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| **Training Services Australia**  **Student Enrolment Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you previously attended a TSA course?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From 1 January 2015, Training Services Australia can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please write the name that you used when you applied for your USI, including any middle name/s. If you do not have a USI, or cannot remember your USI, please speak with your facilitator or TSA Administration. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | First name: | | | | | | |  | | | | | | | | | | | | |
| Middle name/s: |  | | | | | | | Preferred name: | | | | | | |  | | | | | | | | | | | | |
| Title: ***e.g., Mr, Mrs, Ms, Dr, etc*** |  | | | | | | | Gender: ***Please circle*** | | | | | | | **Male / Female / Other** | | | | | | | | | | | | |
| Date of birth:  ***Must be provided*** | **/ /** | | | | Unique student identifier:  *USIs have exactly 10 characters* | | | | | | | | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | | | | | | | | | |
| Employer / company: |  | | | | | | | I am paying to attend this training  My company is paying for me to attend this training | | | | | | | | | | | | | | | | | | | |
| Site name:  *If your employer has multiple sites* |  | | | | | | |
| Former Surname/s: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email and Telephone**  \*\*\* Note: At least one phone number and one email address must be provided \*\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home phone: | | | ( ) | | | | | | | | | Work phone: | | | | ( ) | | | | | | | | | | | |
| Mobile phone: | | |  | | | | | | | | | Work Mobile: | | | |  | | | | | | | | | | | |
| Work email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Home email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Which is your preferred email address? Work / Home *(please circle one)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Residential Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address details** | | **Home**  (not temporary address for training and/or work) | | | | | | | | | | | | | **Postal address**  (If different to home) | | | | | | | | | | | | |
| Flat / Unit details | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Building / Property name | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Street / Lot No. (e.g. 205 or Lot 118) | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Street name | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Suburb, Locality or Town | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
| State / Territory | | Postcode: | | | | | | | | | | | | | Postcode: | | | | | | | | | | | | |
| 1. **In which country were you born?** | | Australia | | | | |  | | | | (1101) | | | | | | | | | | | | | | | | |
| Other | | | | | ***Please specify country*** | | | | | | | | | | | | | | | | | | | | |
| 1. **Are you of Aboriginal or Torres Strait Islander origin?** | | No | | | | |  | | | (4) | | | | | | | | | | | | | | | | | |
| Yes, Aboriginal | | | | |  | | | (1)(2) | | | **For persons of both *Aboriginal and Torres Strait Islander origin*, mark both 'Yes' boxes. (3)** | | | | | | | | | | | | | | |
| Yes, Torres Strait Islander | | | | |  | | |  | | |
| 1. **Do you speak a language other than English at home?** | | | | No, English only | | |  | | | (1201) | | | ***English only* –** **go to question 5** | | | | | | | | | | | | | | |
| Yes, other | | |  | | | ***Please specify primary other language*** | | | | | | | | | | | | | | | | | |
| 1. **If you speak another language, how well do you speak English?** | | | | Tick **ONE** box only | | |  | | | Very well | | | | | (1) | | | | | | | |  | Not well | (3) | | |
|  | | | Well | | | | | (2) | | | | | | | |  | Not at all | (4) | | |
| 1. **Are you still attending secondary school?** | | | | Yes | | |  | | | (Y) | | | | | | | | | | | | | | | | | |
| No | | |  | | | (N) | | | | | | | | | | | | | | | | | |
| 1. **What is your highest completed school level?** | | | | Tick **ONE** box only | | |  | | | Year 12 or equivalent | | | | | | | | | (12) | |  | | Year 9 or equivalent | | | (09) | |
|  | | | Year 11 or equivalent | | | | | | | | | (11) | |  | | Year 8 or below | | | (08) | |
