

Student Enrolment Form

Office Use Only								
Enrolment Form Completed	d Correctly: \square Y	es 🗆 No	AISS F	orm printed:] Yes [□ No
Valid Student USI No.:	□ Y	es 🗆 No	Valid E	-mail Address	provided:] Yes [□ No
Funding Eligibility Form:	☐ Yes ☐ No ☐ N/a Created Student Invoice: \$ ☐ Yes] Yes [□ No			
Employment Verification:	oyment Verification:							
Student Handbook Dec.:	☐ Yes ☐ N	0	Payme	ent Received Da	ate:			
ID Provided: ☐ Drivers Lic.	☐ Passport ☐ M	1edicare (Colour)	Traine	r Notified of Ne	ew Enrolment	: □] Yes [□ No
Concessional Student:	☐ Yes ☐ N	·	Stude	nt added to Tra	iners Student	List:	l Yes [□ No
Evidence Provided: ☐ Concession Card ☐ Ticked Form ☐ Back to Work/Second Chance Funding Letter Date Entered & Initials:								
		Student In	struct	ions				
Please make sure you compared to the you compared to the young to young to the young to y	complete all the sectio	ns of this applicat	ion and	email to <u>traini</u>	ng@spectrum	n.org.au		
Spectrum Training is ur	nable to finalise your e	enrolment if you d	lo not p	rovide a valid e	mail address a	and a copy	of a valid	d ID.
If you need help compl	eting this form, includ	ing translation se	rvices, p	lease contact ι	JS.			
Student Details (Legal na	ame as per official docu	ments)						
Title				Gender	☐ Male	☐ Female		Other
First Name								
Surname				Middle name				
Previous name (maiden name)				Date of Birth				
Residential address						Postcode		
Postal address						Postcode		
Email						Phone		
Emergency Contact						_		
Relationship						Phone		
Have you spoken to us								
prior to enrolment?	☐ Spectrum Office St	aff 🗆 Cra	aig Flanı	nery	Luke McDo	nald		
Country of Birth				City of Birth				
	☐ Australian citizen/	Permanent resid	ent		☐ Aborigina	I		
Residency status	☐ New Zealand citiz	Are you	Are you	☐ Torres Strait Islander				
	☐ Other				☐ Both ☐ Neither			
	☐ Full Time Employe	ee			t Time/ Casua	l Emplovee		
Employment Status	☐ Self Employed – N		ers	☐ Em _l		P - 7		
employment Status	☐ Employed – Unpa	•			employed – Se	_		
	☐ Unemployed – See				: employed – f		employ	ment
Is English your first language	☐ Yes ☐ No	I speak, read an English:	d write	□ Very We		ot Well ot at All		
Computer Literacy Skills	☐ Excellent	☐ Good		Limited	□ None	9		
				□Year 8 d	or equivalent	□Yea	r 11 or e	equivalent
Are currently attending	☐ Yes	Highest school level			☐Year 9 or equivalent ☐Year 12 or equi		-	
school	□ No	completed		□Year 10	or below	□Nev	er atten	ided school
		Year completed						



Hamilino									
Do you have any disability?	☐ Hearing/Deaf		Intellectua	al		□ Vi	-		
☐ Yes ☐ No	☐ Physical☐ Mental Illness		Learning	Brain Impai	rmont	⊔ M □ 01	edical Con	dition	
Duiou advication completed			•	Braill Illipai				- Coutifica	
Prior education completed	☐ Bachelor's degr					☐ Certificate III or Trade Certificate			
(Australian)	☐ Advanced Diplo		_	ee		☐ Certificate II			
	☐ Diploma (or Associate Diploma)				☐ Certificate I				
	☐ Certificate IV (c	r Advance	d Certificat	e/Technicia	an)	☐ Certificates other than above			
	☐ To get a job					\square To develo	p my existi	ng busine	SS
	☐ To start my own business				\square To try for a different career				
Reason for study	☐ To get a better job or promotion				\square It was a requirement of my job				
Reason for study	☐ I wanted extra skills for my job				\square To get into another course of study			tudy	
	☐ For personal interest or self-development				☐ Other				
	☐ To get skills for community/volunteer work								
Documents Attached	☐ Australian driver's licence (Both sides)								
(Please ensure these are clear	☐ Medicare Card: ☐ Green ☐ Yellow ☐ Blue								
and in colour)									
	☐ Australian passport ☐ Non-Australian passport								
	☐ Other								
Unique Student Identifier (USI)									1
•		16 1							
If you do not have an USI and like us	s to apply on your ben	air, piease i	ick the beio	w box					
☐ I have read and I consent to the c	ollection, use and disc	losure of my	personal in	formation (v	vhich m	ay include ser	sitive inforr	nation) as p	er
https://www.usi.gov.au/documents/	<u>/privacy-notice-when-r</u>	to-applies-t	<u>:heir-behalf</u>						
[NAME]authorise The Spectrum Organization RTO No: 2441 to					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.									

