

***Learner Enrolment Form 2018***

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| --- |
| **VERSION CONTROL** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CURRENT VERSION** | **REVIEW** **DATE** | **PERSONS INVOLVED** | **NEW** **VERSION** | **AMENDMENTS** |
| V1.0 / MARCH 2018 | SEPTEMBER 2018 | B. GREEN | V1.0 | Creation of policy for RTO audit  |
|  |  |  |  |  |
|  |  |  |  |  |

**LEARNER INSTRUCTIONS**

Learners are required to complete the following information honestly and accurately to enrol in any course offered by the Collective Training Group.

*Enrolment forms returned by post:*

The Collective Training Group

63 Railway Parade

Mount Lawley

WA 6050

*Enrolment forms returned via email (preferred):*

wapou@wapou.asn.au

**NATIONAL CENTRE FOR VOCATIONAL EDUCATION RESEARCH (NCVER)**

The NCVER released the following YouTube clip detailing the importance of completing your enrolment information accurately. The clip clearly defines where and how the information you provide is used. Learners are encouraged to click on the link prior to completing your enrolment information to gain a well-informed understanding of the process.

<https://www.youtube.com/watch?v=hveBYeuGee4>

**LANGUAGE, LITERACY & NUMERACY (LLN) ASSESSMENT**

All Learners are required to complete an LLN assessment prior to having their enrolment accepted by the Collective Training Group. Learners are encouraged to read the *Language, Literacy & Numeracy Assessment Policy 2018* policy prior to completing the assessment. Please include your completed LLN assessment with your completed enrolment form.

**LEARNER INFORMATION BOOK**

Learners are encouraged to read the *Learner Information Book 2018* prior to beginning the enrolment process. The *Learner Information Book 2018* has extensive information about course details, fees, rules and regulations, responsibilities of all parties including important policies that should be read. Learners should read and understand all the information presented in the Learner Information Book 2018 to make an informed choice about further study.

**UNIQUE STUDENT IDENTIFIER (USI)**

The Unique Student Identifier or USI is a reference number made up of a combination of 10 numbers and letters that:

* Creates a secure online record of your recognised training and qualifications gained in Australia
* Provides access to your training records and transcripts
* Can be accessed online, anytime, and anywhere
* Is free and simple to gain
* Stays with you for life

If you are a new or continuing student undertaking nationally recognised training, you need a USI to receive your qualification or statement of attainment. If you don't have a USI you will not receive your qualification or statement of attainment.

Your USI will give you access to an online record of the training you have completed since 1 January 2015, this allows Learners to produce a comprehensive transcript of past training. This can be used when applying for a job, seeking a credit transfer, or demonstrating pre-requisites when undertaking further training.

The Department of Industry, innovation and Science has released a YouTube clip providing information about USI numbers, their purpose and student benefits. Learners are encouraged to click on the link prior to applying for a USI.

https://www.youtube.com/watch?v=HRYaaF-B7Ho

Learners must have a Unique Student Identifier (USI) before enrolment will be accepted. Gaining a USI is a cost free and simple process. Please click on the link below to apply for a USI:

https://www.usi.gov.au/students/create-your-usi

**USI RECORD**

From 1 January 2015, the Collective Training Group can be prevented from issuing Learners with a nationally recognised VET qualification or statement of attainment if you do not have a Unique Student Identifier (USI).

If you already have a USI or you have recently secured one, please enter it in the space below:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

[UNIQUE STUDENT IDENTIFIER]

I understand that the Collective Training Group is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by the Collective Training Group or the following third parties for administrative, regulatory and/or research purposes:

* School (If the Learner is a secondary student undertaking VET, including a school-based apprenticeship or traineeship)
* Employer (If the Learner is enrolled in training paid by my employer)
* Government departments and authorised agencies.
* Researchers

|  |
| --- |
| **UNIT OF COMPETENCY SELECTION** |

Please indicate by ticking the box which unit/s of competency you wish to enrol in:

|  |  |  |
| --- | --- | --- |
| **UNIT OF COMPETENCY** | **CORE / ELECTIVE** | **SELECTION** |
| **BSBWHS302** *Apply knowledge of WHS legislation in the workplace* | CORE | [ ]  |
| **BSBWHS303** *Participate in WHS hazard identification, risk assessment and risk control* | CORE | [ ]  |
| **BSBWHS304** *Participate effectively in WHS communication and consultation processes* | CORE | [ ]  |
| **BSBWHS305** *Contribute to WHS issue resolution* | CORE | [ ]  |
| **BSBWHS406** *Assist with responding to incident* | ELECTIVE | [ ]  |

|  |
| --- |
| **PERSONAL DETAILS** |

Please enter your full details in the spaces provided – Your personal details used on this enrolment form *must match* the details used to gain your USI number.

