

Student Enrolment Form – Accredited and Pre Accredited Courses



**Park Orchards
Community House
& Learning Centre**

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Guidelines:

1. Enrol by mail, in person or by fax.
2. Courses must be paid for on enrolment. Payment plans are available.
3. Upon acceptance into a course, students are required to come into the office to complete additional forms.
4. Subsidised Childcare is available for most daytime courses. Enquire at the Centre for details.
5. It is our policy that children are not allowed in adult classes.

Title: _____ First Name: _____ Family Name: _____

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 POCH&LCl 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 eg driver's licence

Address: _____

Suburb: _____ P/code: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____@_____

M Male **F** Female **X** Indeterminate/Intersex/Unspecified @ Not stated - question asked of the client but no answer provided DOB ____/____/____

Emergency Contact Person: _____ Relationship: _____ (Phone) _____

Course Code	Course Name	Start Date	Fee*	Receipt No
Total			\$	

*Fees may be subject to change prior to course commencement

Do you require childcare for the above course? **Yes/No**

METHOD OF PAYMENT

MasterCard Visa Cash Cheque (Please make cheque payable to POCHI)

Cardholder Name _____ Expiry date ____/____ Credit Card No. ____/____/____/____

Cardholder's Signature _____ Authorised Amount \$ _____

1. CONCESSION

Concession rates apply for holders of a Pensioner Concession Card, Commonwealth Health Care Card and/or Veterans Gold Card. Additionally, if you are a dependent spouse or dependent child of a card holder you may be eligible for a concession rate. A copy of the concession card is required at enrolment.

Are you claiming a concession? (Evidence of benefit must be provided) Yes No

If yes, what type (e.g. Health care, pension or veterans) _____

Are you a dependent spouse or dependent child of a concession card holder Yes No

Benefit card number _____ Expiry date ____ / ____ / ____

2. LANGUAGE AND CULTURAL DIVERSITY

Country of birth _____

Town/City of birth _____

Are you of Aboriginal Origin? Yes No

Are you of Torres Strait Islander Origin? Yes No

Language/s other than English spoken at home _____

Do you have any difficulty with the English Language? (Reading, writing or speech) Yes No

If English is not your first language, how well do you speak English? Very well Well Not Well Not at all

3. SCHOOLING

Highest school level completed identifier

Year 12 Year 11 Year 10 Year 9 Year 8 or lower Never attended

Are you still attending secondary school? Yes No

What year did you complete your secondary education? _____

Where did you complete your schooling? (Name of City, State or Overseas) _____

4. PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications in Australia? Yes No

If yes, please tick all qualifications that apply.

- | | |
|---|---|
| <input type="checkbox"/> Bachelor Degree or higher | <input type="checkbox"/> Diploma or Associate Diploma |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Cert. IV (or adv. Cert/Technician) |
| <input type="checkbox"/> Certificate III (or Trade cert.) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificates other than above |

Field of study _____

Have you completed any qualifications overseas? Yes No

If yes, please specify Level of qualification – e.g. Certificate, Degree, etc. and field of study

Do you wish to apply for Recognition of Prior Learning (RPL) or Credit transfer? Yes No

Please note original certificates or original certified copies of certificates must be brought to interview

5. VICTORIAN STUDENT NUMBER (VSN)

If you have attended a Victorian school since 2009 or further education facility since 2011 please provide your VSN.

_____ or Yes, however I do not know my Victorian Student Number (VSN) (Please tick)

If you have NOT provided a VSN, is this because you are new to the Victorian Education System?

I have not attended a Victoria school (since 2009), TAFE or other training provider (since 2011).

6. UNIQUE STUDENT IDENTIFIER

From 1 January 2015, we Park Orchards Community House & Learning Centre Inc. can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). The Unique Student Identifier uniquely identifies an individual who accesses Vocational Education and training (VET) over his or her lifetime. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-usi/> on computer or mobile device, or Park Orchards Community House & Learning Centre can apply on your behalf. We will use the identification provided for funding purposes to confirm your identity for the USI application.

