



ENROLMENT FORM

RTO code: 91639

Office Use Only		
Copy sent to finance	Initial	Date
USI Verified	Initial	Date
Student Number: KEY		

COURSE DETAILS

Full Course Name			Course Start Date	
Course Code:			Course End Date	
Training Site		Emp. Consultant	Education Outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery Mode	<input type="checkbox"/> Flexi	<input type="checkbox"/> Classroom	Fee For Service	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANTS DETAILS

Please note all fields are mandatory.

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	Surname: <i>as on evidence</i>		
<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Given Names		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	USI Number: A USI must be provided for enrolment		
Date of Birth		Town of Birth		Country of Birth
Phone		Mobile		
Email	<i>You will be emailed your results after each unit.</i>			
Address				Postcode
Postal Address	<i>if different from above</i>			
Emergency Contact		Emergency Contact Phone No.		

PARTICIPANT PERSONAL INFORMATION

The following information will be used by Training at Key Employment to further develop our courses to suit your needs. Statistical information from this form will be provided to stakeholders.

Citizenship		Language spoken at home	
Are you Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander		
Which best describes your employment status?	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Unemployed – not seeking employment <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid in family business <input type="checkbox"/> Self-employed – not employing others		
Which best describes your reason for undertaking training: (Please tick one only)	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons		
Highest school level completed	<input type="checkbox"/> Still at school <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below Year completed: _____		
How did you find out about this course?	<input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		

Level of education successfully completed	<input type="checkbox"/> Bachelor Degree or higher <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma level	<input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I <input type="checkbox"/> Miscellaneous	
Have you enrolled in any accredited training with Key Employment in the last 24mths?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please give details: _____			
Are you applying for Recognition of Prior Learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate the presence of any of the following	<input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Hearing/ Deaf <input type="checkbox"/> Vision <input type="checkbox"/> Medical Cond. <input type="checkbox"/> Other <input type="checkbox"/> Acquired Brain Impairment Do you require any additional assistance to complete training? _____			
Do you have a medical condition that may require emergency care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please give details: _____ _____ _____	Complete and attach: The Emergency Care Plan form - our First Aid Officer will discuss the care plan with you.	Attached: <input type="checkbox"/> Yes
Do you require any assistance with Literacy or Numeracy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes give details: _____ _____	All participants are to complete LLN Indicator first day of class:	Attached: <input type="checkbox"/> Yes Office use only
TRAVEL CONCESSION CARD				
Do you require a Travel Concession Card to attend your course?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Complete and attach: Application for NSW Tertiary Student Concession Card With ESAT		Attached: <input type="checkbox"/> Yes
PAYMENT METHOD Payment is to accompany your application/enrolment form PRIOR to course commencement. A tax invoice and receipt will be sent on receipt of payment				
Course Cost	\$			
<input type="checkbox"/> Key Employment will be paying for this course	If under \$1000 please provide a JSER		Attached: <input type="checkbox"/> Yes	
	If over \$1000 Approved by Employment Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manager signature	Date
<input type="checkbox"/> I would like to pay by cash, cheque/money order, make payable to: Training at Key Employment	<input type="checkbox"/> I would like to pay by EFT .			
	Account name	Key Training		
	BSB No.	533 000		
	Account Number	220742 (\$11 if transferring from a BCU account)		
	Reference	Please use your name as a Reference		
<input type="checkbox"/> I would like my organisation to be invoiced for this course.	Purchase order or letter must accompany this enrolment form			Attached: <input type="checkbox"/> Yes

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES

I _____ of _____ born _____

(First, middle and last name) (current residential address) (date of birth)

understand and agree that personal information (information or opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information, including my ethnicity or health information (together Personal Information) collected by Training at Key Employment may be disclosed to the Department of Education and Communities and partnering RTOs (Registered Training Organisations).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercises of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by mail, telephone, email or post during or after I have ceased subsidised training with Training at Key Employment for the purpose of evaluating and assessing my training.

PAYMENT, REFUND POLICY AND USI #

I realise and accept:

- The information contained in The Student Handbook regarding pre-enrolment information, payments, refunds and USI.

PARTICIPANT'S RESPONSIBILITIES

I realise and accept:

- That the submission of incorrect or incomplete information may result in a cancellation of enrolment.
- That it is my responsibility to provide all necessary documentary evidence in order to show competency has been achieved.
- That it is my responsibility to provide proof of identity.
- That no SOA or Certificate can be issued without proof of identity and a USI.
- That while I am enrolled I will comply with the rules, policies, procedures and by-laws of Training at Key Employment.

Signature: _____ **Date:** _____

Note: If under 18 years of age at the time of giving consent, then the consent of your guardian is required

Print Full Name of Guardian: _____

Signature of Guardian: _____ Date: _____

PROOF OF IDENTITY		
<p>You must provide a 100 points of identification unless under 18 years old. As a learner you are required to provide photo ID as part of your proof of identity unless under 18 years old. Please provide copies of all ID. If card please copy front and back.</p>		
If 18 years of age or over at least one photo ID must be produced from Category A		
Category A		
70 points		
Evidence	✓ Copy provided	Date
Birth Certificate (or certified extract), Citizenship Certificate, Travel Documents or current Passport		
40 points		
Driver Licence (front and back)		
RMS Photo Card		
Category B		
40 points		
Centrelink Card		
25 points		
Medicare Card		
Credit and Debit Cards (front and back)		
If under 18 years of age you must provide		
Medicare Card		
Plus at least one of the following		
Birth or Citizenship Certificate (or certified extract)		
RMS Photo Card		
A written statement from a school official on school letterhead which includes the student's full name and date of birth.		

TRAINING
at KEY Employment

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