Enrolment form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office use only** | Enrolment registered in RTO data | Student or employer invoiced | Nominated trainer/assessor | Student number |
| Actioned by:  Enter name | Actioned by:  ETU member | Name | Student number |

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

# Unique Student Identifier

From 1 January 2015, we, YWCA Canberra, can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at:

<https://www.usi.gov.au/students/create-your-usi> on your computer or mobile device.

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the ‘Forgotten USI’ link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please enter your 10-digit USI: | Enter | Enter | Enter | Enter | Enter | Enter | Enter | Enter | Enter | Enter |

# Personal details

Note: your name and date of birth must match your legal documents and USI. You will need to submit a copy of your photo identification and proof of residency.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First name | Your first name | | Middle name | | Your middle name, if any | | |
| Last name | Your last name | | Preferred name | | Your preferred name, if any | | |
| Date of birth | DD/MM/YYYY | | Gender | | man  woman non-binary | | |
| Home phone | Your home phone number | | Mobile phone | | Your mobile number | | |
| Email address | Your email address | | | | | | |
| Residential address | Your street address | | | | | | |
| Suburb/town | Your suburb/town | State/territory | | Your state/ territory | | Postcode | Your postcode |
| Postal address | same as residential address  Your postal address if different to residential | | | | | | |
| Suburb/town | Suburb or town | State/territory | | State or territory | | Postcode | Postcode |

## Next of kin for emergency contacts

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Next of kin name | Relationship | Relationship to next of kin |
| Home phone | Next of kin home phone | Mobile phone | Next of kin mobile phone |
| Email address | Next of kin email address | | |

# Cultural background and language

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Citizenship | Australian citizen | | | | Permanent resident | | |
| Visa document holder (please specify): | | | | | | |
| Country of birth | Country of birth | | | Town of birth | | | Town of birth |
| Do you identify as | Aboriginal | Torres Strait Islander | | | | Aboriginal and Torres Strait Islander | |
| What is the main language you speak at home? | | | English  other (please specify):Main language | | | | |

# Education history

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Schooling | What is your highest **completed** school level? | | | |
| Year 12 or equivalent | Year 11 or equivalent | | Year 10 or equivalent |
| Year 9 or equivalent | Year 8 or equivalent | | Never attended school |
| Previous  qualifications | Have you **successfully** completed any of the following qualifications?  Yes  No If yes, please provide a certified copy of your qualification. | | | |
| Bachelor Degree or Higher Degree | | Certificate III (or Trade Certificate) | |
| Advanced Diploma or Associate Degree | | Certificate II | |
| Diploma (or Associate Diploma) | | Certificate I | |
| Certificate IV (or Advanced Certificate/Technician) | | 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. For more information, [email the Education and Training Unit](mailto:training@ywca-canberra.org) or call 02 6185 2000.

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a disability, impairment or long-term condition? | | | Yes  No |
| If ***yes***, please select the area(s) of disability, impairment or long-term condition. | Hearing/deaf | Learning | Vision |
| Physical | Mental illness | Medical condition |
| Intellectual | Acquired brain impairment | Other |
| Do you have any support needs? | | Yes  No  If **yes**, please specify: Support needs | |

# Employment information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Work status | Of the following categories, which **best** describes your current employment status? (Tick ONE box only) | | | | | | | | | | |
| Full time  (35 hours or more a week)  Part time  (less than 35 hours a week) | | Self employed,  not employing others  Self employed,  employing others  Employed, unpaid worker in family business | | | | | Unemployed, seeking full-time work  Unemployed, seeking part time work  Not employed, not seeking employment | | | |
| **Workplace details (if appropriate)** | | | | | | | | | | | |
| Workplace name | Name of your workplace | | | | | ABN number | | | | ABN number | |
| Address | Workplace address | | | | | | | | | | |
| Suburb/town | Suburb or town | State/territory | | | State/ territory | | | | Postcode | | postcode | |
| Manager’s name | Manager’s name | | | | | | | | | | |
| Manager’s email | Manager’s email address | | | Manager’s phone | | | Manager’s phone number | | | | |
| Date started | Date started | | | Average hours worked each week | | | Average hours worked | | | | |
| Position held | Position held | | | | | | | | | | |

# Study information

|  |  |  |
| --- | --- | --- |
| What course do you want to enrol in? | BSB50420 Diploma of Leadership and Management | CHC30121 Certificate III in Early Childhood Education and Care  CHC50121 Diploma of Early Childhood Education and Care |
| Do you hold a current Working with Vulnerable People card? (applicable to early childhood education and care courses only) | | Yes, expiry: Expiry date  No |
| Do you want to apply for recognition? | Credit transfer/s (CT)  Recognition of prior learning (RPL)  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? | 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  To get skills for community/voluntary work  Other reasons |

