



ENROLMENT FORM

***USI:** If you already have one please enter it.

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COURSE DETAILS

Name of course you are doing with SETS:

Date(s) of Course: _____

Location of course: _____

PERSONAL 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 SETS to apply for a USI on your behalf, please tell your Trainer or see one of our Administration staff.

Family name (surname):

Given Names:

Street Address:

Suburb: _____ P/Code _____

Date of Birth: (Day/month/year) _____ | _____ | _____

Email: _____

Mobile: _____

Gender (Tick ONE box only): Male | Female | Other

Home Ph: _____ Work Ph: _____

Postal Address: (if different to above)

Street Address: _____

Or PO Box Number: _____

Suburb: _____ P/Code _____

COMPANY: _____

Emergency/Next of Kin Contact Details:

Name: _____ 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?

No, English only

YES, other - please specify _____

(If more than one language, indicate the one that is spoken most often)

How would you rate your proficiency in spoken English?

Very Well Well Not Well Not at All

Do you require any English assistance Yes No

Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

DISABILITY

Do you consider that you have a disability, impairment or long-term condition? No Yes

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)

- Hearing/Deaf
- Physical
- Intellectual
- Learning
- Mental Illness
- Acquired brain impairment
- Vision
- Medical condition
- Other _____

SCHOOLING

What is your highest COMPLETED school year?

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Never attended school

PREVIOUS QUALIFICATIONS ACHIEVED

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

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or advanced certificate/technician)
- Certificate III (or trade certificate)
- Certificate II
- Certificate I
- Other education (including certificates or overseas qualifications not listed above)

EMPLOYMENT

Of the following categories, which best describes your current employment status? (Tick ONE box only)

- Full-time employee
- Part-time employee
- Self-employed - not employing others
- Employer
- Employed - unpaid worker in family business
- Unemployed - seeking full time work
- Unemployed - seeking part-time work
- Not employed - not seeking employment

STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course (Tick ONE box only):

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons

PLEASE COMPLETE PAGE 2 (SEE OVER)

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|---------|---------------------|------------|-----------------------------|---------------------------|--------------------------------|-------------|
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| Title | SETS Enrolment Form | | RTO CODE 52334 | | | |



ENROLMENT FORM PAGE 2

Privacy Notice

Under the Data Provision Requirements 2012, SETS Enterprises Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by SETS Enterprises Pty Ltd for statistical, regulatory and research purposes. SETS Enterprises Pty Ltd may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
• Employer – if you are enrolled in training paid by your employer;
• Commonwealth and State or Territory government departments and authorised agencies;
• NCVER;
• Organisations conducting student surveys; and
• Researchers.

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

- Issuing statements of attainment or 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 programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

USI Application

If you do not have a USI you can create one here www.usi.gov.au, or if you wish SETS to apply for one on your behalf, ask your trainer for a USI Application Form.

Individual Requirements

If you have any requirements that need to be considered by SETS prior to or during your training, please tell us here, i.e., learning requirements, dietary requirements, allergies, seat position (front of class), manual handling issues, etc.

Requirements: [Empty box for student requirements]

Marketing Information

[] I consent [] do not consent to being photographed or providing testimonials to SETS for marketing purposes.

Student Declaration and Consent

- I (Print Name) _____ that the information I have provided to the best of my knowledge is true and correct.

I declare I have read the Student Handbook located on the SETS website https://www.setservices.com.au/wp-content/uploads/2020/08/student-handbook-version-nc-1.2.pdf

- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
• I will provide certified copies of any required course pre-requisites at the time of this enrolment to SETS.
• I will undertake any course pre-learning requirements as directed prior to course commencement.

[SIGNATURE] _____ [DATE] _____

Table with 6 columns: Version (1.2), Doc #: N/A, Revision Date: 16 Apr 2020, Next Review: 16 Apr 2021, Approved by: Janelle Armstrong, RTO CODE 52334, Title (SETS Enrolment Form V1.2), Page 2 of 3



COURSE COMMENCEMENT

- I have been advised of the content of the training session and the extent to which I will be required to participate.
- I acknowledge that I must advise the instructor of any current reported/un-reported illness, injury or medical condition before participation in the training session and that I should not withhold any associated information whatsoever.
- I consider myself physically fit and am able to participate in the training session.
- I acknowledge there is a requirement to report any injury sustained during this training session to; the Instructor, Training Administrator or, Training Manager immediately.

[TRAINEE SIGNATURE] _____ [DATE] _____

STUDENT IDENTIFICATION

| <i>ID Type</i> | <i>ID Number</i> | <i>Issuing State/Country</i> | <i>ID Expiry</i> |
|----------------|------------------|------------------------------|------------------|
| | | | |

POST COURSE DECLARATION

- I have reported a new illness, injury or medical condition to my instructor and will be seeking further medical attention.
- I have NOT suffered any injury or illness as a result of or during my training period at SETS.
- I would like to discuss an issue I have had with the training I received today.

[TRAINEE SIGNATURE] _____ [DATE] _____

[INSTRUCTOR SIGNATURE] _____ [DATE] _____