

QFRM43(SC) – SMART & SKILLED ENROLMENT FORM
All questions must be fully and accurately completed

COURSE DETAILS

<input type="checkbox"/>	Apply Risk Management Processes (RIIRIS301E - SG00007669)	<input type="checkbox"/>	Promote Innovation in a Team Environment (BSBINN301 - SG00007776)
<input type="checkbox"/>	Lead Team Effectiveness (BSBLDR403 - SG00001717)	<input type="checkbox"/>	LEADERSHIP ESSENTIALS SKILLSET - SG00002734 Show Leadership in the Workplace (BSBMGT401) + Identify Risk & Apply Risk Management Processes (BSBRSK401)

Date of Enrolment: _____ / _____ / _____

PERSONAL DETAILS

Title: *(Please tick)*: Mr Mrs Miss Ms Dr Gender: Male Female Other

Family Name: _____

Given Names: _____

Residential Address: _____

Suburb: _____ Post Code: _____

Mobile Phone: _____ (Other Phone): _____

Email: _____

Date of Birth: _____ / _____ / _____ Employer Name: _____

UNIQUE STUDENT IDENTIFIER (USI)

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From 1 January 2015, Health & Safety Advisory Service P/L 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 USI. In addition, we are required to include your USI in the data we submit to the National Centre for Vocational Education Research (NCVER). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

PAYMENT DETAILS

Amount: \$

Please tick method of payment: EFT Cheque Credit Card Invoice employer

If paying by credit card: Please debit my credit card automatically for the amount stated above.
 I understand that no more than \$1,500 will be collected in advance prior to delivery of services.
 I understand and agree to the Fees & Refund & Consumer Protection guidelines that apply to this course enrolment (*refer to the Participant Handbook for more information if required*).

<input type="checkbox"/> MasterCard	Card No.	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>																
<input type="checkbox"/> Visa	Cardholder: _____	Exp Date: _____ / _____ / _____																
<input type="checkbox"/> Other	Signature: _____	Dated: _____ / _____ / _____																

Please return to: **Health & Safety Advisory Service Pty Ltd (ABN 98 109 599 377)**
BSB: 082-778 ▪ Acc. No: 571 978 889
 ▪ Ph: (02) 4739 9748 ▪ Email: admin@safetyadserv.com ▪ PO Box 3027, Blaxland East, NSW, 2774



EMPLOYMENT DETAILS

Of the following categories, which best describes your current employment status? (*Tick 1 box only*)

- | | |
|--|--|
| <input type="checkbox"/> Full-time employee (<i>35 or more hours/week</i>) | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee (<i>less than 35 hours/week</i>) | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Self-employed – employing others | <input type="checkbox"/> Not employed – not seeking employment |

LANGUAGE & CULTURAL DIVERSITY

Are you Aboriginal? Yes No

Are you Torres Strait Islander? Yes No

Are you both Aboriginal and Torres Strait Islander? Yes No

Were you born in Australia? Yes No, state country of birth _____

Do you speak a language other than English at home? No Yes, state language: _____

DISABILITY

Do you consider that you have a disability, impairment or long-term condition? No Yes

You may indicate more than one area:

- | | | | | | |
|--|--|-----------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other | _____ | | |

If you need more information, refer to the Disability Supplement in the Participant Handbook or talk to the trainer/assessor.

INDIVIDUAL NEEDS / REASONABLE ADJUSTMENT OR SUPPORT

Do you want to apply for recognition of prior learning or credit transfer for this course? No Yes

How well do you speak English? Very well Well Not well Not at all

How well do you read and/or write English? Very well Well Not well Not at all

How well do you carry out basic mathematics? Very well Well Not well Not at all

Do you require reasonable adjustment or other support to assist you in your learning?

No Yes, please advise: _____

If you need more information, refer to the Participant Handbook (safetyadserv.com) or talk to the trainer/assessor. You may be required to complete an Application for Recognition/Credit Transfer and/or a Pre-Course Language, Literacy & Numeracy (LLN) Check to help establish your training needs.

SCHOOLING & HIGHER EDUCATION

What is your highest successfully completed school level?

- Year 12 Year 11 Year 10 Year 9 Year 8 or lower Never attended school

Are you still enrolled in secondary school? Yes No

Have you successfully completed any of the following qualifications since leaving school?

