



# ENROLMENT FORM

RTO code: 91639

Office Use Only		
Copy sent to finance	Initial	Date
USI Verified	Initial	Date
Student Number	KEY	
Course Start Date		
Course End Date		

## COURSE DETAILS

Full Course Name		Course Code	
Training Site		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.

<b>JSID</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Emp. Consultant	Initials
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	Surname: <i>as on evidence</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Miss <input type="checkbox"/> Ms	Given Names		
<b>USI Number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>A USI must be provided for enrolment</i>	
Date of Birth	Town of Birth	Country of Birth	
Phone	Mobile		
Email	<i>An email address must be provided for enrolment. You will be emailed your results after each unit.</i>		
Address	Postcode		
Postal Address	<i>If different from above</i>		
Emergency Contact Person	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Level of education successfully completed	<input type="checkbox"/> Bachelor Degree or higher	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate I
	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Miscellaneous
	<input type="checkbox"/> Diploma level	<input type="checkbox"/> Certificate II	

Have you enrolled in any accredited training with Key Employment in the last 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details
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Are you applying for Recognition of Prior Learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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"/> 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	If yes please give details: _____ _____ _____	<b>Complete and attach: The Emergency Care Plan Form</b> Our First Aid Officer will discuss the care plan with you.	Attached: <input type="checkbox"/> Yes
	<input type="checkbox"/> No			

Do you require any assistance with Literacy or Numeracy?	<input type="checkbox"/> Yes	If yes please give details: _____ _____ _____	<b>All participants are to complete LLN Indicator first day of class:</b>	Attached: <input type="checkbox"/> Yes  <b>Office use only</b>
	<input type="checkbox"/> No			

How did you find out about this course?	<input type="checkbox"/> TV	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____
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**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: <b>Application for NSW Tertiary Student Concession Card</b> With ESAT	Attached: <input type="checkbox"/> Yes
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**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

<b>Course Cost</b>	\$		
<input type="checkbox"/> <b>Key Employment</b> 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:  <b>Training at Key Employment</b>	<input type="checkbox"/> I would like to pay by <b>EFT</b> .		
	<b>Account name</b>	Key Training	
	<b>BSB No.</b>	533 000	
	<b>Account Number</b>	220742 (\$11 if transferring from a BCU account)	
	<b>Reference</b>	Please use your name as a Reference	
<input type="checkbox"/> I would like my <b>organisation</b> to be invoiced for this course.	Purchase order or letter must accompany this enrolment form		Attached <input type="checkbox"/> Yes

**PRIVACY NOTICE & PARTICIPANT DECLARATION**

I \_\_\_\_\_ of \_\_\_\_\_ born \_\_\_\_\_  
 (First, middle and last name) (current residential address) (date of birth)

Understand: Under the *Data Provision Requirements 2012*, **Training at Key Employment** 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 **Training at Key Employment** for statistical, administrative, regulatory and research purposes. **Training at Key Employment** 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 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 an NCVER student survey which may be administered by a government department or NCVER employee, agent or third party contractor or 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)).

**PAYMENT, REFUND POLICY AND USI #****I realise and accept:**

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

**PARTICIPANT'S RESPONSIBILITIES: DECLARATION & CONSENT****I realise, declare and accept:**

- That the information I have provided to the best of my knowledge is true and correct.
- 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.

**Also:**

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

**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**

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.

**If 18 years of age or over at least one photo ID must be produced from Category A****Category A****70 points**

<b>Evidence</b>	<b>✓ Copy provided</b>	<b>Date</b>
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		
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**25 points**

Medicare Card		
Credit and Debit Cards (front and back)		

**If under 18 years of age you must provide**

Medicare Card		
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**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.		



**A.B.N.** 84 51 50 42 040

**Training Centre:** 61 West High St. COFFS HARBOUR NSW 2450

**Postal Address:** PO Box 544 COFFS HARBOUR NSW 2450

**Phone:** (02) 8376 6830 **Fax:** (02) 8376 6854

**Web:** [www.keyemployment.com.au](http://www.keyemployment.com.au)

**Email:** [training@keyemployment.com.au](mailto:training@keyemployment.com.au)