



## 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
- Any qualifications or courses relating to this enrolment. Please list below: \_\_\_\_\_

### 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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**PERSONAL STATEMENT**

Do you consider that you meet the pre-requisites and requirements for this course?  Yes  No  Not sure

Do you consider that you have adequate literacy and numeracy skills to undertake this course?  Yes  No  Not sure

Are you seeking credit for previous training or recognition of prior learning?  Yes  No  Not sure

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, seat position (front of class), manual handling issues, OR you have been advised you must be clean shaven etc. Please provide us with a little more information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTICIPATION IN TRAINING ACTIVITIES AND PRACTICAL EXERCISES**

Some training activities and practical exercises conducted by SETS Enterprises are potentially hazardous. You should ensure that you understand the risks relating to, or arising from, your participation in such activities or practical exercises. You may choose not to participate in a given activity. However, you must understand that in making such a decision, you may fail to satisfy necessary competency assessments for certification.

**Injury**

In the event that you are injured (no matter how slight) during a practical exercise, the Trainer/Assessor may remove you from further training until appropriate medical assistance (and clearance if required) is obtained. You will be required to complete (or assist with) the completion of an Incident / Injury Report Form if requested to, and also to assist with any subsequent investigation, should one be required.

**Medical Statement**

I acknowledge that the course in which I am attending involves practical exercises that may place physical and psychological stress above and beyond that in which I am normally exposed to. I do not suffer from any condition, physical or mental, which may adversely affect me during the course. I further acknowledge that by admitting me to this course, SETS, after taking all due care to conduct the course in a safe and professional manner, take no responsibility as to my health or mental status and relies on my stated information.

Note: The information contained in this form is confidential in accordance with state and federal privacy legislation. This form will only be reviewed by the SETS Coordinator/Assessor and the appropriate Compliance Manager (if relevant).

**Health Declaration**

Please state your present level of fitness (tick) Poor  Fair  Good

Are you taking any medication?  Yes  No

If Yes, please list: \_\_\_\_\_

**Do You Suffer From Any Of The Following Conditions? (tick)**

Asthma / Bronchitis?  Yes  No

Any other breathing or chest complaints?  Yes  No

Any major joint / back pain or weakness?  Yes  No

Fear of Heights / Vertigo?  Yes  No

Claustrophobia?  Yes  No

Communicable diseases?  Yes  No

Require glasses or use contact lenses?  Yes  No

Fainting / Blackouts / Fits & Epilepsy?  Yes  No

Heart conditions?  Yes  No

High or low blood pressure?  Yes  No

Severe headaches or migraines?  Yes  No

Are you or have you recently been placed on restricted duties?  Yes  No

If yes please provide more information: \_\_\_\_\_

**PLEASE COMPLETE PAGE 3 (SEE OVER)**

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**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](http://www.ncver.edu.au)).

**STUDENT DECLARATION AND CONSENT**

I declare that the information I have provided to the best of my knowledge is true and correct.

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 declare I have read the [Student Handbook](#) located on the SETS website.

I will provide certified copies of any required course pre-requisites at the time of this enrolment to SETS.

I consent to SETS creating/verifying my USI information via [www.usi.gov.au](http://www.usi.gov.au)

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

**Student Signature or electronic acknowledgement**

**Parent/Guardian Signature or electronic acknowledgement**

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**SETS TRAINING COORDINATOR / ASSESSOR**

After reviewing all of the above information, the student has been permitted to attend the stated course. I will make every effort to deliver on the services outlined to the student and provide every possible opportunity for the student to complete their planned course.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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## **COURSE COMMENCEMENT**

This information is to be filled in on day one of the course.

I, (Student name) \_\_\_\_\_ have been advised of the content of the training session and the extent to which I will be required to participate.

I consider myself physically fit and am able to participate in the training session.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Student Identification (For Assessor use only)**

Valid form of photo ID type:

Issued State/Country:

ID Number:

ID Expiry:

ID Verified by trainer/assessor:  Yes  No

## **POST COURSE DECLARATION**

I **HAVE** reported a new illness, injury or medical condition to my instructor and will be seeking further medical attention **OR**

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.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessor Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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