- | | |
|--|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Other education (<i>not listed above, including overseas qualifications or certificates</i>) |

STUDY REASON

Which best describes your main reason for undertaking this course? (Tick 1 box only)

- | | |
|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing 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 of study |
| <input type="checkbox"/> For personal interest or self development | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> Other reasons _____ | |

PRIVACY NOTICE

Under the Data Provision Requirements 2012, Health & Safety Advisory Service Pty Ltd is required by law to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your **personal information** (including the personal information contained on this enrolment form may be used or disclosed by Health & Safety Advisory Service Pty Ltd for statistical, administrative, regulatory and research purposes. Health & Safety Advisory Service Pty Ltd may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies, and
- NCVER

Personal information that has been disclosed to NCVER may be used or disclosed for the following purposes:

- Populating authenticated VET transcripts
- Facilitating statistics and research relating to education, including surveys and data linkage
- Pre-populating RTO student enrolment forms
- Understanding how the VET market operates, for policy, workforce planning and consumer information
- Administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Commonwealth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). For more information about NCVER's Privacy Policy go to www.ncver.edu.au/privacy

STUDENT DECLARATION & CONSENT

- I declare that the information I have provided to the best of my knowledge is true and correct.
- I understand and consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I give permission for the RTO to verify prior qualification/s with the issuing body/USI Registrar as required.
- I give permission for the RTO to release information and/or to provide a copy of any qualification or statement of attainment issued to me, to my employer or school.

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ **PHONE #:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____
(If under the age of 18)

QFRM43(SC) – SUPPLEMENTARY INFORMATION

If you do not provide evidence, fee exemptions or discounts may not be available.

1. Photo identification provided & copy attached <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Evidence Provided
2. Have you undertaken any other Smart & Skilled full qualifications this calendar year or received any other government training subsidies? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify	
3. What is your residency status? (Tick only one box) <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Australian Resident <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Work Visa Holder e.g. 457 or 482 <input type="checkbox"/> None of the above, please specify * Evidence Required <input type="checkbox"/> Humanitarian (Refugee & Asylum Seeker) Visa * Evidence Required	<input type="checkbox"/> Evidence Provided <input type="checkbox"/> Evidence Provided
4. Have you registered or are you intending to register in an Apprenticeship or Traineeship for this qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes – Registered <input type="checkbox"/> Yes – Intending to register <i>If yes, which type?</i> <input type="checkbox"/> New Entrant Traineeship <input type="checkbox"/> School Based Traineeship <input type="checkbox"/> Apprenticeship <input type="checkbox"/> School Based Apprenticeship	
5. Are you living in NSW Social Housing or are you on the NSW Housing Register? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, which best describes your situation? (Tick only one box)</i> <input type="checkbox"/> Public housing <input type="checkbox"/> Young person currently living in 'Out-of-home-care' (15-17 yrs) <input type="checkbox"/> Community housing <input type="checkbox"/> Private housing (funded by Family & Community Services) <input type="checkbox"/> Crisis or supported accommodation <input type="checkbox"/> Young person currently living in 'Out-of-home-care' (18-30 yrs) <input type="checkbox"/> Aboriginal housing	
6. Are you receiving Domestic & Family Violence Support? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Evidence Provided
7. Do you have a Disability? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please specify the Disability Assessment Type below</i> <input type="checkbox"/> Assessed as a student with a disability by a medical practitioner, specialist allied health professional or government agency <input type="checkbox"/> Receiving Disability Support Pension	<input type="checkbox"/> Evidence Provided
8. Are you long term unemployed (more than 52 weeks)? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Evidence Provided
9. Are you an Employment Service Provider Client? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, what is your Provider name?.....</i> <i>Provider ID #? Your Client ID #:</i>	<input type="checkbox"/> Evidence Provided
10. Do you receive Centrelink assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Evidence Provided
11. Are you a dependent spouse or child of a welfare recipient? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Evidence Provided
12. Please specify the type of Centrelink Assistance received. <input type="checkbox"/> Age Pension <input type="checkbox"/> Parenting Payment (Single Only) <input type="checkbox"/> Austudy <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Carer Payment <input type="checkbox"/> Special Benefit <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Veterans' Affairs Pension <input type="checkbox"/> Exceptional Circumstance Relief <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Family Tax Benefit Part A (maximum rate only) <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> JobSeeker Payment <input type="checkbox"/> Wife Pension <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Youth Allowance	<input type="checkbox"/> Evidence Provided

STUDENT DECLARATION & CONSENT – DEPARTMENT OF INDUSTRY

I understand and agree that, under the Data Provision Requirements 2012, **Health and Safety Advisory Service P/L** 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 with **Personal Information**) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER).

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 **Health and Safety Advisory Service P/L** 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: _____

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____
(If under the age of 18)