|  | | | Year 10 or equivalent | | | | | | | | | (10) | |  | | Never attended school  **…Continued over the page…** | | | (02) | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Of the following categories, which best describes your current employment status?** | | | | Tick **ONE** box only | |  | | | Full-time employee | | | | | | | | | | 01 |  | | | Part-time employee | | | | 02 |
|  | | | Employed - unpaid worker in family business | | | | | | | | | | 05 |  | | | Self-employed - not employing others | | | | 03 |
|  | | | Unemployed - seeking full-time work | | | | | | | | | | 06 |  | | | Unemployed - seeking part-time work | | | | 07 |
|  | | | Self-employed - employing others | | | | | | | | | | 04 |  | | | Not employed - not seeking employment | | | | 08 |
| 1. **Do you consider yourself to have a disability, impairment or long-term condition?** | | | | Yes | |  | | |  | | | | | | | | | | | | | | | | | | |
| No | |  | | | ***No* –** **go to question 10** | | | | | | | | | | | | | | | | | | |
| 1. **If ‘*Yes’*, then please indicate the areas of disability, impairment or long-term condition.** | | | | You may indicate more than one area | |  | | | Acquired brain impairment | | | | | | | | | 16 | |  | | Mental illness | | | | | (15) |
|  | | | Hearing / Deaf | | | | | | | | | 11 | |  | | Other | | | | | (19) |
|  | | | Intellectual | | | | | | | | | 13 | |  | | Physical | | | | | (12) |
|  | | | Learning | | | | | | | | | 14 | |  | | Vision | | | | | (17) |
|  | | | Medical condition | | | | | | | | | 18 | |  | |  | | | | |  |
| 1. **Have you successfully completed any of the following qualifications?** | | | | No | |  | | | ***No*** – **go to question 11 (N)** | | | | | | | | | | | | | | | | | |  |
| Indicate which qualification/s have been completed | |  | | | Advanced Diploma **or** Associate Degree | | | | | | | | | | | | | | | | | | 410) |
|  | | | Bachelor Degree or Higher Degree | | | | | | | | | | | | | | | | | | (008 |
|  | | | Certificate I | | | | | | | | (524) | | |  | | Certificate II | | | | | (521) |
|  | | | Certificate III (or Trade Certificate) | | | | | | | | (514) | | |  | | Certificate IV (or Advanced Certificate / Technician) | | | | | (511) |
|  | | | Diploma (or Associate diploma) | | | | | | | | | | | | | | | | | | (420) |
|  | | | Other Education (Certificates other than above-including O/Seas qualifications) | | | | | | | | | | | | | | | | | | (990) |
| 1. **Of one of the following categories, which best describes your main reason for undertaking this course / traineeship?** | | | | Tick **ONE** box only | |  | | | To get a job | | | | | | | | | | 01 |  | | To try for a different career | | | | | (04) |
|  | | | To develop my existing business | | | | | | | | | | 02 |  | | To start my own business | | | | | (03) |
|  | | | It was a requirement of my job | | | | | | | | | | 06 |  | | To get a better job or promotion | | | | | (05) |
|  | | | I wanted extra skills for my job | | | | | | | | | | 07 |  | | Other reasons | | | | | (11) |
|  | | | To get into another course of study | | | | | | | | | | 08 |  | | For personal interest or self-development | | | | | (12) |
|  | | | To get skills for community/voluntary work | | | | | | | | | | | | | | | | | | 13 |
| **Privacy Notice**  Under the *Data Provision Requirements 2012*, Training Services Australia (TSA) 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), may be used or disclosed by TSA for statistical, administrative, regulatory and research purposes. TSA may disclose your personal information for these purposes to:   * Commonwealth and State or Territory government departments and authorised agencies; and * NCVER.   Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:   * populating authenticated VET transcripts; * facilitating statistics and research relating to education, including surveys and data linkage; * pre-populating RTO student enrolment forms; * understanding how the VET market operates, for policy, workforce planning and consumer information; and * administering 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](https://www.ncver.edu.au/)).  For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.  **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] ……………………………………………………………………………..…… [DATE] ………………………………………………  PARENT/GUARDIAN SIGNATURE]\* ……………………………………………………………………… [DATE] ………………………………………………  \*Parental/guardian consent is required for all students under the age of 18. | | | | | | | | | | | | | | | | | | | | | | | | | | | |