

**Please print clearly in BLOCK LETTERS**



**Triple O  
Solutions**  
*Fire . Safety . First Aid*

**Course title:**

**Employer's name (if applicable):**

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☐ A – Agriculture, Forestry and Fishing

☐ B – Mining

☐ G – Retail Trade

☐ H – Accommodation and Food

☐ C – Manufacturing

☐ I – Transport, Postal and Warehousing

☐ D – Electricity, Gas, Water and Waste Services

☐ J – Information Media and Telecommunications

## E – Construction

☐ K – Financial and Insurance

☐ F – Wholesale Trade

☐ L – Rental, Hiring and Real Estate Services

☐ S – Other Services

☐ Recognition of Prior Learning (RPL) – do you have suitable skills or experience for this qualification?

☐ Credit Transfer (CT)

If yes to RPL, issue RPL kit. If yes to CT, request certified copies from student. Has a determination been made as to if an adjustment is required to the amount of training? ☐ No ☐ Yes If yes, inform trainer by email.

☐ **Single name only.** Tick this box if you only have one name. Write your single name in the 'Family name' section.

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☐ Male ☐ Female ☐ Other

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Address

Please provide the physical address (street number and name not 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. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. 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, park or unbounded address site.

Address of usual residence:

Building/property name:

Flat/unit (if applicable): Street number: Street name:

Suburb: State: Postcode:

Postal address (If different from usual residence / Overseas address if not an Australian Resident/Citizen):

Building/property name:

Flat/unit (if applicable): Street number: Street name:

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

Suburb: State: Postcode:

3. CONTACT DETAILS

Mobile phone number: Home phone (or secondary mobile phone number):

Email address:

Secondary email address (optional):

#### 4. LANGUAGE AND CULTURAL DIVERSITY

Country of birth: ☐ Australia ☐ Other, please specify \_\_\_\_\_

Are you an Australian citizen?

☐ Yes

☐ If no, what class of visa do you hold and are you entitled to study in Australia? \_\_\_\_\_

Office use only

Person carrying out the enrolment to copy visa and confirm study eligibility on [www.homeaffairs.gov.au/trav/](http://www.homeaffairs.gov.au/trav/) and follow the links.

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

How well do you consider your language, literacy and numeracy skills to be?  
(please tick the box which best suits)

Learning	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Reading	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Writing	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Oral Communications	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Numeracy	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

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

Office use only

If the student identified any disability, the person doing the enrolment must ensure that the trainer is informed and any support or reasonable adjustment is noted on the students file.

## 6. SCHOOLING/QUALIFICATIONS

If you are currently enrolled in secondary education, the Highest School Level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10, the Highest School Level completed is Year 9.

**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<br>- 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 (35 hours or more a week)     | <input type="checkbox"/> Employed - unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee (less than 35 hours per week) | <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 classifications BEST describes your current occupation?**  
(tick ONE box only)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 – Managers                               | <input type="checkbox"/> 6 – Sales Workers                   |
| <input type="checkbox"/> 2 – Professionals                          | <input type="checkbox"/> 7 – Machinery Operators and Drivers |
| <input type="checkbox"/> 3 – Technicians and Trade Workers          | <input type="checkbox"/> 8 – Labourers                       |
| <input type="checkbox"/> 4 – Community and Personal Service Workers | <input type="checkbox"/> 9 – Other                           |
| <input type="checkbox"/> 5 – Clerical and Administrative Workers    |  |

**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)

Triple O 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/>

It is important to find out if you already have a USI before creating a new one. You must only have one USI.

Enter your Unique Student Identifier:

Do you fit any of the USI exempt categories?

☐

Yes

☐

No

Office use only

If yes, refer to the USI Exemption Policy.

## 9. PRIVACY STATEMENT & STUDENT DECLARATION

### Privacy Notice

Under the *Data Provision Requirements 2012*, Triple O 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), may be used or disclosed by Triple O Solutions for statistical, administrative, regulatory and research purposes. Triple O Solutions 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](http://www.ncver.edu.au)).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

## ENROLMENT FORM CHECK LIST - I CONFIRM THAT I HAVE:

- ☐ Entered my 10-digit Unique Student Identifier (USI) and confirmed that it is correct and legible
- ☐ Entered my full name - the same one that I used to apply for my USI
- ☐ Entered the full address of my usual residence
- ☐ Have read and understood the Privacy Statement

## 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 and have access to a copy of the student handbook.
- ☐ 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 for 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:**

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

## 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:

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.