|  |  |
| --- | --- |
| SURNAME |  |

|  |  |
| --- | --- |
| GIVEN NAME/S |  |

|  |  |
| --- | --- |
| DATE OF BIRTH (DD/MM/YYYY) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SEX | [ ]  MALE | [ ]  FEMALE | [ ]  OTHER |

|  |  |
| --- | --- |
| HOME PHONE NUMBER |  |

|  |  |
| --- | --- |
| WORK PHONE NUMBER |  |

|  |  |
| --- | --- |
| MOBILE PHONE NUMBER |  |

|  |  |
| --- | --- |
| WORK EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| PERSONAL EMAIL ADDRESS |  |

|  |
| --- |
| **RESIDENTIAL ADDRESS** |

Please provide the physical address, street number and name (no post office boxes) where you usually reside. If you are from a rural area use the address from your state or territory’s ‘rural property addressing’ or ‘numbering’ system as your residential street address.

|  |  |
| --- | --- |
| BUILDING / PROPERTY NAME |  |

|  |  |
| --- | --- |
| FLAT / UNIT DETAILS |  |

|  |  |
| --- | --- |
| STREET NUMBER |  |

|  |  |
| --- | --- |
| STREET NAME |  |

|  |  |
| --- | --- |
| SUBURB, LOCALITY, OR TOWN |  |

|  |  |
| --- | --- |
| STATE |  |

|  |  |
| --- | --- |
| POSTCODE |  |

|  |
| --- |
| **POSTAL ADDRESS – IF DIFFERENT FROM ABOVE** |

|  |  |
| --- | --- |
| BUILDING / PROPERTY NAME |  |

|  |  |
| --- | --- |
| FLAT / UNIT DETAILS |  |

|  |  |
| --- | --- |
| STREET NUMBER |  |

|  |  |
| --- | --- |
| STREET NAME |  |

|  |  |
| --- | --- |
| SUBURB, LOCALITY, OR TOWN |  |

|  |  |
| --- | --- |
| STATE |  |

|  |  |
| --- | --- |
| POSTCODE |  |

|  |
| --- |
| **LANGUAGE & CULTURAL DIVERSITY – TICK THE BOX** |

**QUESTION 1**

**YOUR COUNTRY OF BIRTH**

|  |  |
| --- | --- |
| AUSTRALIA | [ ]  1101 |

|  |  |
| --- | --- |
| OTHER (Please specify): |  |

[COUNTRY IDENTIFIER]

**QUESTION 2**

**DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?**

|  |  |
| --- | --- |
| NO, ENGLISH ONLY (GO TO QUESTION 10) | [ ]  1201  |

|  |  |
| --- | --- |
| YES, OTHER (Please specify): |  |

[LANGUAGE IDENTIFIER]

**QUESTION 3**

**HOW WELL DO YOU SPEAK ENGLISH?**

|  |  |
| --- | --- |
| VERY WELL | [ ]  1  |

|  |  |
| --- | --- |
| WELL | [ ]  2 |

|  |  |
| --- | --- |
| NOT WELL | [ ]  3  |

|  |  |
| --- | --- |
| NOT AT ALL | [ ]  4  |

[PROFICIENCY IN SPOKEN ENGLISH IDENTIFIER]

**QUESTION 4**

**ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?**

|  |  |
| --- | --- |
| NO | [ ]  |

|  |  |
| --- | --- |
| YES, ABORIGINAL | [ ]   |

|  |  |
| --- | --- |
| YES, TORRES STRAIT ISLANDER | [ ]   |

[INDIGENOUS STATUS IDENTIFIER]

|  |
| --- |
| **DISABILITY** |

**QUESTION 1**

**DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT, OR LONG-TERM CONDITION?**

|  |  |
| --- | --- |
| YES | [ ]   |

|  |  |
| --- | --- |
| NO (GO TO QUESTION 13) | [ ]   |

[DISABILITY FLAG]