Course Details	(Please select by ticking in the appropriate box)			
Course code	Course Name Maximum duration allowed		Online/Blended	RPL (6 months)
	Community Services			
CHC22015	Certificate II in Community Services	6 months		
CHC32015	Certificate III in Community Services	12 months		
CHC42021	Certificate IV in Community Services (Employment Verification Form required)	18 months		
CHC52021	Diploma of Community Services (Employment Verification Form required)	18 months		
CHC62015	Advanced Diploma of Community Sector Management (Employment Verification Form required)	12 months		
	Individual Support			
CHC33021	Certificate III in Individual Support (Disability)	18 months		
	Child, Youth & Family Interven	tion		
CHC40321	Certificate IV in Child, Youth & Family Intervention	18 months		
CHC50321	Diploma of Child, Youth & Family Intervention	18 months		
	Disability			
CHC43121	Certificate IV in Disability Support (Employment Verification Form required)	12 months		



Mental Health					
CHC//33315	Certificate IV in Mental Health (Employment Verification Form required)	18 months			
CHC/13515	Certificate IV in Mental Health Peer Work (Employment Verification Form required)	18 months			
CHC53315	Diploma of Mental Health	18 months			

Funding Eligibility					
Are you currently working in the Community Services Sector?	☐ Yes ☐ No	Are you younger than 15 years of age?	☐ Yes ☐ No		
Are you still attending secondary school?	☐ Yes ☐ No	Are you:	□ Australian Citizen □ Australian Permanent resident □ New Zealand Citizen □ Temporary resident with the necessary visa and work permits on the pathway to permanent residency		
Are you residing permanently in Queensland?	☐ Yes ☐ No	Do you hold a "concession card"? If "Yes" please provide copy.	☐ Yes ☐ No		
Do you have a Certificate III level qualification or higher?	☐ Yes ☐ No	If "Yes" please specify the highest qualification you hold.			
Are you currently enrolled in another Certificate III or higher-level course?	☐ Yes ☐ No	If "Yes" please specify:			
Have you previously accessed the Queensland government Certificate III Guarantee or Higher-Level Skills funding?	☐ Yes ☐ No ☐ Unsure	If "Unsure" do you give permission for Spectrum Training to enquire on your behalf?	☐ Yes ☐ No		

Privacy Statement

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;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER 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 NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).



Consent					
Photographs of students invo	ct photographs of a student and their work whilst undertaking training/assessment. Dived in activities, and work by students, are often published to support other student and to about Spectrum Training's programs. This does not mean that the student loses any ent in the works.				
☐ I consent	I do NOT consent				
I consent to Spectrum Trainir Statement above.	ng collecting and using my personal ID and personal information as set out in the Privacy				
☐ I consent	I do <u>NOT</u> consent				
	Enrolment Checklist				
	Enfolment Checklist				
I have attended to/completed the	=				
Fully completed all sections					
Signed and dated the Studer	y Drivers Licence (front & back) and/or Passport.				
Provided colour copy of Med					
I = ''	lealthcare Card (if applicable).				
	rification Form (if applicable).				
	olment Form and all supporting information to training@spectrum.org.au				
	Student Declaration				
L declare that the information	on I have provided to the best of my knowledge is true and correct.				
_	vide 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 am fully aware of the course requirements.					
☐ I have provided all the addit	ional documents as required.				
I acknowledge I am aware tr computer to complete my studi	raining will be via an online portal and confirm I have the required computer skills and access to a es.				
Name of student:					
Date:					
Signature:					
*Parental/guardian consent	is required for all students under the age of 18.				
Name of parent/guardian:					
Date:					
Signature:					

NOTE: Please ensure all sections are completed and the enrolment form is signed and dated.



Employee Details

The Spectrum Organization Association Inc E: training@spectrum.org.au RTO 2441 ABN 71 998 878 542

Employment Verification Form

NB: ONLY Required for students enrolled in the following Qualifications:

- CHC42021 Certificate IV in Community Services
- CHC43121 Certificate IV in Disability Support
- CHC43315 Certificate IV in Mental Health
- CHC43515 Certificate IV in Mental Health Peer Work
- CHC52021 Diploma of Community Services
- CHC62015 Advanced Diploma of Community Sector Management

This is to verify and ensure the eligibility of students for the selected study program Spectrum Organization requires that employer provide following information on a company letter head or if using this form please provide a proof of authentication (company stamp, company details etc)

This is to verify that the person named below is currently employed.

Name	
Role	
Employment status	
Employment start date	
Duration of the employment	
Organisation Details	
Organisation Name	
ABN	
Contact number	
Email	
I declare that above information	is true and accurate to the best of my knowledge.
Employer details	
Name	
Position	
Date	
Signature	