STUDENT ENROLMENT FORM

This form is to be completed in full by all new and continuing students

Use BLOCK LETTERS

Return to Registered Training Organisation (RTO) with a copy of one of the following forms of photo identification:
Drivers' Licence, 18+ Card, Australian Passport

CSTC Pty Ltd
Registered Training Organisation (RTO) National Code: 0699
ABN: 85 078 440 105
PO Box 51, Moorooka QLD 4105
07 3373 8888 | brisbane@cstc.org.au

1. ENROLMENT DETAILS

Student status (Tick one only) ☐ I am a new student ☐ I am a continuing student

Unique Student Identifier (USI) ☐ **I authorise CSTC Pty Ltd may apply for a USI on my behalf., pursuant to s9(2) of the *Student Identifiers Act 2014***

I have read the Student Handbook Privacy Notice with regards to the application for a USI.

Which of the following best describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick one 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 ☐ Other reasons

2. STUDENT DETAILS

Title (Mr/Mrs) **Given name** **Middle name**

Date of birth (dd mm yy) **Surname** **Preferred name**

Gender (Tick one only) ☐ Male ☐ Female ☐ Other

Country of birth **Town / city of birth**

Aboriginal or Torres Strait Islander origin (Tick all that apply) ☐ No ☐ Aboriginal ☐ Torres Strait Islander

3. CONTACT DETAILS

Work phone number **Mobile phone number** **Home phone number**

Email address

Alternative email address (optional)

Usual residential address

Building / property name **Flat / unit details**

Street or lot number **Street name**

Suburb, locality or town **State** **Post code** **Country**

Postal address (if different from usual residential address)

PO Box **Street or lot number** **Street name**

Suburb, locality or town **State** **Post code** **Country**

4. EMERGENCY CONTACT DETAILS

Contact name

Relationship to student

Contact's phone number

5. EMPLOYMENT DETAILS

Which of the following best describes your current employment status? (Tick one only)

- ☐ Full-time employee
- ☐ Part-time employee
- ☐ Self-employed – not employing others
- ☐ Self-employed – employing others
- ☐ Employed – unpaid worker in a family business
- ☐ Unemployed – seeking full-time work
- ☐ Unemployed – seeking part-time work
- ☐ Not employed – not seeking employment

Employment details (If applicable)

Current industry of employment

Length of time in industry years months

Occupation

Business name of employer

Immediate supervisor's name

Immediate supervisor's phone number

Immediate supervisor's email address

6. LANGUAGE AND SUPPORT

Do you speak a language other than English at home? (Tick one only)

- ☐ No, English only
- ☐ Yes (Specify primary language):

Will you require assistance with any of the following? (Tick all that apply)

- ☐ Language
- ☐ Literacy
- ☐ Numeracy

7. SCHOOLING DETAILS

Are you still attending secondary school? (Tick one only)

- ☐ No
- ☐ Yes (School Name):

What is your highest completed school level? (Tick one only)

- ☐ Year 12 or equivalent
- ☐ Year 11 or equivalent
- ☐ Year 10 or equivalent
- ☐ Year 9 or equivalent
- ☐ Year 8 or below
- ☐ Never attended school

8. DISABILITY, IMPAIRMENT OR LONG TERM CONDITIONS

Do you consider yourself to have one of the following disabilities, impairments, or long term conditions? (Tick all that apply)

- ☐ Hearing / deaf
- ☐ Physical
- ☐ Intellectual
- ☐ Learning
- ☐ Mental illness
- ☐ Acquired brain impairment
- ☐ Vision
- ☐ Medical condition
- ☐ Other (please specify):
- ☐ I do not have a disability, impairment or long term condition

9. PREVIOUS QUALIFICATIONS

Have you successfully completed any of the following qualifications? (Tick all that apply)

- ☐ Bachelor degree or higher degree
- ☐ Advanced diploma or associate degree
- ☐ Diploma (or associate diploma)
- ☐ Certificate IV (or advanced certificate/technician)
- ☐ Certificate III (or trade certification)
- ☐ Certificate II
- ☐ Certificate I
- ☐ Other education (including certificates or overseas qualifications not listed above)
- ☐ I have not successfully completed any of the listed qualifications

10. NOMINATED COURSE/S

COURSE NAME	COURSE DATE	PRICE
	dd mm yyyy	
	dd mm yyyy	

11. ACKNOWLEDGEMENT OF ENROLMENT

Please sign below to acknowledge:

- I declare that the information I have provided to the best of my knowledge is true and correct. I will inform the RTO immediately if there is any change to this information.
- I have read the Student Handbook and specific course brochure which outlines the terms and conditions of my enrolment, my rights, roles and responsibilities (including the requirement to wear covered footwear), Refund Policy, information on the delivery and assessment of the course(s), Privacy Policy and USI Privacy Notice.
- If authorising CSTC Pty Ltd to apply for a USI on my 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>, and National Centre for Vocational Education Research Ltd (NCVER) policies, procedures and protocols published on NCVER's website at www.ncver.edu.au. In accordance with s11 of the *Student Identifiers Act 2014,* CSTC Pty Ltd will securely destroy personal information collected from individual solely for the purpose of applying or a USI on their behalf as soon as practicable after making the application or the information is no longer needed for that purpose.
- I understand that under the *Data Provisions Requirements 2012,* CSTC Pty Ltd is required to collect personal information and to disclose that personal information to NCVER. My personal information (including the personal information contained on this enrolment form and my training activity data) may be used or disclosed by CSTC Pty Ltd for statistical, regulatory and research purposes. CSTC Pty Ltd may disclose by personal information to third parties including: School (if a secondary student undertaking VET, including a school-based apprenticeship or traineeship); Employer (if enrolled in training is paid by my employer); Commonwealth and State or Territory government departments and authorised agencies; NCVER; Organisations conducting student surveys; Researchers; Funding bodies; and other relevant bodies as required.
- I understand that personal information disclosed to NCVER may be used or disclosed for the following purposes: Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts; Facilitating statistics and research relating to educating, including surveys; Understanding how the VET market operates, for policy, workforce planning and consumer information; and Administering VET, including program administration, regulation, monitoring and evaluation. I may receive an NCVER survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.
- I understand that NCVER will collect, hold, use and disclose my 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>.
- I consent to the collection, use and disclosure of my personal information in accordance with the points outlined. Release of information to any other bodies will not occur without my consent.
- I recognise that the information collected for CSTC Pty Ltd's records may be used to provide me with details about this course and related courses in the future. I may contact CSTC Pty Ltd to opt out of such communications at any time.

Student signature _____ **Date** dd mm yyyy

Permission required for those under 18 years

Parent/Guardian name

Parent/Guardian signature _____ **Date** dd mm yyyy

12. PAYMENT

Person to be invoiced for this course: ☐ Student ☐ Employer (Provide details below) ☐ Other (Provide details below)

Name **Phone number**

Email address

Building name **Unit details**

PO Box **Street number** **Street name**

City/Suburb **State** **Post code** **Country**

Payment to be made via one of the following methods

☐ Direct deposit

Commonwealth Bank of Australia
Branch: Paddington
BSB: 064 121
Account: 10021751

If paying by direct deposit, please attach proof of the transaction when submitting this form to the Registered Training Organisation (RTO)

☐ Cash or money order (Contact RTO for details)

☐ Credit card (Complete details below)

Card type ☐ MasterCard ☐ Visa **Card number**

Card holder name

Expiry date mm yy **CVV number** **Card holder signature** **Amount**