

# Student Enrolment Form – Accredited Courses

Park Orchards Community House & Learning Centre)  
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P.O. Box 68, PARK ORCHARDS 3114  
Phone: 9876 4381 Fax: 9876 3263  
[office@parkorchards.org.au](mailto:office@parkorchards.org.au)  
RTO 4008 ABN 18 790 057 404 INC (A0011092D)



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 Park Orchards Community House & Learning Centre Inc. (POCH&LCI) to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose e.g. driver's licence.

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: (optional) \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Town/City of birth: \_\_\_\_\_

Gender: ☒ Male ☐ Female ☐ Indeterminate/Intersex/Unspecified ☐

Not stated - question asked of the client but no answer provided ☐

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Course Name	Start Date	Fee*	Receipt No
Total		\$	
*Fees may be subject to change prior to course commencement			

Do you require childcare for the above course? **Yes/No**

If yes please request additional information regarding childcare availability, enrolment procedure and fees.

## Method of Payment

Card ☐ Cash ☐ Cheque ☐ OR Please send an invoice ☐

Cardholder Name \_\_\_\_\_

Credit Card No. \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Authorised Amount \$\_\_\_\_\_

## Concession

Concession rates apply for holders of a Pensioner Concession Card, Commonwealth Health Care Card and/or Veterans Gold Card. Additionally, if you are a dependent spouse or dependent child of a card holder you may be eligible for a concession rate. A copy of the concession card is required at enrolment.

Are you claiming a concession? (Evidence of benefit must be provided) Yes ☐ No ☐

If yes, what type (e.g. Health care, pension or veterans) \_\_\_\_\_

Are you a dependent spouse or dependent child of a concession card holder Yes ☐ No ☐

Benefit card number \_\_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Language and Cultural Diversity

Country of birth \_\_\_\_\_

Are you of Aboriginal Origin? Yes ☐ No ☐

Are you of Torres Strait Islander Origin? Yes ☐ No ☐

Language/s other than English spoken at home \_\_\_\_\_

Do you have any difficulty with the English Language? (Reading, writing or speech) Yes ☐ No ☐

If English is not your first language, how well do you speak English? Very well ☐ Well ☐ Not Well ☐ Not at all ☐

## Schooling

Highest school level completed identifier

☐ Year 12      ☐ Year 11      ☐ Year 10      ☐ Year 9      ☐ Year 8 or lower      ☐ Never attended

Are you still attending secondary school? Yes ☐ No ☐

What **year** did you complete your secondary education? (eg: 1986) \_\_\_\_\_

Where did you complete your schooling? (Name of City, State or Overseas) \_\_\_\_\_

## Previous Qualifications Achieved

Have you successfully completed any of the following qualifications in Australia? Yes ☐ No ☐

If yes, please tick all qualifications that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Bachelor Degree or higher            | <input type="checkbox"/> Diploma or Associate Diploma       |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Cert. IV (or adv. Cert/Technician) |
| <input type="checkbox"/> Certificate III (or Trade cert.)     | <input type="checkbox"/> Certificate II                     |
| <input type="checkbox"/> Certificate I                        | <input type="checkbox"/> Certificates other than above      |

Field of study \_\_\_\_\_

Have you completed any qualifications overseas? Yes ☐ No ☐

If yes, please specify Level of qualification – e.g. Certificate, Degree, etc. and field of study

\_\_\_\_\_

Do you wish to apply for Recognition of Prior Learning (RPL) or Credit transfer? Yes ☐ No ☐

Please note original certificates or original certified copies of certificates must be brought to interview

## Victorian Student Number (VSN) – only need to complete this section if aged under 25 years

If you have attended a Victorian school since 2009 or further education facility since 2011 please provide your VSN.

\_\_\_\_\_ or Yes, however I do not know my Victorian Student Number (VSN)

☐ (Please tick)

If you have NOT provided a VSN, is this because you are new to the Victorian Education System?

☐ I have not attended a Victoria school (since 2009), TAFE or other training provider (since 2011).

## Unique Student Identifier

From 1 January 2015, we Park Orchards Community House & Learning Centre Inc. (POCH&LCI) can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). The Unique Student Identifier uniquely identifies an individual who accesses Vocational Education and training (VET) over his or her lifetime. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-usi/> on computer or mobile device, or POCH&LCI can apply on your behalf. We will use the identification provided for funding purposes to confirm your identity for the USI application.

