

RTO 1373

Enrolment form

OFFICE USE ONLY	Enrolment registered in RTO Data	Student or employer invoiced	Nominated Trainer/Assessor
	Actioned by:	Actioned by:	
	Student number:		

Please complete ALL areas of this form. This form can be completed digitally or neatly using blue or black pen. Please note that we cannot finalise your enrolment until you have provided all required information and supporting evidence.

USI	<p>Students undertaking nationally recognised training are required to have a Unique Student Identifier (USI). If you do not have a USI or have forgotten your USI or want further information about USIs you can visit the following website http://usi.gov.au.</p> <p>Must be 10 digits PRINT CLEARLY</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><input type="checkbox"/> I give permission for YWCA Canberra to access and verify my USI</p> <p><input type="checkbox"/> I have forgotten my USI and give permission for YWCA Canberra to access and verify my USI</p>										

PERSONAL DETAILS	Please PRINT clearly and neatly, your name and date of birth must match your legal documents and USI.			
	Given name: (First name)		Middle name/s: (Second name)	
	Last Name: (surname)		Date of birth:	DD / MM / YYYY
	Gender:	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Other	Preferred name:	
	Home phone:		Mobile:	
	Email:			
	Residential address:	USUAL PLACE OF RESIDENCE		
	Suburb/town:		State/territory:	
Postcode:				
Please note you will need to submit a copy of your photo ID and proof of residency. See page four for details.				

POSTAL ADDRESS	Postal address:	<input type="checkbox"/> As above		
	Suburb/town:		State/Territory:	
	Post Code:			

CULTURAL BACKGROUND	Citizenship:	<input type="checkbox"/> Australian citizen	<input type="checkbox"/> Permanent resident
		<input type="checkbox"/> Other: visa document holder. Please specify: VISA Number (provide copy)	
	Country of birth:		Town of birth:
	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	
	What is the main language you speak at home?	<input type="checkbox"/> English	<input type="checkbox"/> other Please specify

EDUCATION HISTORY	Schooling	What is your highest COMPLETED school level? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 8 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Never attended school		
		Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Previous qualifications achieved	Have you SUCCESSFULLY completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a certified copy of your qualification <input type="checkbox"/> Bachelor Degree or Higher Degree <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 (or Associate Diploma) <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificates other than the above		

LEARNING NEEDS	As required by the Standards for RTOs 2015, ACT Training Standards, YWCA Canberra will conduct a Language Literacy and Numeracy (LLN) assessment to ensure you have the required LLN abilities to undertake the course you are enrolling in.		
	Do you consider yourself to have a disability, impairment or long-term condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please select the area(s) disability, impairment or long-term condition:	<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain impairment
		<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition
	Do you have any support needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify

NEXT OF KIN	Name:		Relationship:	
	Home phone:		Mobile:	
	Email:			

EMPLOYMENT INFORMATION

Work Status:	Of the following categories, which BEST describes your current employment status? (Tick ONE box only)		
	<input type="checkbox"/> Full time (35 hours or more per week) <input type="checkbox"/> Part time (less than 35 hours per week)	<input type="checkbox"/> Self employed - not employing others <input type="checkbox"/> Self employed - employing others <input type="checkbox"/> Employed - unpaid worker 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

Workplace details (if applicable)			
Workplace name:			
Address:			
Suburb/town:	State/Territory:	Postcode:	
Manager's name:			
Manager's email:		Manager's phone:	
Date commenced:		Average hours worked per week:	
Position held:			

STUDY INFORMATION

What course do you wish to enrol in?	<input type="checkbox"/> BSB30115 Certificate III in Business <input type="checkbox"/> BSB30415 Certificate III in Business Administration <input type="checkbox"/> BSB51918 Diploma of Leadership and Management <input type="checkbox"/> BSBSS00033 Aspiring Supervisor Skill Set <input type="checkbox"/> BSBSS00095 Cross-sector Infection Control Skill Set <input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care <input type="checkbox"/> CHC40113 Certificate IV in School Age Education and Care <input type="checkbox"/> CHCSS00072 Building Inclusive Practices in Early Childhood Education & Care Skill Set <input type="checkbox"/> CHCSS00074 Child Protection <input type="checkbox"/> Other Please specify		
	Do you hold a current Working with Vulnerable Peoples card?^ <input type="checkbox"/> Yes Expiry: DD/MM/YYYY <input type="checkbox"/> No		

Do you wish to apply for recognition?	Credit Transfer/s (CT)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Recognition of Prior Learning (RPL)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
If you are applying for CT or RPL please fill in the General Recognition of Assessment Application Kit available from the YWCA Canberra Education and Training team.		

Which one BEST describes your main reason for studying this course:	<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"/> To get skills for community/voluntary work <input type="checkbox"/> Other reasons

^ applicable to Early Childhood Education and Care courses only

FEES	<input type="checkbox"/> I wish to apply for a fee concession where available (Health care card or pension card required)			
	I am interested in applying for subsidised training under the following scheme/s and understand that eligibility for funding is dependent on specific eligibility criteria*		<input type="checkbox"/> Skilled Capital**	
			<input type="checkbox"/> User Choice Traineeship***	
	Payment of Fees	<input type="checkbox"/> I will be responsible for payment of fees and understand where course fees are more than \$1500 that a payment plan will be set up using direct debit. ****		
		<input type="checkbox"/> My Work will be responsible for paying my fees. (Employer to confirm below)		
		<input type="checkbox"/> My Work and I will be responsible for paying my fees. Please specify percentage/amount to each (Employer to confirm below)		
	The below section is to be filled out by the PERSON WITHIN THE WORKPLACE who is responsible for the approval of paying the fees for the student			
	Workplace name:			
	Name:			
	Position:			
Email:		Phone:		
Signature:		Date:		
* See funding information on website or contact the Education and Training team				
** Please fill in Skilled Capital Application Form				
*** Please fill in Traineeship Application Form				
**** Please fill in Direct Debit Authority Form				

