



# South Coast Community College Enrolment Form

## Personal Details (Legal name as per photo ID)

Title  Mrs  Miss  Ms  Mr  Mx

Preferred Pronouns  She/Her  He/Him  They/Them Town/City of Birth: \_\_\_\_\_

Full **Legal** Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Email Address \_\_\_\_\_

USI Number \_\_\_\_\_

I give permission for South Coast Community College to **create** or **locate** a USI number on my behalf.  Yes  No

## Course Enrolment

Course Name & Code \_\_\_\_\_

Location & Date of Course \_\_\_\_\_

Where did you hear about this course?  Social Media  Newspaper  Website  Internet  Yellow Pages  Word of Mouth  
**OTHER** \_\_\_\_\_

## AVETMISS 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

<p>Have you completed any of the following qualifications? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Bachelor  <input type="checkbox"/> Diploma  <input type="checkbox"/> Certificate IV  <input type="checkbox"/> Certificate III Certificate II  <input type="checkbox"/> Certificate I  <input type="checkbox"/> Other education _____</p>	<p>Do you consider yourself to have a disability or impairment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Hearing/Deaf  <input type="checkbox"/> Physical  <input type="checkbox"/> Intellectual  <input type="checkbox"/> Learning  <input type="checkbox"/> Mental Health Condition  <input type="checkbox"/> Other _____</p>
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<p>Do you wish to access digital literacy support? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Which <b>BEST</b> describes your current employment status?</p> <p><input type="checkbox"/> Full-Time employee  <input type="checkbox"/> Part-Time employee  <input type="checkbox"/> Self-employed  <input type="checkbox"/> Unemployed – Seeking full-time work  <input type="checkbox"/> Unemployed – Seeking part-time work  <input type="checkbox"/> Not employed - Not seeking employment</p>	<p>Which <b>BEST</b> describes your main reason for undertaking this course?</p> <p><input type="checkbox"/> To get a job  <input type="checkbox"/> To develop my 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 or study  <input type="checkbox"/> For personal interest, self-development</p>
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## Office USE ONLY

Course Fee Applied?	Course Registration Fee	FULL Course Fee	If NO, Funding Type Used?
Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____	_____

**AVETMISS Data Collection, ACE reporting, and SMART & SKILLED Funding Questions (continued)**

**Optional question:** Do you consider yourself to be disadvantaged:  
 \* Financially?  Yes  No  
 \* By other personal circumstances, E.g., violence, coercion?  Yes  No

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

Do you receive a Centrelink payment? Yes  No   Age Pension  Youth Allowance  Parenting Payment  
 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	Parent/Guardian's Contact Details (for students <18 years of age)
Full Name _____	Full Name _____
Contact Number _____	Contact Number _____
Relationship _____	Relationship _____
In the event of an emergency do you give South Coast College permission to organise emergency transport and agree to pay all costs relating to the emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address _____

**STUDENT SUPPORT**

Do you want digital literacy (IT) support? Yes  No

Do you have and confidently use a personal computer? Yes  No

Do you want reading, writing, numeracy, or learning support? Yes  No

Do you wish to access reasonable adjustments? Yes  No

Do you want other support not listed above? Yes  No

What support would you like to receive? \_\_\_\_\_

*Please refer to the Student Support, Recognition of Prior Learning and Mutual Recognition, and other relevant pages on our website for more information about support, complaints, appeals, fees, and more.*

Do you consent to Student Support referral? Yes  No

Do you wish to apply for RPL or Credit Transfer? Yes  No

**STUDENT DECLARATION**

- I declare that the information in this Enrolment Agreement form is true and correct.
- I confirm that I have read, understood and consent to the terms and Conditions of South Coast Community Colleges in the Student Handbook and on South Coast Community College website: [www.southcoastcolleges.edu.au](http://www.southcoastcolleges.edu.au)
- I give South Coast Community College (SCCC) permission to access my USI for the purposes of recording my results.
- I consent to marketing and communications from the college.
- I consent to South Coast Community College providing my information to Australian and Commonwealth and State Governments for the purpose of reporting to the Government as part of my enrolment.
- I understand that my rights and responsibility as a student are outlined in the Student Student Handbook and SCCC website, and I should refer to the handbook and college website for further information on USI, LLN Assessment, complaints, appeals, WHS, support services and other legislative and regulatory policies and procedures.
- I understand that the Student Support team may contact me if they receive a referral or identify a support need (E.g., my LLN result, ChildSafe).

**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 <input type="checkbox"/> NO <input type="checkbox"/>				
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** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Print full name of Guardian** \_\_\_\_\_

**Signature of Guardian** \_\_\_\_\_

**DATE** \_\_\_\_\_

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