Do you have a Unique Student Identifier (USI) Yes No

If yes, please specify (exactly **ten** digits long)

or Yes, however I do not know my Unique Student Identifier (USI) (Please tick)

Would you like Park Orchards Community House & Learning Centre to apply for a USI on your behalf? Yes No

How would you like to be notified of your USI? Post Email Text (The details you have provided will be used)

(Please note the Acknowledgement and Declaration where you are being requested to authorise the Park Orchards Community House & Learning Centre Inc to apply for a USI and use and release this information)

7. EMPLOYMENT STATUS (Please select one. If never employed go to question 10)

- Full time employee
- Part time employee
- Unemployed (Seeking part time work)
- Unemployed (Seeking full time work)
- Self-employed (Not employing others)
- Employed (Unpaid worker in a family business)
- Employer
- Not employed (Not seeking employment)

8. INDUSTRY OF EMPLOYMENT (If employed please select one)

- Agriculture, Forestry and Fishing
- Manufacturing
- Construction
- Retail Trade
- Transport, Postal and Warehousing
- Financial and Insurance Services
- Professional, Scientific and Technical Services
- Public Administration and Safety
- Health Care and Social Assistance
- Other Services
- Mining
- Electricity, Gas, Water and Waste Services
- Wholesale Trade
- Accommodation and Food Services
- Information Media and telecommunications
- Rental, Hiring and real Estate Services
- Administrative and Support Services
- Education and Training
- Arts and recreation Services

9. OCCUPATION IDENTIFIER (if employed please indicate your current occupation level, please select only one)

- | | |
|--|---|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Professionals |
| <input type="checkbox"/> Technicians and Trades | <input type="checkbox"/> Community and Personal Service Workers |
| <input type="checkbox"/> Clerical and Administrative | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Machinery Operators and Drivers | <input type="checkbox"/> Labourers |
| <input type="checkbox"/> Other | |

10. REASON FOR STUDY (Please select one)

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It is a requirement of my job |
| <input type="checkbox"/> I want extra skills for my job | <input type="checkbox"/> To get a better job or promotion |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> Other reasons |

11. DISABILITY

Specific / Additional Needs – The following questions are asked by Skills for Victoria as part of funding requirements. When answering the questions please consider if there is anything that the Accredited Training Coordinator should be made aware of to assist you in studying throughout the duration of this course and/or practical work placement. The below information will be held in the strictest of confidence and other staff will only be informed on a need to know basis with your full permission to disclose this information.

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes, please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area)

- | | |
|--|--|
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Hearing/Deaf |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Mental health illness |
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Specific learning needs | <input type="checkbox"/> Unspecified |

Other (Please specify) _____

12. ELIGIBILITY CRITERIA FOR GOVERNMENT FUNDED PLACES

To be eligible for a Government funded place you must be able to provide proof of your Australian Citizenship Residential status. Applications will not be processed unless documents providing proof is attached.

- | | |
|--|--|
| Are you an Australian citizen?
(Australian birth certificate, Australian passport, Naturalisation Certificate, green Medicare card) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you an Australian Permanent Resident (holder of permanent visa)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you hold a special category visa (sub-class 444, New Zealand citizen)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you hold a Temporary Protection Visa? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you an East Timorese asylum seeker? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

13. PERSONAL CIRCUMSTANCES (Please indicate if the circumstances below relate to you)

- | | |
|---|---|
| <input type="checkbox"/> Patient at Thomas Embling Hospital | <input type="checkbox"/> Referred worker in transition* |
| <input type="checkbox"/> Detained in a youth justice facility | <input type="checkbox"/> Asylum Seeker or Victims of Human Trafficking Initiative * |
| <input type="checkbox"/> Prisoner, who is held in a custodial setting | <input type="checkbox"/> Referred Job Seeker * |
| <input type="checkbox"/> Judy Lazarus Transition Centre prisoner | |

* If so, attach referral and supporting documentation.