# Fees

|  |  |  |
| --- | --- | --- |
| I understand that there are fees attached to my enrolment, which are outlined in the [Fees Schedule](https://ywca-canberra.org.au/wp-content/uploads/2021/02/Schedule-of-Fees-and-Charges-Form-2021-v1.8.pdf). | | |
| 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\* | | Skilled Capital JobTrainer  User Choice Traineeship\*\*\* |
| Payment of fees | 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. \*\*\*\* | |
| My work will be responsible for paying my fees. Please check if you fully completed your Workplace Detail section above. | |
| My work and I will be responsible for paying my fees. Please specify percentage/amount to each: Payment percentage for you and your work | |

Signature of payee:

Date: Date signed



(Signature can be added physically or using the Freeform: Scribble tool ( ) under the Insert> Shapes menu, Lines section)

# Student handbook

The YWCA Canberra [*Student Handbook*](https://ywca-canberra.org.au/wp-content/uploads/2017/07/Student-Handbook-2017_FINAL.pdf) outlines important information to support students in making informed choices about their education. It includes information on:

* Fees and refunds
* Complaints and appeals
* Credit transfer
* Recognition of prior learning
* Student code of conduct
* Plagiarism
* Privacy and confidentiality

I have been provided with access to the [*Student Handbook*](https://ywca-canberra.org.au/wp-content/uploads/2017/07/Student-Handbook-2017_FINAL.pdf) and have read it.

Yes  No

If no: a YWCA Canberra Education and Training team representative will contact you to make sure you have access to the information within the *Student Handbook* before finalising your enrolment.

# Enrolment checklist

Please complete the following checklist of evidence you need to provide to ensure you are eligible to enrol.

|  |  |  |
| --- | --- | --- |
| **Required evidence to support enrolment** | **Attached** | **Office use: confirmation of receipt. Staff member to sign and date.** |
| Proof of Australian residency:   * Australian citizen: birth certificate, Australian passport, or green Medicare card * permanent resident: copy of visa or green Medicare card * New Zealand passport * copy of eligible visa. |  | Click or tap here to enter text. |
| Proof of ACT residency if required (such as driver’s licence, employer letter or bills showing your name and address) |  |
| Copy of photo identification (such as driver’s licence or passport) |  |
| Copy of Working with Vulnerable Person card or proof of application (if enrolling in an early childhood education qualification) |  |
| Fee concession evidence (health care card, pension card) |  |
| Funding application form (if applicable) |  |
| Direct debit form (if applicable) |  |
| General recognition of assessment application form (if applicable) |  |
| Verified copies of previously completed qualifications |  |

# 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: Click or tap here to enter text.

# Would you like to hear more about what YWCA Canberra does?

I would like to sign up to receive the YWCA Canberra newsletter

I would like to sign up to receive the She Leads Newsletter

# 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 under the *National Vocational Education and Training Regulator Act 2011* (the 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 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* (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
* facilitation of statistics and research relating to 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 Privacy Policy](http://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.

DEWR 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 [DEWR VET Privacy Notice](https://www.dewr.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 9am to 5pm) or write to the Privacy Officer, YWCA Canberra GPO Box 767, Canberra ACT 2601. For more information about how YWCA Canberra will handle your personal information please refer to [YWCA Canberra’s Privacy Policy](https://ywca-canberra.org.au/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.

Full name: Your full name

Signature of student:

Date: Date signed

(Signature can be added physically or using the Freeform: Scribble tool ( ) under the Insert> Shapes menu, Lines section)

|  |  |  |  |
| --- | --- | --- | --- |
| **Office use only** | | | |
| Version number | Version date | Review due | Changes |
| 1 | July 2017 |  |  |
| 1.1 | November 2017 |  | Updates to form to meet AVETMISS 8 requirements. |
| 1.2 | January 2019 |  | Updates to form to meet AVETMISS 8 requirements. |
| 1.3 | December 2019 |  | Updates to course offerings |
| 1.4 | January 202 |  | Updates to course offerings |
| 1.5 | October 2020 |  | Updates to course offerings |
| 1.6 | November 202 |  | Updates to course offerings |
| 1.7 | January 2021 |  | Updates to privacy policy |
| 1.8 | May 2021 |  | Updates to course offerings |
| 2.0 | June 2021 | June 2022 | Rebranded and text updated |
| 2.1 | May 2024 | May 2025 | Updates to adopt the revised Aug 2023 AVETMISS enrolment form |