Enrolment Declaration and Consent Form

Adult Community Education

(When completed, please keep this form on file at your organisation. You are not required to send this form to the Department)

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| --- | --- | --- | --- | --- |
| ACE Provider: |  |  | Contract ID: |  |

PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Full name  Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. | Surname: | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Given names: | |  | | | | | | | | | | | | | | | | | | | | |
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| 2. | Birth date | Day / month / year: | |  | / | |  | | / | | |  | | |  | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | | | | | | | |
| 3. | Gender (Tick ONE box only) | Male  Female  Other | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | | | | | | | |
| 4. | Contact details | Home phone: | |  | | | | | | Work phone: | | | | |  | | | | Mobile: | |  | | |  |
|  |  |  | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | Email address: | |  | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | Alternative email address: (optional) | | | |  | | | | | | | | | | | | | | | | | |  |
|  |  |  | | | |  | | | | | | | | | | | | | | | | | | |
| 5. | What is the address of your usual residence?  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. | Flat/unit: |  | Street number | | | | | | |  | | | |  | | | | | | | | | |
|  |  |  | | | | | | |  | | | |  | | | | | | | | | |
| Street name: | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| State/territory: | |  | | | | | | | | | | | | Postcode: | |  | | | |  | | |
|  | |  | | | | | | | | | | | |  | |  | | | | | | |
|  |  |  | |  | | | | | | | | | | | |  | |  | | | | | | |
| 6. | What is your postal address (if different from above)? | Flat/unit: |  | Street number: | | | | | | |  | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Street name / PO box details: | | | | | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| State/territory: | |  | | | | | | | | | | Postcode: | | |  | | |  | | | | |

**STUDENT DECLARATION AND CONSENT**

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 [www.ncver.edu.au](http://www.ncver.edu.au/)).

It is a condition of the funding that your enrolment information and the results of your training (your information) are given to the South Australian Minister for Education, Training and Skills. The Minister may:

* use your information to contact you during your training, if you stop the training and/or when you finish your training for assessing the quality of your training, promoting the training and use of the Government funding;
* give your information to the Australian Skills Quality Authority (the regulator of accredited training in Australia); and
* gather and merge your information (in a way that will not identify you specifically) with information about other participants so that the Minister can assess and evaluate the quality of the training and the training outcomes

For further information, please contact the Skills SA Infoline on 1800 506 266. By signing this Enrolment and Consent Form you consent to the use of your information as described above.

**Student Declaration and Consent**

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 within this application.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT SIGNATURE** (or electronic acknowledgement) |  |  | Date: |  | / |  | / |  |
|  | |  |  |  | | | | |
| **PARENT/GUARDIAN SIGNATURE** (or electronic acknowledgement) | |  | Date: |  | / |  | / |  |
| Parental/guardian consent is required for all students  under the age of 18. | |  |  |  | | | | |

**LANGUAGE AND CULTURAL DIVERSITY**

|  |  |  |  |
| --- | --- | --- | --- |
| 7. | In which country were you born? | Australia  Other (please specify) |  |
|  |
|  |  |  |  |
| 8. | Do you speak a language other than English at home? | No, English only  Yes, other | If more than one language specify the one that is spoken most often |
|  |  |  |  |
|  |  |  |  |
| 9. | Are you of Aboriginal or Torres Strait Islander origin? | No  Yes, Aboriginal  Yes, Torres Strait Islander | |

**DISABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| 10. | Do you have any health condition, disability, or learning difficulty that may affect your participation in the course, and for which you may require additional support? | Yes  No No – Go to question 12 | |
|
|  |  |  | |
| 11. | If you answered yes, please select the area(s) in the following list (You may select more than one) | Hearing  Physical  Intellectual  Mental illness  Vision | |
|  | Medical condition  Acquired brain impairment  Other |  |
|  |  |  |

**SCHOOLING**

|  |  |  |  |
| --- | --- | --- | --- |
| 12. | What is your highest COMPLETED school level?  If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have 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. | (Choose ONE box only) |  |
| Year 12 or equivalent |  |
| Year 11 or equivalent |  |
| Year 10 or equivalent |  |
| Year 9 or equivalent |  |
| Year 8 or below |  |
| Never attended school |  |
| Never completed any primary or secondary level education – go to question 14 |  |
|  |  |  |  |
| 13. | Are you still enrolled in secondary or senior secondary education? | Yes  No |  |

**PREVIOUS QUALIFICATIONS ACHIEVED**

|  |  |  |  |
| --- | --- | --- | --- |
| 14. | Have you SUCCESSFULLY completed any of the qualifications listed in question 15? | Yes  No No – Go to question 16 | |
| 15. | If YES, tick ANY applicable boxes | Bachelor degree or higher degree |  |
|  |  | Advanced diploma or associate degree |  |
|  |  | Diploma (or associate diploma) |  |
|  |  | Certificate IV (or advanced certificate/technician) |  |
|  |  | Certificate III (or trade certificate) |  |
|  |  | Certificate II |  |
|  |  | Certificate I |  |
|  |  | Other education (including certificates or overseas qualifications not listed above) |  |
|  |  |  |  |

**EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| 16. | Of the following categories, which BEST describes your current employment status?  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). | **(Choose ONE box only)** |  |
| Full-time employee |  |
| Part-time employee |  |
| Self employed – not employing others |  |
| Self employed – employing others |  |
| Year 8 or below |  |
| Employed – unpaid worker in a family business |  |
| Unemployed – seeking full-time work |  |
| Unemployed – seeking part-time work |  |
| Not employed – not seeking employment |  |
|  |  |  |  |

**STUDY REASON**

|  |  |  |  |
| --- | --- | --- | --- |
| 17. | Of the following categories, select the one which BEST describes the main reason you ae undertaking this course / traineeship / apprenticeship. | **(Choose ONE box only)** |  |
| To get a job |  |
| To develop my existing 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 |  |
| To get into another course of study |  |
| For personal interest or self-development |  |
| Other reasons |  |
|  |  |  |  |

**PRIVACY STATEMENT**

**Privacy Notice**

Under the *Data Provision Requirements 2012*, Registered Training Organisations are 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 your registered training organisation for statistical, regulatory and research purposes. Your registered training organisation may disclose your personal information for these purposes to third parties, including:

* School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
* Employer – if you are enrolled in training paid by your employer;
* 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.

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.