**QUESTION 2**

**IF YOU INDICATED THE PRESENCE OF A DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION, PLEASE SELECT THE AREA(S) IN THE FOLLOWING LIST (TICK MORE THAN ONE BOX IF APPROPRIATE)**

|  |  |
| --- | --- |
| HEARING / DEAF | [ ]  11 |

|  |  |
| --- | --- |
| PHYSICAL | [ ]  12 |

|  |  |
| --- | --- |
| INELLECTUAL | [ ]  13 |

|  |  |
| --- | --- |
| LEARNING  | [ ]  14 |

|  |  |
| --- | --- |
| MENTAL ILLNESS | [ ]  15 |

|  |  |
| --- | --- |
| AQUIRED BRAIN IMPAIRMENT | [ ]  16 |

|  |  |
| --- | --- |
| VISION | [ ]  17 |

|  |  |
| --- | --- |
| MEDICAL CONDITION | [ ]  18 |

|  |  |
| --- | --- |
| OTHER | [ ]  19 |

[DISABILITY TYPE IDENTIFIER]

|  |
| --- |
| **SCHOOLING** |

**QUESTION 1**

**WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? (TICK ONE BOX ONLY)**

|  |  |
| --- | --- |
| YEAR 12 OR EQUIVALENT | [ ]  12 |

|  |  |
| --- | --- |
| YEAR 11 OR EQUIVALENT | [ ]  11 |

|  |  |
| --- | --- |
| YEAR 10 OR EQUIVALENT | [ ]  10 |

|  |  |
| --- | --- |
| YEAR 9 OR EQUIVALENT | [ ]  09 |

|  |  |
| --- | --- |
| YEAR 8 OR EQUIVALENT | [ ]  08 |

|  |  |
| --- | --- |
| NEVER ATTENDED SCHOOL (GO TO QUESTION 16) | [ ]  02 |

[HIGHEST SCHOOL LEVEL COMPLETED IDENTIFIER]

**QUESTION 2**

**IN WHAT YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?**

|  |
| --- |
|  |

[YEAR HIGHEST SCHOOL LEVEL COMPETED]

**QUESTION 3**

**ARE YOU STILL ATTENDING SECONDARY SCHOOL?**

|  |  |
| --- | --- |
| YES | [ ]  |

|  |  |
| --- | --- |
| NO | [ ]  |

[AT SCHOOL FLAG]

**IF YES, TICK ANY APPLICABLE BOXES**

|  |  |
| --- | --- |
| Bachelor degree or higher degree | [ ]  008 |
| Advanced diploma or associate degree | [ ]  410 |
| Diploma (or associate diploma) | [ ]  420 |
| Certificate IV (or advanced certificate/technician) | [ ]  511 |
| Certificate III (or trade certificate) | [ ]  514 |
| Certificate II | [ ]  521 |
| Certificate I  | [ ]  524 |
| Certificates other than the above | [ ]  990 |

[PRIOR EDUCATIONAL ACHIEVEMENT IDENTIFIER]

|  |
| --- |
| **PREVIOUS QUALIFICATIONS ACHIEVED**  |

**QUESTION 1**

**HAVE YOU *SUCCESSFULLY* COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS?**

|  |  |
| --- | --- |
| YES | [ ]  |

|  |  |
| --- | --- |
| NO (GO TO QUESTION 18) | [ ]  |

[PRIOR EDUCATIONAL ACHIEVEMENT FLAG]

**QUESTION 2**

**IF YES, THEN TICK ANY APPLICABLE BOXES**

|  |  |
| --- | --- |
| BACHELOR’S DEGREE OR HIGHER DEGREE | [ ]  008 |

|  |  |
| --- | --- |
| ADVANCED DIPLOMA OR ASSOCIATE DEGREE | [ ]  410 |

|  |  |
| --- | --- |
| DIPLOMA (OR ASSOCIATE DIPLOMA) | [ ]  420 |

|  |  |
| --- | --- |
| CERTIFICATE IV (OR ADVANCED CERT / TECHNICIAN) | [ ] 511 |

|  |  |
| --- | --- |
| CERTIFICATE III (OR TRADE CERT) | [ ]  514 |

|  |  |
| --- | --- |
| CERTIFICATE II | [ ]  521 |

|  |  |
| --- | --- |
| CERTIFICATE I | [ ]  524 |

|  |  |
| --- | --- |
| CERTIFICATES OTHER THAN ABOVE | [ ]  990 |

[PRIOR EDUCATIONAL ACHIEVEMENT IDENTIFIER]

|  |
| --- |
| **EMPLOYMENT**  |

**QUESTION 1**

**OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS? (TICK ONE BOX ONLY)**

|  |  |
| --- | --- |
| FULL TIME EMPLOYEE | [ ]  1 |

|  |  |
| --- | --- |
| PART TIME EMPLOYEE | [ ]  2 |

|  |  |
| --- | --- |
| SELF EMPLOYED (NOT EMPLOYING OTHERS) | [ ]  3 |

|  |  |
| --- | --- |
| EMPLOYER | [ ]  4 |

|  |  |
| --- | --- |
| EMPLOYED (UNPAID WORKER IN FAMILY BUSINESS) | [ ]  5 |

|  |  |
| --- | --- |
| UNEMPLOYED (SEEKING FULL TIME WORK) | [ ]  6 |

|  |  |
| --- | --- |
| UNEMPLOYED (SEEKING PART TIME WORK) | [ ]  7 |

|  |  |
| --- | --- |
| NOT EMPLOYED (NOT SEEKING EMPLOYMENT) | [ ]  8 |

[LABOUR FORCE STATUS IDENTIFIER]