STUDENT HANDBOOK	YWCA Canberra Student Handbook outlines important information to support students in making informed choices about their education:	<ul style="list-style-type: none"> • Fees and refunds • Complaints and appeals • Credit transfer • Recognition of prior learning 	<ul style="list-style-type: none"> • Student code of conduct • Plagiarism • Privacy and confidentiality
		I have been provided with access to the Student Handbook (available on YWCA Canberra website www.ywca-canberra.org.au) and have read the above mentioned	
	+ A YWCA Canberra Education and Training team representative will contact you to provide access to the information within the Student Handbook prior to finalising your enrolment		

Please complete the following checklist of evidence you provide to ensure you are eligible to enrol in YWCA Canberra courses.

ENROLMENT CHECKLIST	Required evidence to support enrolment	Attached	Office use: confirmation of receipt. Staff member to sign and date.
	Proof of residency Australian citizen - Birth certificate, Australian Passport, green Medicare card Permanent resident - copy of visa or green Medicare Card OR New Zealand Passport OR copy of eligible visa	<input type="checkbox"/>	
	Copy of photo ID (such as Drivers Licence or Passport)	<input type="checkbox"/>	
	Copy of Working with Vulnerable Person Card or proof of application (if enrolling in an Early Childhood Education Qualification)	<input type="checkbox"/>	
	Fee concession evidence (health care card, pension card)	<input type="checkbox"/>	
	Funding application form (if applicable)	<input type="checkbox"/>	
	Direct debit form (if applicable)	<input type="checkbox"/>	
	General recognition of assessment application form (if applicable)	<input type="checkbox"/>	
	Verified copies of previously completed qualifications	<input type="checkbox"/>	

How did you hear about this course?

- YWCA Canberra's website
- YWCA Canberra's E-News
- YWCA Canberra's social media
- recommendation from friend or family member
- recommendation from your workplace
- flyers from community notice board
- other

Privacy notice 2021

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation

education, including surveys and data linkage

- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact **YWCA Canberra** Privacy Officer to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

on (02) 6185 2000 (Monday to Friday 9:00am - 5:00pm) or write to the Privacy Officer, YWCA Canberra GPO Box 767, Canberra ACT 2601. For more information about how the YWCA Canberra will handle your personal information please refer to the YWCA Canberra's Privacy Policy at <https://ywca-canberra.org.au/privacy-policy/>

Office use only

Superseded version	New version	New version date	Date to review	Changes
	1	July 2017	June 2018	New form for all course enrolments
	1.1	November 2017	June 2018	Updates to form to meet AVETMISS 8 requirements.
	1.2	January 2019	June 2019	Updates to form to meet AVETMISS 8 requirements in 2019.
	1.3	December 2019	June 2020	Updates to course offerings
	1.4	January 2020	June 2020	Updates to course offerings
	1.5	October 2020	June 2021	Updates to course offerings
	1.6	November 2020	November 2021	Updates to course offerings
	1.7	January 2021	January 2022	Updates to privacy policy

Student declaration

By ticking the following statements and signing this form, I declare that I have honestly and accurately provided information contained within the enrolment form.

- I declare that I have read, understood and completed all the details of this form and have been given the opportunity to ask any questions about the content or course prior to signing this agreement.
- I have read and understood the requirements of the course as specified in the course information and the terms and conditions as set out in the student handbook.
- I give permission for YWCA Canberra to contact relevant Training/Education Providers, to authenticate any academic transcript/s and Statements of Attainment/s I have submitted.
- I declare that the information provided by me on this form is accurate and correct, and I understand that this information will be treated as private and confidential and will not be divulged by YWCA Canberra, except where YWCA Canberra is required to do so by law, under contractual arrangements with funding bodies or as stipulated in the Privacy Statement contained within the Student Handbook.
- I give permission for YWCA Canberra to take my photo and to use them without compensation in productions, publications, on the web, social media and other printed or electronic materials related to the role and function of YWCA Canberra.
- I give permission for my student feedback/ testimonials to be used in productions, publications, on the web, social media and other printed or electronic materials related to the role and function of YWCA Canberra.

A copy of the student handbook can be accessed from the website www.ywca-canberra.org.au

- Subscribe me to the weekly YWCA Canberra ENews
- Send me a link to sign up as a member of YWCA Canberra and my discount code

Student signature:.....

Full name:.....

Date:

Office use only				
Superseded version	New version	New version date	Date to review	Changes
	1	July 2017	June 2018	New form for all course enrolments
	1.1	November 2017	June 2018	Updates to form to meet AVETMISS 8 requirements.
	1.2	January 2019	June 2019	Updates to form to meet AVETMISS 8 requirements in 2019.
	1.3	December 2019	June 2020	Updates to course offerings
	1.4	January 2020	June 2020	Updates to course offerings
	1.5	October 2020	June 2021	Updates to course offerings
	1.6	November 2020	November 2021	Updates to course offerings
	1.7	January 2021	January 2022	Updates to privacy policy