**Course Title** …………………………………………………….. Course ID ……………………….........

USI No: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Privacy Notice

**Why we collect your personal information**

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

**How we use your personal information**

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

**How we disclose your personal information**

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

**How NCVER and other bodies handle your personal information**

NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), Commonwealth authorities, state and territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

* administration of VET, including program administration, regulation, monitoring and evaluation
* facilitation of statistics and research relating to education, including surveys and data linkage
* understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER’s behalf.

NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how NCVER will handle your personal information please refer to the NCVER’s Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>.

**Surveys**

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

**Contact information**

At any time, you may contact Booroongen Djugun College to:

* request access to your personal information
* correct your personal information
* make a complaint about how your personal information has been handled
* ask a question about this Privacy Notice or request a copy of Booroongen Djugun College’s Privacy Policy

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1. **Enter your full name \***

Family Name (surname) …………………………………………………………………………………………………

Given name/s …………………………………………………………………………………………………………….

*\** 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 Booroongen Djugun College 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. See section on the USI at the end of this form for a detailed explanation.

1. **Gender (Tick ONE box only)**

Male [ ]  Female [ ]  Other [ ]

1. **Enter your birth date and place of birth**

Date of birth ………………………………….. Place of birth ………………………………………………………

1. **What is the address of your usual residence?**

Address ……………………………………………………………………………………………………………………

Town ……………………………………………................ State …………………… Postcode …………………….

1. **What is your postal address (if different from above)?**

Postal Address (if different to above………………………………………………………………………………….....

Town ……………………………………………................ State …………………… Postcode ...………………..

1. **Enter your contact details**

Phone: Home………………………………..Mobile……………………………………Work………………………

Email: Home………………………………………………….Email: Work……………………………………………

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency contact name……………………………………………………Relationship:…………………………………………

Address:……………………………………………………………………………..Phone No: ………………………………………………

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you consider yourself to have a disability, impairment or long-term condition?** Yes [ ]  No [ ]

*See ‘Disability Supplement’ page7 for more information.* If ‘yes’ please tick below:

Vision [ ]  Hearing/deaf [ ]  Physical [ ]  Intellectual [ ]  Learning [ ]

Mental illness [ ]  Medical condition [ ]  Acquired brain impairment [ ]  Other [ ]

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you studied previously with Booroongen Djugun College  **Yes** [ ]  **No** [ ]

Do you wish to apply for **‘Recognition of Prior Learning’, ‘Current Competencies’ or Yes** **[ ]  No** **[ ]**

**‘Credit Transfer’**. If yes, please contact us for further information.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Are you of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes)

Are you Aboriginal? Yes [ ]  No [ ]  Are you Torres Strait Islander? Yes [ ]  No [ ]

1. **In which country were you born?**

Were you born in Australia? Yes [ ]  No [ ]  If ‘No’ specify country of birth …………………………………………………………

**Do you speak a language other than English at home?** Yes [ ]  No [ ]  If ‘Yes”, please specify ……………………………………

(If more than one language, indicate the one that is spoken most often)

Will you need help with English? Yes [ ]  No [ ]

1. **What is your highest COMPLETED school level? (Tick ONE box only)**

What was your highest **completed** school level: Year 12 [ ]  11 [ ]  10 [ ]  9 [ ]  8 or lower [ ]  Never attended [ ]

In which year did you complete that level of schooling? 19…….. 20…….

Are you still enrolled in Secondary or Senior Secondary education? Yes [ ]  No [ ] **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRIOR EDUCATION**

1. **Have you SUCCESSFULLY completed any of the qualifications listed in question 15?**

[ ]  Bachelor Degree or higher Degree

[ ]  Advanced Diploma and Associate Degree

[ ]  Diploma (or associate diploma)

[ ]  Certificate IV (or advanced certificate/technician)

[ ]  Certificate III (or trade certificate)

[ ]  Certificate II

[ ]  Certificate I

[ ]  Other education (including certificates or overseas qualifications not listed above)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Of the following categories, which BEST describes your current employment status?**

(**Tick ONE box only**)

Which BEST describes your current employment status? Please tick one:

[ ]  Yes, full time (35 or more hours per week) [ ]  Yes, part time (less than 35 hours per week)

