

# **Student Enrolment Form**

Part A: Enrolm	ent Details							
Qualification		BSB50420 Diploi Management(CF	•		Leadership &			
Intake		□ Next Available □ From:/						
,		Yes, Provide Stud	dent ID					
If YES, Please con	o apply for Credit?  Inplete the CT Application form lied copies of transcripts from lations	☐ Yes ☐ No						
Prior Learning	o apply for Recognition of ? team will get in touch for	☐ Yes ☐ No						
Part B: Person	al Details							
Surname		Given Name						
names. If you do write your name,	e name that you used when you ap not yet have a USI and want Raym , including any middle names, exac ction on the USI at the end of this f	nond International Col ctly as written in the ic	lege to apply fo dentity documer	r a USI on your behal	f, <u>you must</u>			
DOB:		Gender	Male	Female	Others			
Home Phone		Mobile:						
Work Phone		Email						

## Student Address

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site



Unit Number			Street No				Stree	et Nan	ne				
Suburb/Locality/ Town		•			State/Terr	itor	у				Postcode	•	
Postal Address If different to above													
THIS CONFIDENTIAL ENROLMENT FORM ASKS FOR PERSONAL INFORMATION ABOUT YOU. THE MAIN PURPOSE FOR COLLECTING THIS INFORMATION IS FOR ADMINISTRATIVE, REGULATORY AND/OR RESEARCH PURPOSES AND TO ENSURE OUR COURSE IS SUITABLE FOR YOUR NEEDS. All staff at <b>Raymond International College</b> are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form													
Unit Number					Street No				S	treet N	ame		
Suburb/Locality/ Town					State/Terr	itor	γ		•		Postcode	2	
Part C: Disability													
Do you consider you condition?	rself to h	ave	a disability, imp	pair	ment or lor	ıg-te	erm		□Ye	s $\square$ N	lo – go to F	Part F	
If you indicated the programme You may indicate months the following disability.	re than o												_
☐ Hearing/deaf	[11]		Physical		[12]		] Intelle	ectual				[13]	
☐ Learning	[14]	[14] ☐ Mental Illness [15] ☐ Acquired brain impairment [16]											
□ Vision	[17]		Medical Conditi	ion	ion [18] 🗆 Other [19]								
Part D: Language and cultural diversity													
In which country were you born?  Australia [1101]  Other, please specify:													
Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often. ☐ No, English only ☐ Yes, other, please specify:													
Are you of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.													
Part E: Schooling													
What is your highest COMPLETED school level (tick one box only)													
If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.													
☐ Year 12 or equivalent [12] ☐ Year 11 or equivalent [11] ☐ Year 10 or equivalent [10]													