Do you have a Unique Student Identifier (USI)

Yes ☐ No ☐

If yes, please specify (exactly **ten** digits long)

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or Yes, however I do not know my Unique Student Identifier (USI)

☐ (Please tick)

Would you like POCH&LCI to locate your existing USI? Yes ☐ No ☐

If you do **not** have a USI would you like POCH&LCI to apply for a USI on your behalf? Yes ☐ No ☐

How would you like to be notified of your USI? ☐ Post ☐ Email ☐ Text (The details you have provided will be used)

*(Please note the Acknowledgement and Declaration where you are being requested to POCH&LCI to apply for or locate a USI and use and release this information)*

## Employment Status

☐ Full time employee

☐ Part time employee

☐ Unemployed (Seeking part time work)

☐ Unemployed (Seeking full time work)

☐ Self-employed (Not employing others)

☐ Employed (Unpaid worker in a family business)

☐ Employer

☐ Not employed (Not seeking employment)

## Industry of Employment

(If employed please select one)

☐ Agriculture, Forestry and Fishing

☐ Manufacturing

☐ Construction

☐ Retail Trade

☐ Transport, Postal and Warehousing

☐ Financial and Insurance Services

☐ Professional, Scientific and Technical Services

☐ Public Administration and Safety

☐ Health Care and Social Assistance

☐ Mining

☐ Electricity, Gas, Water and Waste Services

☐ Wholesale Trade

☐ Accommodation and Food Services

☐ Information Media and telecommunications

☐ Rental, Hiring and real Estate Services

☐ Administrative and Support Services

☐ Education and Training

☐ Arts and recreation Services

☐ Other Services

## Occupation Identifier

(If employed please indicate your current occupation level, please select only one)

- ☐ Manager
- ☐ Technicians and Trades
- ☐ Clerical and Administrative Workers
- ☐ Machinery Operators and Drivers
- ☐ Other

- ☐ Professionals
- ☐ Community and Personal Service Workers
- ☐ Sales Workers
- ☐ Labourers

## Reason for Study

(Please select one)

- ☐ To get a job
- ☐ I want extra skills for my job
- ☐ To try for a different career
- ☐ To start my own business
- ☐ For personal interest or self-development
- ☐ Other reasons
- ☐ It is a requirement of my job
- ☐ To get a better job or promotion
- ☐ To develop my existing business
- ☐ To get into another course of study
- ☐ To get skills for community/voluntary work

## Disability

Specific / Additional Needs – The following questions are asked by Skills for Victoria as part of funding requirements. When answering the questions please consider if there is anything that the Accredited Training Coordinator should be made aware of to assist you in studying throughout the duration of this course and/or practical work placement. The below information will be held in the strictest of confidence and other staff will only be informed on a need to know basis with your full permission to disclose this information.

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

If yes, please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one)

- ☐ Acquired brain impairment
- ☐ Intellectual disability
- ☐ Medical Condition
- ☐ Vision impairment
- ☐ Specific learning needs
- ☐ Hearing/Deaf
- ☐ Learning Disability
- ☐ Mental health illness
- ☐ Physical disability
- ☐ Unspecified

Other (Please specify) \_\_\_\_\_

## Eligibility Criteria for Government Funded Places

*To be eligible for a Government funded place you must be able to provide proof of your Australian Citizenship Residential status. Applications will not be processed unless documents providing proof is attached.*

- Are you an Australian citizen? Yes ☐ No ☐  
(Australian birth certificate, Australian passport, Naturalisation Certificate, green Medicare card)
- Are you an Australian Permanent Resident (holder of permanent visa)? Yes ☐ No ☐
- Do you hold a special category visa (sub-class 444, New Zealand citizen)? Yes ☐ No ☐
- Do you hold a Temporary Protection Visa? Yes ☐ No ☐
- Are you an East Timorese asylum seeker? Yes ☐ No ☐

## Personal Circumstances

(Please indicate if the circumstances below relate to you)

- ☐ Patient at Thomas Embling Hospital
- ☐ Referred worker in transition\*
- ☐ Detained in a youth justice facility
- ☐ Asylum Seeker or Victims of Human Trafficking Initiative \*
- ☐ Prisoner, who is held in a custodial setting
- ☐ Referred Job Seeker \*

☐ Judy Lazarus Transition Centre prisoner  
\* If so, attach referral and supporting documentation.

