South Coast Community College Enrolment Form

# Personal Details (Legal name as per photo ID)

Title Gender

* Mr ☐ Mrs ☐ Miss ☐ Ms
* Male ☐ Female ☐ Other

Full **Legal** Name

Date of Birth / /

Town / City of Birth

Address Contact Number Email Address

USI Number

I give permission for South Coast Community College to **create** or **locate** a USI number on my behalf.

# Course Enrolment

Course Name & Code

* Yes ☐ No

Location & Date of Course

Where did you hear about this course? ☐Social Media ☐Newspaper ☐Website ☐Internet ☐Yellow Pages ☐Word of Mouth

**OTHER**

# ADVETMISS Data Collection and SMART & SKILLED Funding Questions

Country of Birth

Are you of Aboriginal origin

Yes ☐ No ☐

Are you of Torres Strait Islander origin Yes ☐ No ☐

How well do you speak English

* Very Well ☐Well ☐Not Well ☐Not at all

What is your highest completed school level? What year did you complete that school level (YYYY)

Are you still attending secondary school?

Yes ☐ No ☐

Have you completed any of the following qualifications?

* + Bachelor
  + Diploma
  + Certificate IV
  + Certificate III Certificate II
  + Certificate I

Yes ☐ No ☐

Do you consider yourself to have a disability or impairment?

* + Hearing/Deaf
  + Physical
  + Intellectual
  + Learning
  + Mental Illness

Yes ☐ No ☐

* + Other education

Which **BEST** describes your current employment status?

* + Full-Time employee
  + Part-Time employee
  + Self-employed
  + Unemployed – Seeking full-time work
  + Unemployed – Seeking part-time work
  + Not employed - Not seeking employment

**Office USE ONLY**

* + - Other

Which **BEST** describes your main reason for undertaking this course?

* + - To get a job
    - To develop my 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 or study
    - For personal interest, self-development

**Course Fee Applied?**

**Course Registration Fee**

**FULL Course Fee**

**If NO, Funding Type Used?**

Yes ☐ No ☐

**$ .**

**$ .**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADVETMISS Data Collection and SMART & SKILLED Funding Questions (continued)** | | | | | | | |  |
| Do you work in NSW? Yes  No | | | | | | | |
| What is your residency status? Australian citizen Australian permanent resident New Zealand citizen ☐ Other | | | | | | | |
| Are you living in NSW Social Housing, or are you or your household on the NSW Housing Register? Yes ☐ No ☐ | | | | | | | |
| Are you enrolling under a waiver? Yes ☐ No ☐ ☐Asylum Seeker ☐ Refugee ☐Home School Student ☐Other | | | | | | | |
| Have you undertaken any other Smart and Skilled qualifications this calendar year? Yes ☐ No ☐ | | | | | | | |
| Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification? Yes ☐ No ☐ | | | | | | | |
| * Age Pension ☐Youth Allowance ☐Parenting Payment   Do you receive a Centrelink payment? Yes ☐ No ☐ ☐Jobseeker Payment ☐ Disability Payment (**OTHER**) - | | | | | | | |
| Are you an Employment Service Provider client? Yes ☐ No ☐ Are they paying your student fee? Yes ☐ No ☐ | | | | | | | |
| If Yes, Name of Service Provider and Contact Person | | | | | | | |
| Client Number of Service Provider | | | | | | | |
| **Emergency Contact Details** | |  | | | | | |  |
| Full Name | | | | | | | |  |
| Contact Number |  | | | | | | |
| Relationship |  | | | | | | |
| In the event of an emergency do you give South Coast College permission to organise emergency transport and treatment, and agree to pay all costs relating to the emergency Yes ☐ No ☐ | | | | | | | |
| **STUDENT DECLARATION** | | | | | | | |  |
| * I declare that the information in this Enrolment Agreement  I consent to South Coast Community College providing my Form is true and correct. information to Australian and Commonwealth and State * I confirm that I have read, understood and consent to the Governments for the purpose of reporting to the Government   Terms and Conditions of South Coast Community College as a part of my enrolment.  found in the Student Handbook and on South Coast  I understand that my rights and responsibilities as a student Community website [www.southcoastcolleges.com.au](http://www.southcoastcolleges.com.au/) are outlined the Student Handbook and I should refer to this   * I give South Coast Community College permission to handbook for further information on USI, LLN Assessment,   access my USI for the purposes of recording my results. complaints and appeals, WHS, support services and other  legislative and regulatory policies and procedures.    **STUDENT SIGNATURE: DATE: / /**        **PARENT/GUARDIAN SIGNATURE: DATE:** **/ /**  ***(If under 18 years of age)*** | | | | | | | |  |
| **Office USE ONLY** | | **Commitment ID** | **Student Fee Contribution** | | | **Date Processed** | |
| **Smart & Skilled Eligible? YES NO** | |  |  | | |  | |
| **100 Points of ID** | | **Document Name**  **Total Points Sighted by** **Name- Signature** **Date** | | | | | |
| 70 pts | |  | |  |  | |  |
| 40 pts | |  | |  |  | |  |  |
| 25 pts | |  | |  |  | |  |  |

**SMART AND SKILLED AND ACE DECLARATION FORM CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION**

I, (First, Middle and Last Name)

of (current residential Address)

with Date of Birth / /

I understand and agree that, under the National Vocational Education and Training Regulator *(Data Provision Requirements)*

*Instrument 2020*, Eurobodalla Adult Education Centre Inc is required to collect 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, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd

(NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by Eurobodalla Adult Education Centre Inc for statistical, regulatory and research purposes.

Eurobodalla Adult Education Centre Inc may disclose my personal information for these purposes to third parties, including:

* School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
* Employer – if I am enrolled in training paid by my employer;
* Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Education (Department);
* NCVER;
* Organisations (including the Department) conducting student surveys; and
* Researchers.

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

* issuing a VET Statement of Attainment or VET 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 program administration, regulation, monitoring and evaluation

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose my 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).](http://www.ncver.edu.au/)

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

I declare that the information I have provided to the best of my knowledge is true and correct.

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

**PRINT FULL NAME**

**Print full name of Guardian**

**SIGNATURE**

**Signature of Guardian**

**DATE**

**DATE**

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