ENROLMENT FORM

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

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)

ENROLMENT FORM PAGE 2

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 EXCERCISES

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)

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).

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

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 acknowedgement**

_____ 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: ____ /____/ _____

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). This information must be gathered and scanned and may be either a Drivers licence, passport, Site ID card etc	
Valid form of photo ID type:	Issued State/Country:
ID Number:	ID Expiry:
ID Verified by trainer/assessor: ☐ Yes ☐ No	

POST COURSE DECLARATION

This information is to be filled in on the last day of the course.
☐ 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: _____/_____/_____