[ ]  Yes, I am self-employed, not employing others [ ]  Yes, I am self-employed, employing others

[ ]  No, but I am looking for full time work [ ]  No, but I am looking for part time work

[ ]  No, I am an unpaid worker in a family business [ ]  No, I am unemployed and not seeking work

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you registered with Workforce Australia?** No [ ]  Yes [ ]  If ‘Yes’, please provide information

Workforce Australia Provider ………………………………………………………………………………………………

Contact person ………………………………………………………… Phone number …………………………………

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (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 [ ]  To get skills for community/voluntary work

[ ]  Other reasons

**CLIENT DECLARATION**

I am: [ ]  An Australian citizen or [ ]  A New Zealand citizen
 [ ]  A permanent Australian citizen [ ]  A temporary resident

 [ ]  None of the above – please specify …………………………………………………………………….

*Enrolment Conditions*

*1. I must comply with the policies and rules of Booroongen Djugun College*

*2. I must complete set assessments and meet the requirements of the program*

*3. All fees are payable in advance*

*4. I understand that the course fees do not include resources and stationary*

*5. I have supplied identification as required*

*6. A $50 fee will be incurred for reissue of a Certificate / Statement of Attainment*

*7. All student information collected will be used for statistical data to improve learning outcomes for students.*

*The refund of course fees will only occur if Booroongen Djugun College is compelled to cancel a program and an acceptable alternative cannot be offered. If a client withdraws from a course within 15 working days from signing this form for Distance Education students and 10 working days for all other students, the College will refund the client’s fee less the administration charge. Requests for refunds must be submitted in writing. Notice to withdraw must be given to the College in writing also.*

*I, ………………………………………………………* declare that:

a) I have read, understood and agree to the conditions of the enrolment, and

b) The information I have provided is true and correct to the best of my knowledge.

 Your signature ……………………………………………………Date …………………………….

 Guardian Signature (if applicable) ………………………………………………

 **UNIQUE STUDENT IDENTIFIER (USI)**

From 1 January 2015, we, Booroongen Djugun College, 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.

 **Unique Student Identifier (USI)**

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the ‘Forgotten USI’ link on the USI website at <https://www.usi.gov.au/faws/i-have-forgotten-my-usi/>.

**USI application through our RTO (if you do not already have one)**

**APPLICATION FOR UNIQUE STUDENT IDENTIFIER (USI)**

If you would like us, **Booroongen Djugun College,** to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] …………………………………………………………………………………………authorise

**Booroongen Djugun College** to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

[ ]  I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

Town/City of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*please write the name of the Australian or overseas town or city where you were born)*

**We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below (numbered 1 to 8).**

**Please ensure that the name written in ‘Personal Details’ section is exactly the same as written in the document you provide below.**

**1. Australian Driver’s Licence**

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licence Number:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Medicare Card**

Medicare card number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual reference number (next to your name on Medicare card): \_\_\_\_\_­\_\_\_\_

Card colour: (select which applies)

Green [ ]  Expiry date \_\_\_\_\_\_/\_\_\_\_\_ (month/year)

Yellow [ ]  Blue [ ]  Expiry date \_\_\_/\_\_\_\_\_\_/\_\_\_\_ (day/month/year)

**3. Australian Birth Certificate**

State/Territory\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Details vary according to State/Territory (see note above)*

**4. Australian Passport**

Passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Non-Australian Passport (with Australian Visa)**

Passport number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Immicard**

Immicard Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Citizenship Certificate**

Stock number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acquisition date \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (day/month/year)

**8. Certificate of Registration by Descent**

Acquisition date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (day/month/year)

In accordance with section 11 of the *Student Identifiers Act 2014*, Booroongen Djugun College will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY**

**Course start………………………… Course finish ………………………....**

**Enrolment fee $ ……………….. Date paid ………………………………. Receipt No. …………………….**

**Preferred payment option: Course in full ………………. Deposit ..………………… Payment Plan ……….……………**

**Identifying document type ………………………………………………… Document number ……………………………………**

**Enrolling officer’s signature ……………………………………………………… Date ……………………………………………..**

**Notes …………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………..……**

Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

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

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.

‘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.