



Student Enrolment Form

Office Use Only

Enrolment Form Completed Correctly: Yes No

Valid Student USI No.: Yes No

Funding Eligibility Form: Yes No N/A

Employment Verification: Yes No N/A

Student Handbook Dec.: Yes No

ID Provided: Drivers Lic. Passport Othe

Concessional Student: Yes No N/A

ID Provided: Concession Card Ticked Form Back to Work/Second Chance Funding Letter

AISS Form printed: Yes No

Valid E-mail Address provided: Yes No

Created Student Invoice: \$ Yes No

Party Entered & Initials:

Payment Received Date:

Trainer Notified of New Enrolment: Yes No

Student added to Trainers Student List: Yes No

Date Entered & Initials:

Student to complete

- Please make sure you complete all the sections of this application.
- Spectrum Training is unable to finalise any enrolment where the student does not provide a valid email address and a copy of a valid ID.
- If you need help completing this form, including translation services, please contact Spectrum Training.

Section 1 – Personal Details (Legal name as per official documents)

Title <input type="text"/>	First Name <input type="text"/>	Surname <input type="text"/>
Gender <input type="text"/>	Middle Name(s) <input type="text"/>	Date of Birth <input type="text"/>
Previous name (including Maiden name) <input type="text"/>		Preferred Name (If applicable) <input type="text"/>

Contact Details

Phone (Mobile) <input type="text"/>	Phone (Home) <input type="text"/>	Phone (Work) <input type="text"/>
E-mail address <input type="text"/>		

Address

Residential Address <input type="text"/>		
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Postal Address <input type="text"/>		
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

Section 2 – AVETMISS Details

Country of Birth <input type="text"/>	City of Birth <input type="text"/>
Country of Citizenship <input type="text"/>	Do You identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal AND Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander

Employment Status

<input type="checkbox"/> Full Time Employee	<input type="checkbox"/> Part Time/ Casual Employee
<input type="checkbox"/> Self Employed – Not employing others	<input type="checkbox"/> Employer
<input type="checkbox"/> Employed – Unpaid Work in Family Business	<input type="checkbox"/> Unemployed – Seeking Full Time Work
<input type="checkbox"/> Unemployed – Seeking Part Time Work	<input type="checkbox"/> Not employed – Not seeking employment

Do you require English assistance: Yes No

Proficiency in spoken English (If English is 2nd language):

<input type="checkbox"/> Very Well	<input type="checkbox"/> Not Well
<input type="checkbox"/> Well	<input type="checkbox"/> Not at all

Are you currently attending school:

Yes No

If "Yes" please provide name of the school:

Highest COMPLETED School Level

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent	
<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school	
Do you have any disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Other
Other: <input type="text"/>		

Prior Completed Education (Australian or Equivalent). Tick all that applies

<input type="checkbox"/> Bachelor’s degree or Higher	<input type="checkbox"/> Certificate III or Trade Certificate
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Certificates other than above

Emergency Contact Details:

Name: <input type="text"/>
Relationship: <input type="text"/>
Contact Number: <input type="text"/>

Section 3 – Unique Student Identifier (USI)

I have USI

Enter your Unique Student Identifier (USI) (if you already have one)

USI application through your RTO (only fill this if you do not already have an USI)

I authorise Spectrum Training to apply for 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) as per <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

I [NAME] [REDACTED] authorise

Spectrum Training RTO No: 2441 to verify my identity and apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

* Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Section 4 – Proof of Identification (Please provide details and copy of at least one document)

1. **Australian Driver's Licence** – Licence Number: [REDACTED]

Issuing State: [REDACTED]

2. **Medicare Card** – Medicare card number: [REDACTED]

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

[REDACTED]

Card colour: Green Yellow Blue

Expiry date [REDACTED] (MM/YYYY) Expiry date: [REDACTED] (DD/MM/YYYY)

3. **Australian Passport** - Passport number: [REDACTED]

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

Passport number: [REDACTED]

Country of issue: [REDACTED]

5. **Australian Birth Certificate** (See [http://usi.gov.au/help-centre/proof-of-ID/Pages/birth_certificate_\(australian\).aspx](http://usi.gov.au/help-centre/proof-of-ID/Pages/birth_certificate_(australian).aspx))

State/Territory: [REDACTED]

Details vary according to State/Territory

Section 5 – Course Details

Course Name – Community Services Programs

<input type="checkbox"/> Certificate II in Community Services	<input type="checkbox"/> Certificate III in Community Services
<input type="checkbox"/> Certificate III in Individual Support	<input type="checkbox"/> Certificate IV in Community Services
<input type="checkbox"/> Certificate IV in Disability	<input type="checkbox"/> Certificate IV in Child, Youth & Family Intervention
<input type="checkbox"/> Certificate IV in Mental Health	<input type="checkbox"/> Certificate IV in Mental Health Peer Work
<input type="checkbox"/> Diploma of Child, Youth & Family Intervention	<input type="checkbox"/> Diploma of Community Services
<input type="checkbox"/> Diploma of Mental Health	<input type="checkbox"/> Advanced Diploma of Community Sector Management

Study Mode

<input type="checkbox"/> Blended (Inc. Face to Face)	<input type="checkbox"/> On - line	<input type="checkbox"/> Recognised Prior Learning (RPL)
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Study Reason

<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

Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, Spectrum 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 and your training activity data) may be used or disclosed by Spectrum for statistical, regulatory and research purposes. Spectrum may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;

- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVET;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVET may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVET student survey which may be administered by an NCVET employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVET will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVET policies and protocols (including those published on NCVET's website at www.ncvet.edu.au).

Section 6 – Consent for publication of a student's photo and work

Spectrum Training may collect photographs of a student and their work whilst undertaking training/assessment. Photographs of students involved in activities, and work by students, are often published to support other student and to enable other to be informed about Spectrum Training's programs. This does not mean that the student loses any ownership that may be present in the works.

I consent

I do **NOT** consent

Section 7 – Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.

It is my responsibility to provide accurate information to Spectrum Training and advise in writing of any changes to the information provided on this enrolment form.

I understand that my application may not be processed if the information provided is not accurate or incomplete.

I have read and understood the student handbook, and fully aware of the course requirements.

I have provided the proof of identity as required.

Name of student

Signature:

Date

**Parental/guardian consent is required for all students under the age of 18.*

Name of parent/guardian

Signature:

Date

Note: *Please ensure all sections are completed and the enrolment form is signed.*