14. WHERE DID YOU FIND OUT ABOUT THIS COURSE?

- | | |
|--|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Course brochure |
| <input type="checkbox"/> Employment service provider | <input type="checkbox"/> Park Orchards Community House website |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Other website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |

If it was our course brochure, where did you obtain it? _____

How did you feel about the enrolment process? _____

Did you feel fully informed about the course you have enrolled in? _____

Do you have any feedback as to how we could improve the enrolment process?

Victorian Government VET Student Enrolment Privacy Notice

I understand that:

Park Orchards Community House & Learning Centre Inc. is required to provide the Victorian Government, through the Department of Education and Training (DET) or the ACFE Board, with student and training activity data which may include information I provide in this enrolment form.

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

Collection of your data POCH&LCI is required to provide the Department with student and training activity data. This includes personal information collected in the POCH&LCI enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

POCH&LCI provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by POCH&LCI; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

Survey participation You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Consequences of not providing your information Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy

Access, correction and complaints You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For more information in relation to how student information may be used or disclosed please contact Park Orchards Community House & Learning Centre's Accredited Training Co-ordinator on phone no.9876 4381 or email pochi@parkorchards.org.au

Park Orchards Community House & Learning Centre Inc Acknowledgements and Declarations

Please read the following points and acknowledge your agreement below:

- ***I have read, acknowledge and agree to the terms described in the Victorian Government VET Student Enrolment Privacy Notice (see previous page)***
- I agree to be bound by all rules and regulations of Park Orchards Community House & Learning Centre and to abide by Park Orchards Community House & Learning Centre Policy & Procedures.
- I have received and read the Student Information Handbook.
- I consent to Park Orchards Community House & Learning Centre publishing photos of myself for the purpose of marketing and advertising.
- I agree to pay all fees and charges applicable to, and arising from, this enrolment.
- In addition to course costs I acknowledge that I may be required to pay an additional fee in the following circumstances:
 - If there is a need to be re-assessed for a unit of competency after being offered the opportunities and support available throughout the duration of the course of study. This may include an assignment submitted late, beyond an agreed extension date.
 - if I am required to undertake a further workplace assessment in addition to those scheduled during the course.
 - In the event of either of the above events occurring a fee of \$60 per hour for any extra one to one trainer time will be charged.
 - If I defer or suspend this enrolment (with the RTO's consent) a fee of \$100 may be payable to continue enrolment, and
 - If the fees have increased for the later program, the gap (due to the increased fee) is payable by me.
- Although Park Orchards Community House & Learning Centre will endeavour to run all courses and classes as promoted, I acknowledge the right of the Centre to cancel or amalgamate classes if necessary.
- I authorise Park Orchards Community House & Learning Centre or its agent, in the event of my illness or any accident that befalls me while I am at the Centre or during any Centre organised activity, and if my next of kin cannot be contacted within a reasonable time, to seek ambulance, medical, or surgical treatment at my cost.
- I authorise Park Orchards Community House & Learning Centre or its representative to retain my student work for audit purposes.
- I give permission to Park Orchards Community House & Learning Centre, to apply on my behalf for a Unique Student Identifier (USI) (if appropriate, question 10 refers)
- I confirm I have not had my overseas qualification(s) formally assessed in Australia to determine equivalency to any Australian qualification (if appropriate, question 11 refers)
- I authorise the Centre to release information regarding my enrolment to any government department, including an application for a Unique Student Identifier (USI) providing confidentiality is assured.
- I authorise the Centre to release my results/attendance for this enrolment to my sponsoring employer (If applicable) and to use my contact details for internal surveying purposes.
- I understand that I may receive a NCVET survey and/or an invitation to participate in government quality assurance processes, and/or be contacted by this Centre to identify my employment outcomes during and after course completion
- I confirm that POCH&LCI did not offer any incentives such as laptops to encourage me to enrol in this course.
- I declare that the information contained on this form is true and correct.

Signed: _____ Date: _____