☐ Year 9 or equivalent [09] ☐ Year 8 or below [08] ☐ Never attended school [02]									
Go to question Part F									
Are you still enrolled in secondary or senior secondary									
education?									
Part F: Previous qualifications achieved									
Have you SUCCESSFULLY completed any of the qualifications									
listed in Part E?									
If yes, tick ANY applicable boxes									
☐ Bachelor degree or higher degree ☐ Certificate IV (or advanced ☐ Certificate I [524]  [008] certificate/technician) [511]									
☐ Advanced diploma or associate ☐ Certificate III (or trade ☐ Other education (including									
degree [410] certificate) [514] certificates or overseas									
☐ Diploma (or associate diploma) ☐ Certificate II qualifications not listed above [420] [521] [990]									
[420] [521]									
Part G: Employment	Part G: Employment								
Of the following categories, which BEST describes your current employment status? (Tick one box only)									
For casual, seasonal, contract and shift work, use the current number of hours worked per week to									
determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours	per								
week)									
others [03]									
☐ Self-employed – employing others ☐ Employed – unpaid ☐ Unemployed – seeking full-time									
[04] worker in a family work [06]									
business [05]									
☐ Unemployed – seeking part-time work ☐ Not employed – not seeking employment [08]									
☐ Unemployed – seeking part-time work ☐ Not employed – not seeking employment [08] ☐ [07]									
☐ Unemployed – seeking part-time work ☐ Not employed – not seeking employment [08]									
□ Unemployed – seeking part-time work □ Not employed – not seeking employment [08] □ [07]  Part H: Study Reason  Of the following categories, select the one which BEST describes your main reason for undertaking this									
Unemployed – seeking part-time work  Not employed – not seeking employment [08]  [07]  Part H: Study Reason  Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)									
□ Unemployed – seeking part-time work □ Not employed – not seeking employment [08] □ [07]  Part H: Study Reason  Of the following categories, select the one which BEST describes your main reason for undertaking this									
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□ Unemployed – seeking part-time work □ Not employed – not seeking employment [08] □ [07]  Part H: Study Reason  Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only) □ To get a job [01] □ It was a requirement of my job [06] □ To develop my existing business [02] □ I wanted extra skills for my job [07[ □ To start my own business [03] □ To get into another course of study [08] □ To try for a different career [04] □ For personal interest or self-development [12]									
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A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.								
Enter your Victorian Student Number (VSN)								
Part J: Have you attended any Victorian school since 2009 or done any training with a vocational								
education and training (VET) registered tr	aining or	ganisatio	n or an	Adult and	d Comm	unity Edเ	ucation	
provider in Victoria since 2011?								
☐ No - I have not attended a Victorian school beginning of 2011.	since 2009	or a TAFE	or othe	VET traini	ng provide	er since the	e	
☐ Yes - I have attended a Victorian school Most recent Victorian school attended:								
since 2009								
☐ Yes — I have participated in training at a	List the r	nost recen	t traininį	g organisat	ions with	which you	have	
TAFE or other training organisation since			ning in V	ictoria sinc	e 2011 <i>(Li</i> :	st up to 3 t	raining	
the beginning of 2011	organisa	tions)						
	1.							
	2.							
	3.							
Part K: Unique Student Identifier (USI)								
From 1 January 2015, Raymond International College can be prevented from issuing you with a nationally recognised VET								
qualification or statement of attainment when yo	u complete	your cour	se if you	do not hav	ve a Uniqu	ue Student	Identifie	er
(USI).	or it direct	ly at http:/	/sansans	si gov auto	roato vou	r LISI / on a	computo	ror
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.								
Enter your unique student								
identifier								
If you already have one								
II						mplete 'Ap		
If you do not have a USI, would you like us to ap behalf?	ply for a U	on your		<u>behalf', questions and application</u> declaration.				
Deliali:						ection		
No – <u>skip to next section</u> APPLYING ON YOUR BEHALF								
If you would like Raymond International College t	to apply for	a USI on y	our beh	alf you mus	st authoris	se us to do	so and	declare
that you have read the privacy information at <a href="https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf">https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf</a>								
You must also provide some additional information	on as noted	d at the end	d of this	form so tha	at we can	apply for a	uSI on	your
behalf. Please provide your town/city of birth an		nat the nan	ne writte	en in 'Perso	nal Detail	ls' section i	is exactly	y the
same as written in the document you provide bel								
In accordance with section 11 of the Student Iden	-	-			_	-	-	
personal information which we collect from indivi- practicable after we have made the application or			-					
required by or under any law to retain it.	i ine milorii	18 110 11 15 11C	ololigei	needed IOI	τιαι μυί μ	ose, unies	s we die	
Town/City of Birth (please write the name of the	Australiar	or overse	as					
town or city where you were born)								



Part L: We will forms of identi		o verify your identity to create y	our USI. Pleas	se provi	de de	tails for one of the	
Australian Drive							
Licence Number:  Medicare Card  Medicare card number Individual reference number (next to your name on Medicare card): Card colour (circle one): Green		Australian Passport  Passport number  Non-Australian Passport (with Australian Visa)  Passport number	Stoc	Stock number			
		Country of issue Visa grant Number	Cert Acqu	Certificate of Registration by Desce			
/ Yellow / Blue Expiry date/_ (format DD/MM/	/						
USI on my beh I have read and I	ymond Interr nalf. consent to th	ATION national College to apply pursuant to s e collection, use and disclosure of my v.au/Training-Organisations/Pages/Pri	personal informa	ition pur			
Student Signature:					Date		
Student Name:							
Part M: Next of	f kin/emerg	ency contact					
training. Please er	nsure that the	d International College may need to co e people named are aware that they hat to Raymond International College					
Name			Relationship to	0			
Address					•		
Home Phone	•		Work Phone				
Mobile			Email				



## **Privacy Notice**

Under the Data Provision Requirements 2012, Raymond International College is required 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 and your training activity data) may be used or disclosed by Raymond International College for statistical, regulatory and research purposes. Raymond International College may disclose your personal information for these purposes to third parties, including: Commonwealth and State or Territory government departments and authorised agencies;

- NCVER;
- Organisations conducting student surveys; and
- Researchers.

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

- Issuing statements of attainment or 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 programme administration, regulation, monitoring and evaluation.

NCVER will collect, hold, use and disclose your 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 <a href="https://www.ncver.edu.au">www.ncver.edu.au</a>
You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

Student Declaration and Consent								
please tick all								
$\ \square$ 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 accordance with the Privacy Notice above.							
Student Signature								
Student Name								



Date		
Admin Staff Approval Date	Signature	

## **Disability Supplement**

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

### '11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

#### '12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

#### '13 - Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

### '14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

### '15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

#### '16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

#### '17 - Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.



### '18 - Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

### '19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.