

ENROLMENT FORM

Please print clearly in BLOCK LETTERS



**Triple O
Solutions**

Fire . Safety . First Aid

V6.0

1. COURSE DETAILS

Course title:

Course start date (DD/MM/YYYY):

 / /

Employer's name (if applicable):

2. PERSONAL DETAILS

Family name (Surname):

Given name(s):

Title:

Gender:

 Male Female Other

Date of birth (DD/MM/YYYY):

 / /

3. CONTACT DETAILS

Mobile phone number:

Home phone number (or secondary mobile phone number):

Email address:

Secondary email address (optional):

Address of usual residence:

Building/property name:

Flat/Unit (if applicable):

Street number:

Street name:

Suburb:

State:

Postcode:

Postal address (if different to above):

Building/property name:

Flat/Unit (if applicable): **Street number:** **Street name:**

Postal delivery information: (e.g. PO Box 254):

Suburb:

State:

Postcode:

4. LANGUAGE AND CULTURAL DIVERSITY

Country of birth:

Australia Other, please specify _____

Do you speak a language other than English at home?

No, English only Yes, please specify _____

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

5. DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition?

Yes No - go to question 6

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 - please refer to the Disability supplement):

- | | |
|---|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental illness | |

6. SCHOOLING/QUALIFICATIONS

What is your highest COMPLETED school level? (tick ONE)

- | | | |
|--|--|---|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 8 or below |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Never attended school - If yes, skip next question |

Are you still enrolled in secondary or senior secondary education?

Yes No

Have you successfully completed any of the following qualifications?

- | | |
|--|---|
| <input type="checkbox"/> Bachelor's degree or higher degree | <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or associate diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above) |

7. EMPLOYMENT/STUDY REASON

Which of the following best describes your current employment status (tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed - unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed - seeking full-time work |
| <input type="checkbox"/> Self-employed - not employing others | <input type="checkbox"/> Unemployed - seeking part-time work |
| <input type="checkbox"/> Self-employed - employing others | <input type="checkbox"/> Not employed - not seeking employment |

Which of the following best describes the main reason why you are undertaking this course or traineeship (select ONE only)

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other |



8. UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, Triple 0 Solutions 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 USI. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/>

Enter your Unique Student Identifier:

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9. PRIVACY STATEMENT & STUDENT DECLARATION

Privacy Notice

Under the Data Provision Requirements 2012, Triple 0 Solutions 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 Triple 0 Solutions for statistical, regulatory and research purposes. Triple 0 Solutions 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 for by your employer
- Commonwealth and State or Territory government departments and authorised agencies
- Organisations conducting student surveys
- 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
- 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 consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I understand the requirements of this course and my rights and responsibilities as a student.
- I give permission for Triple 0 Solutions to locate my USI number through the USI Office.
- In the case that my employer is paying for this training, I give permission to a scanned copy of my certificate to be sent to my employer.

Student signature: _____

(or electronic acknowledgement)

Date:

			/				/				
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Parent/Guardian signature*: _____

(or electronic acknowledgement)

Date:

			/				/				
--	--	--	---	--	--	--	---	--	--	--	--

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

Notes

1. Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle name. If you do not yet have a USI and you want Triple 0 Solutions to apply for a USI on your behalf, you must write your name, including any middle name, exactly as written in the identity document you choose to use for this purpose.
2. Please provide the physical address (street number and name, not the post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.
3. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, part or unbounded address site.
4. For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.
5. Full-time work is 35 hours or more a week, part-time work is less than 35 hours per week.
6. From 1 January 2015, Triple 0 Solutions 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 [HTTP://www.usi.gov.au/create-your-usi/](http://www.usi.gov.au/create-your-usi/) on your computer or mobile device. Please note if you would like to specify your gender as 'other', you will need to contact the USI Office for assistance.

Disability supplement for VET enrolment

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

11 — Hearing/deaf

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

12 — Physical

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

13 — Intellectual

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

14 — Learning

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

15 — Mental illness

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

16 — Acquired brain impairment

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

17 — Vision

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

18 — Medical condition

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

19 — Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

Note: Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.