

## Astute Training Pty Ltd - Enrolment Form

<b>Smart and Skilled Entitlement Full Qualifications Program</b>  Delivery site: -	<b>Training Provider Name and Location:</b> Astute Training 1/497-507 High Street PENRITH NSW 2750 02 4732 5088	<b>Course Name and NTIS Code:</b>  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Course Start Date:</b></td> <td style="width: 50%;"><b>Course End Date:</b></td> </tr> </table>	<b>Course Start Date:</b>	<b>Course End Date:</b>
<b>Course Start Date:</b>	<b>Course End Date:</b>			
<b>ID provided:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Health Care Card <input type="checkbox"/> Other: _____		<b>TNI Reference Number: N/A</b> <b>Commitment ID:</b> SYDTNI - _____ PAS No: _____		
<b>OFFICE USE ONLY -</b>				

### Student Details – To be completed by the participant (all sections must be completed)

<b>1. Name, D.O.B and Gender:</b> (Given Name) _____ (LAST NAME) _____ <b>First:</b> _____ <b>Middle:</b> _____ <b>Surname:</b> _____ <b>Date of Birth:</b> ____/____/____ (DD/MM/YYYY) <b>Sex/Gender:</b> Female <input type="checkbox"/> Male <input type="checkbox"/> (tick one box)	
<b>2. Contact Details and Current Address:</b> <b>Home Ph.:</b> _____ <b>Mobile Ph.:</b> _____ <b>Email:</b> _____ <b>No. &amp; Street:</b> _____ <b>Suburb:</b> _____ <b>State:</b> _____ <b>Postcode:</b> _____ I reside in public/ community housing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. Ethnicity:</b> 1. Are you of Aboriginal and/or Torres Strait Islander Origin? Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) 2. In which country were you born in? _____ 3. In which town/city were you born in? _____ 4. Which language do you mainly speak at home? (tick one box) <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER, Please specify below the language spoken: _____	
<b>3. Citizenship:</b> Student Declaration: I am: (tick one box) <input type="checkbox"/> an Australian citizen <input type="checkbox"/> a New Zealand citizen <input type="checkbox"/> an Australian permanent resident <input type="checkbox"/> an Australian permanent humanitarian visa holder	
<b>4. Disability:</b> <b>Do you consider yourself to have a disability or special needs?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, specify type of disability or need: _____  <b>Do you require special assistance?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) (if yes this will be discussed at an individual appointment with student support)	<b>5. Commonwealth Benefits and Allowances:</b> <b>I am a welfare recipient:</b> <input type="checkbox"/> YES (Please specify below) <input type="checkbox"/> NO (go to question 6.) <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> OTHER – please specify: _____ <b>Please provide your benefit Number / ID:</b> _____
<b>6. Schooling:</b> <b>What is your highest COMPLETED school level?</b> (tick one box) <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower <b>In which YEAR did you complete that school level?</b> _____	<b>7. Qualifications Completed:</b> Since leaving school, have you COMPLETED any qualifications? If yes tick the applicable box below. <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Other: _____  <b>RECOGNITION OF PRIOR LEARNING &amp; CREDIT TRANSFER:</b> <b>Do you want to apply for Recognition of Prior Learning? (RPL)</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) <b>Do you want to apply for Credit Transfer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (tick one box) If yes you will need to complete the applicable form and return it to reception at Astute Training Pty Ltd for assessment.
<b>8. USI:</b> <b>Do you have a USI (Unique Student Identifier)?</b> <input type="checkbox"/> YES, what is your USI? _____ <input type="checkbox"/> NO <input type="checkbox"/> Unsure	
<b>9. Have you undertaken any other Smart and Skilled qualifications this calendar year?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>10. Employment Status:</b> <b>Of the following categories, which BEST describes your current employment status?</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Casual Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Full Time Employee <input type="checkbox"/> Other: _____	
<b>11. Are you long-term unemployed?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> appropriate evidence is required	
<b>12. Are you a client of an Employment Service Provider?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> Name: _____ Provider Client ID: _____	

I declare that all information provided in the enrolment process is true, accurate, complete and not misleading in any way.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO USE AND DISCLOSE OF PERSONAL INFORMATION TO THE  
DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT  
AGENCIES – CONSUMER PROTECTION DECLARATION**

I \_\_\_\_\_  
(First, middle and last Name)

of \_\_\_\_\_  
(current residential address)

with date of birth \_\_\_\_\_

understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) collected by Astute Training may be disclosed to the Department of Education and Communities (Department).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with Astute Training for the purposes of evaluating and assessing my subsidised training.

**Astute Training obtained the consent of the Prospective Student to the Department's use of the Prospective Student's information by:**

The Prospective Student signing or electronically accepting (including by ticking a check box) a consent form that includes the wording set out in Schedule 1 of these Operating Guidelines

**OR**

The Prospective Student verbally providing their consent provided that a consent statement is recited to the Prospective Student or is made available to the Prospective Student to read

**Consumer Protection Declaration**

Consumer Protection System and Complaints handling is detailed in the Student Handbook and should be read before signing this declaration.

I understand my Consumer Protection Officer at Astute Training Pty Ltd is:

Cindy Fuller – VET Manager

Phone: 024732 5088

Email: cindy@astutetraining.com.au

**PRINT FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required.

**PRINT FULL NAME OF GUARDIAN:** \_\_\_\_\_

**SIGNATURE OF GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_