



1. APPLICANT DETAILS			
<b>Title:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Other
<b>Single name only:</b>	<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)		
<b>Family name:</b>			
<b>First name:</b>			
<b>Middle name:</b>			
<b>Preferred name:</b>			
<b>Previous name (if applicable):</b>			
<b>Date of birth:</b>	(day/month/year)		
<b>Mobile:</b>		<b>Phone:</b>	
<b>Email:</b>			
<b>Alternative email (optional):</b>			

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

2. GENDER AND CULTURAL DIVERSITY	
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Indeterminate/Intersex/Unspecified
<b>In what country were you born?</b>	
<input type="checkbox"/> Australia City of Birth:	
<input type="checkbox"/> Other, please specify:	
<b>Citizenship</b>	
<input type="checkbox"/> Australian citizen <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Permanent resident	
<input type="checkbox"/> Other, please specify:	
<b>Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin tick both Yes boxes.)</b>	
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No	

3. EMPLOYMENT
<b>Of the following categories, which BEST describes your current employment status? (Tick ONE box only). If never employed, go to Section 4.</b> 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).
<input type="checkbox"/> Full time employee <input type="checkbox"/> Employed – unpaid worker in family business <input type="checkbox"/> Part time employee/casual <input type="checkbox"/> Unemployed – seeking part time work <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Self-employed – employing others <input type="checkbox"/> Not employed – not seeking employment

4. LANGUAGE
<b>Do you speak a language other than English at home? If more than one language, indicate the language spoken most often</b>
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other, please specify:
<b>Proficiency in spoken English:</b>
<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all

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

6. DISABILITY
<b>Do you consider yourself to have a disability, impairment or long-term condition?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No - Go to Section 7

<b>If YES, then please indicate the areas of disability, impairment or long-term condition. You may indicate more than one area.</b>	
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Learning	<input type="checkbox"/> Other – please specify:
<input type="checkbox"/> Mental health conditions	
<b>Is assistance required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please specify:</b>	

<b>7. PREVIOUS QUALIFICATIONS ACHIEVED</b>	
<b>Have you SUCCESSFULLY completed any of the qualifications listed below? If YES, tick ANY applicable boxes.</b>	<input type="checkbox"/> No - Go to Section 8
<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"/> Other education (including certificates or overseas qualifications not listed above)
<b>Have you completed any of the above qualifications overseas?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to Section 8
<b>If YES, have you had this qualification recognised in Australia?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to Section 8
<b>If YES, please specify level of qualification, e.g. Certificate, Degree, etc. and field of study e.g. Certificate III in individual Support, Bachelor of Arts in Sociology</b>	

<b>8. STUDY REASON</b>	
<b>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)</b>	
<input type="checkbox"/> To get a job	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To start my own business	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get skills for community/voluntary work
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> Other reasons	

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)	
<input type="checkbox"/> Managers	<input type="checkbox"/> Clerical and administrative workers
<input type="checkbox"/> Professionals	<input type="checkbox"/> Sales workers
<input type="checkbox"/> Technicians and trade workers	<input type="checkbox"/> Machinery operators and drivers
<input type="checkbox"/> Community and personal service workers	<input type="checkbox"/> Labourers
<input type="checkbox"/> Other	

  

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	<input type="checkbox"/> Financial & Insurance Services
<input type="checkbox"/> Mining	<input type="checkbox"/> Rental, Hiring & Real Estate Services
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific & Technical Services
<input type="checkbox"/> Electricity, Gas, Water & Waste Services	<input type="checkbox"/> Administrative & Support Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration & Safety
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Education & Training
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Health Care & Social Assistance
<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Arts & Recreation Services
<input type="checkbox"/> Transport, Postal & Warehousing	<input type="checkbox"/> Other Services
<input type="checkbox"/> Information Media & Telecommunications	

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

10. REFERRAL DETAILS	
Have you been referred by a Services provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 11. PRIVACY NOTICE

Djerriwarrh Privacy Policy is available on our website at [Djerriwarrh.org.au/Student Information](https://djerriwarrh.org.au/Student-Information) or request a copy from reception.