|  |
| --- |
| **STUDY REASON** |

**QUESTION 1**

**OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE/TRAINEESHIP/APPRENTICESHIP? (TICK ONE BOX ONLY)**

|  |  |
| --- | --- |
| TO GET A JOB | [ ]  1 |

|  |  |
| --- | --- |
| TO DEVELOP MY EXISTING BUSINESS | [ ]  2 |

|  |  |
| --- | --- |
| TO START MY OWN BUSINESS | [ ]  3 |

|  |  |
| --- | --- |
| TO TRY FOR A DIFFERENT CAREER | [ ]  4 |

|  |  |
| --- | --- |
| TO GET A BETTER JOB OR PROMOTION | [ ]  5 |

|  |  |
| --- | --- |
| IT WAS A REQUIREMENT OF MY JOB | [ ]  6 |

|  |  |
| --- | --- |
| I WANTED EXTRA SKILLS FOR MY JOB | [ ]  7 |

|  |  |
| --- | --- |
| TO GET INTO ANOTHER COURSE OF STUDY | [ ]  8 |

|  |  |
| --- | --- |
| PERSONAL INTEREST / SELF DEVELOPMENT | [ ]  12 |

|  |  |
| --- | --- |
| OTHER REASONS | [ ]  11 |

[STUDY REASON IDENTIFIER]

|  |
| --- |
| **LEARNER DECLARATION** |

**INSTRUCTIONS**

Learners who wish to enrol in training products offered by the Collective Training Group (CTG) must read and sign this document. Learners can choose to print, sign, scan and return the document via email or post.

*Enrolment forms returned by post:*

The Collective Training Group

63 Railway Parade

Mount Lawley

WA 6050

*Enrolment forms returned via email (preferred):*

wapou@wapou.asn.au

Learners can choose to tick the *electronic signature* box, type your name, and return the form via email. Learners who choose to sign the document *electrically* must note this is considered the same as a hand-written signature.

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

* I (Learner) agree to comply with, have read and understand, all policies that have been made available to me, either in hard copy as requested, or are freely available on the Respect the Risk website ([www.respecttherisk.com.au](http://www.respecttherisk.com.au)).
* I agree to comply with any reasonable and lawful instructions given by CTG staff, including those members of staff who are employed by the Western Australian Prison Officers’ Union, in relation to my enrolment with CTG.
* I agree, is it my responsibility to regularly review, read and understand, current CTG policies, which are subject to change, found on the Respect the Risk website ([www.respecttherisk.com.au](http://www.respecttherisk.com.au)) and seek further clarification from CTG staff if required.
* I agree, it is my responsibility to ensure all information and documentation supplied by me in relation to my enrolment is complete and correct. I understand that CTG may refuse, terminate, or otherwise vary my enrolment, or any decision made in relation to my candidature at CTG on the basis of inaccurate, misleading, or incomplete information. I agree that CTG relies on the accuracy of all information provided by me and is not responsible or liable for any errors arising out of inaccurate information provided by me.
* I agree to update my personal information, including contact information, held by CTG no later than five (5) working days after any change. Notification must be through direct written contact with the Training Officer.
* I agree that I am responsible for checking my preferred and nominated email address as supplied by me on my initial enrolment information, and I understand CTG will use this email address as the primary source of contact and communication.
* I agree to be responsible for the payment of any tuition fees, and any other compulsory fees related to my enrolment or issuance of AQF documentation. Failure to do so will prevent issuance of AQF documentation. I understand that failure to pay my tuition fees in full, may result in my access to CTG services being cancelled or restricted, including the cancellation of my enrolment and action being taken by the CTG to recover the outstanding amounts, of which I am responsible for funding.
* I consent to the CTG using my personal information for any purpose it deems necessary in line with ASQA regulations to carry out its educational, administrative, and operational functions, not to the detriment of the Learner.
* I understand that CTG may disclose my personal information to a person or organisation external to the Registered Training Organisation where required by law, including where the disclosure is required for the CTG to comply with its mandatory or contractual reporting requirements to government departments or agencies, statutory or regulatory bodies and/or their agents.
* I acknowledge that by providing this declaration is a condition of my enrolment at CTG and that I will be notified of any changes to these terms in writing to my email account if required.

|  |
| --- |
| **PRINT FULL NAME** |
|  |
| **SIGNATURE** |
| Electronic signature |
| **DATE** |
|  |