**Where Did You Find Out About This Course?**

- ☐ Friend
- ☐ Employment Agency
- ☐ Employer
- ☐ Social Media
- ☐ Other
- ☐ Brochure
- ☐ Website
- ☐ email
- ☐ Existing customer

If it was our course brochure, where did you obtain it?

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**Feedback**

How did you feel about the enrolment process?

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Did you feel fully informed about the course you have enrolled in?

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Do you have any feedback as to how we could improve the enrolment process?

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*Please read, sign and date the attached Victorian Government VET Student Enrolment Privacy Notice and Student Declaration and Consent.*

# Victorian Government VET Student Enrolment Privacy Notice

POCH&LCI 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>.

## Privacy Notice

Under the Data Provision Requirements 2012 and National VET Data Policy (which includes the National VET Provider Collection Data Requirements Policy), Registered Training Organisations are required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Recognised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER), and may be used and disclosed for the following purposes:

- populate authenticated VET transcripts;
- facilitate statistics and research relating to education, including surveys and data linkage;
- pre-populate RTO student enrolment forms;
- understand how the VET market operates, for policy, workforce planning and consumer information; and
- administer VET, including program administration, regulation, monitoring and evaluation.

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.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National 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)).

**Survey Participation** You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. This provides valuable feedback on the delivery of VET programs in Victoria and employment outcomes during and after course completion. 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)).

**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).

**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 more information in relation to how student information may be used or disclosed please contact POCH&LCI on 9876 4381 or email [manager@parkorchards.org.au](mailto:manager@parkorchards.org.au)

# Park Orchards Community House & Leaning Centre Inc. (POCH&LCI.)

## Acknowledgements and Declarations

Please read the following and acknowledge your agreement below:

- ***I have read, acknowledge and agree to the terms described in the Victorian Government VET Student Enrolment Privacy Notice (see previous page)***
- I agree to be bound by all rules and regulations of POCH&LCI (also referred to as the Centre) and to abide by POCH&LCI Policy & Procedures.
- I agree to pay all fees and charges applicable to, and arising from, this enrolment.
- In addition to course costs I acknowledge that I may be required to pay an additional fee in the following circumstances:
  - If there is a need to be re-assessed for a unit of competency after being offered the opportunities and support available throughout the duration of the course of study. This may include an assignment submitted late, beyond an agreed extension date.
  - if I am required to undertake a further workplace assessment in addition to those scheduled during the course.
  - In the event of either of the above events occurring a fee of \$60 per hour for any extra one to one trainer time will be charged.
  - If I defer or suspend this enrolment (with the RTO's consent) a fee of \$100 may be payable to continue enrolment, and
  - If the fees have increased for the later program, the gap (due to the increased fee) is payable by me.
- Although POCH&LCI will endeavour to run all courses and classes as promoted, I acknowledge the right of the Centre to cancel or amalgamate classes if necessary.
- I authorise POCH&LCI or its agent, in the event of my illness or any accident that befalls me while I am at the Centre or during any Centre organised activity, and if my next of kin cannot be contacted within a reasonable time, to seek ambulance, medical, or surgical treatment at my cost.
- I authorise POCH&LCI or its representative to retain my student work for audit purposes.
- I give permission to POCH&LCI, to apply on my behalf for a Unique Student Identifier (USI) or locate an unknown USI (if appropriate, question 10 refers)
- I confirm I have not had my overseas qualification(s) formally assessed in Australia to determine equivalency to any Australian qualification (if appropriate, question 11 refers)
- I authorise the Centre to release information regarding my enrolment to any government department, including an application for a Unique Student Identifier (USI) providing confidentiality is assured.
- I authorise POCH&LCI to release my results/attendance for this enrolment to my sponsoring employer (If applicable) and to use my contact details for internal surveying purposes.
- I confirm that POCH&LCI did not offer any incentives such as laptops to encourage me to enrol in this course.
- I declare that the information contained on this form is true and correct.

### Photo Release

I consent to POCH&LCI publishing photos of myself for the purpose of marketing and advertising.

(Please circle) **Agree/Disagree**

### Student Declaration and Consent

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

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgement] ..... DATE .....

PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement]\* ..... DATE .....

*\*Parental/guardian consent is required for all students under the age of 18.*