### **Why we collect your personal information**

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

### **How we use your personal information**

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

### **How we disclose your personal information**

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

### **How the NCVER and other bodies handle your personal information**

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](https://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

## Surveys

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

## Contact information

At any time, you may contact Djerriwarrh Community & Education Services to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

## Victorian Government VET Student Enrolment Privacy Notice

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

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).

Djerriwarrh provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at [Department of Education and Training Victoria website](#).

## 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 the Education Manager at Djerriwarrh in the first instance by phone (03) 8746 1000 or [info@djerriwarrh.org](mailto: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 [Department of Education and Training Victoria website](#).

For further information about Unique Student Identifiers, including access, correction and complaints, go to [Australian Government USI website](#).

## 12. PROMOTIONAL AND ADVERTISING PERMISSION

### How did you hear about the course/program?

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

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](mailto:info@djerriwarrh.org)



13. APPLICANT DECLARATION	
Please read the following statements and acknowledge by ticking each item and signing below.	
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	I authorise Djerriwarrh to check available records to confirm information provided is correct
<input type="checkbox"/>	I acknowledge that I have read the Privacy Notice including the Victorian Government VET Student Enrolment Privacy Notice and consent to the collection, use and disclosure of my personal information as stated

<b>Applicant's name: (please print)</b>			
<b>Applicant's signature:</b>		<b>Date:</b>	

Parent/Guardian Acknowledgement			
For applicants under the age of 18 at the time of enrolment, this form must be signed by a Parent/Guardian.			
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.			
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.			
<b>Parent/Guardian name: (please print)</b>			
<b>Parent/Guardian signature:</b>		<b>Date:</b>	

**EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM**

**DO NOT LEAVE ANY SECTIONS BLANK**

**SECTION A: EVIDENCE OF CITIZENSHIP AND AGE**

**To be completed by an authorised delegate of Djerriwarrh Community & Education Services**

I confirm that in relation to:  
(student's full name):

I have sighted ONE of the following: (tick relevant box)

- |   |  |
|---|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract)   | <input type="checkbox"/> Current Australian Passport   |
| <input type="checkbox"/> Current New Zealand Passport   | <input type="checkbox"/> Australian Citizenship Certificate  |
| <input type="checkbox"/> Current green Medicare card  | <input type="checkbox"/> Australian Certificate of Registration by Descent   |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances (attached)  | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard.                                 |
| <input type="checkbox"/> a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid visa type accepted for participation in the Asylum Seeker VET Program. |

by either: (tick relevant box)

- viewing an original
- viewing a certified copy
- verifying through the Document Verification Service (DVS)
- viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device
- relying on evidence sighted and retained as part of a previous enrolment
- viewing a printed or electronic record from VEVO that confirms a student holds a valid visa type accepted for participation in the Asylum Seeker VET Program.

Where evidence of a student being 17 years of age or over is required\* and the document produced from the list above does not include a date of birth (or if the date of birth has not been verified through use of the DVS), I have also sighted one of the following: (tick relevant box)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Current drivers' licence | <input type="checkbox"/> Keypass card      | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Current learner permit   | <input type="checkbox"/> Proof of Age card |   |

\*Where a clear determination can be made, the above evidence is not required.

AUTHORISED DELEGATE NAME: \_\_\_\_\_

SIGNED:

DATE:

/ /

**SECTION B: STUDENT SCHOOL ATTENDANCE STATUS DECLARATION**

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**To be completed by the student**

**STUDENT DECLARATION**

I, (print full name) \_\_\_\_\_

in seeking to enrol in one or more pre-accredited modules with Djerriwarrh Community & Education Services, declare the following to be true and accurate statements:

I AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school, and:

- I am aged 17 years of age or over, or
- I am under 17 years of age and have provided Evidence of Exemption by a school principal or the Department of Education Regional Director.

I acknowledge and understand that I may be contacted by the Department of Education or their agent to participate in a survey, interview or other questionnaire.

SIGNED:

DATE:

Schedule of Fees						
Course Funding Codes (Tick where applicable)						
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						
<b>Grand Total</b>						
Invoicing Authority (if applicable, please attach)						
Business Name						
Contact Name			Phone			