding Code	Start Date	End Date	Fee	
1.						
2.						
3.						
Total						
Amenities (Photocopying/Consumables)						Fee
Course 1	<input type="checkbox"/>					
Course 2	<input type="checkbox"/>					
Course 3	<input type="checkbox"/>					
Amenities Total						
Other Items			Quantity	Unit Price	Total	
Course 1 Materials/Kits/Resources/Workbooks						
Course 2 Materials/Kits/Resources/Workbooks						
Course 3 Materials/Kits/Resources/Workbooks						
Other - please specify						
Other Total						
Grand Total						
Invoicing Authority (if applicable, please attach)						
Business Name						
Contact Name			Phone			