

STUDENT ID No:	
COURSE NAME:	
COURSE CODE:	

- Please check and complete all details and then sign the declaration on Page 2
- Have you previously enrolled at Advance TAFE or EG TAFE? Yes No
- Is this a continuing enrolment in a course you commenced prior to 1/1/2012?
 Yes No
- Are you an Advance TAFE employee? Yes No

1. PERSONAL DETAILS

Gender Male Female Title (Mr, Mrs, Miss, Ms, Dr, etc) _____
 Surname (Legal family name) _____
 Given names _____
 Previous name _____
 Date of birth ____/____/____
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2. RESIDENTIAL ADDRESS

Number & Street _____
 Town _____ State _____ Postcode _____
 Phone: Home _____ Work _____
 Mobile _____
 Email _____

3. POSTAL ADDRESS (if different to residential address)

Number & Street _____
 Town _____ State _____ Postcode _____

4. EMERGENCY CONTACT NEXT OF KIN

Contact _____ Phone _____

5. REASON FOR STUDY

- Of the following categories, which BEST describes your main reason for undertaking this course? (*Tick ONE box only*)

<input type="checkbox"/> To get a job (01)	<input type="checkbox"/> To develop my existing business (02)
<input type="checkbox"/> To start my own business (03)	<input type="checkbox"/> To try for a different career (04)
<input type="checkbox"/> To get a better job/promotion (05)	<input type="checkbox"/> It was a requirement of my job (06)
<input type="checkbox"/> I wanted extra skills for my job (07)	<input type="checkbox"/> To get into another course of study (08)
<input type="checkbox"/> Other (11)	<input type="checkbox"/> For personal interest or self development (12)

- Do you intend to complete the full course / qualification you are enrolling in?
 Yes No

6. LANGUAGE AND CULTURAL DIVERSITY

- In which country were you born?
 Australia Other, please specify _____
- Are you an Australian citizen? Yes No
- Are you a permanent Australian resident? Yes No
- Do you speak a language other than English at home? Yes No
If YES, please specify (*If more than one, indicate the language that is spoken most often*)

- How well do you speak English?
 Very well Well Not well Not at all
- Are you of Aboriginal or Torres Strait Islander origin? Yes No
If yes, please tick the relevant box Aboriginal Torres Strait Islander Both
- Are you an overseas fee paying student? Yes No

7. DISABILITY & MENTAL HEALTH

In order to provide appropriate support services we invite you to give us information about any disability or mental health issue you have.

- Do you consider yourself to have a disability, impairment or long-term condition?
 Yes No - go to section 8
- If YES, then please indicate the area of disability, impairment or long-term condition: (*You may indicate more than one area*)

<input type="checkbox"/> Hearing/deaf (11)	<input type="checkbox"/> Learning (14)	<input type="checkbox"/> Vision (17)
<input type="checkbox"/> Physical (12)	<input type="checkbox"/> Mental illness (15)	<input type="checkbox"/> Medical condition (18)
<input type="checkbox"/> Intellectual (13)	<input type="checkbox"/> Acquired brain impairment (16)	<input type="checkbox"/> Other
- Do you require special assistance? Yes No

8. PREVIOUS QUALIFICATIONS ACHIEVED

- Have you SUCCESSFULLY completed any of the following qualifications?
 Yes No - go to Section 9
- If YES, please select which qualifications you have completed from the list below

<input type="checkbox"/> Bachelor Degree or Higher Degree (008)	<input type="checkbox"/> Certificate III (or Trade Certificate) (514)
<input type="checkbox"/> Advanced Diploma or Associate Degree (410)	<input type="checkbox"/> Certificate II (521)
<input type="checkbox"/> Diploma (or Associate Diploma) (420)	<input type="checkbox"/> Certificate I (524)
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) (511)	
<input type="checkbox"/> Certificates other than those listed (990)	
- Year completed _____
Training Organisation _____

9. HOW DID YOU HEAR ABOUT THIS COURSE?

How did you hear about this course? (*Tick more than one if applicable*)

<input type="checkbox"/> Our website	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Telephone
<input type="checkbox"/> Cinema	<input type="checkbox"/> Radio	<input type="checkbox"/> Teacher
<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Television	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Career/Course Advisor	<input type="checkbox"/> Online	_____

10. EMPLOYMENT

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

<input type="checkbox"/> Full-time employee (01)	<input type="checkbox"/> Part-time employee (02)
<input type="checkbox"/> Self employed (<i>not employing others</i>) (03)	<input type="checkbox"/> Employer (04)
<input type="checkbox"/> Employed (<i>unpaid worker in family business</i>) (05)	<input type="checkbox"/> Unemployed (<i>seeking full-time work</i>) (06)
<input type="checkbox"/> Unemployed (<i>seeking part-time work</i>) (07)	<input type="checkbox"/> Not employed (<i>not seeking employment</i>) (08)

11. SCHOOLING

- What is your highest COMPLETED school level? (*Tick ONE box only*)

<input type="checkbox"/> Completed Year 12 (12)	<input type="checkbox"/> Completed Year 9 or equivalent (09)
<input type="checkbox"/> Completed Year 11 (11)	<input type="checkbox"/> Completed Year 8 or below (08)
<input type="checkbox"/> Completed Year 10 (10)	<input type="checkbox"/> Never attended school (02)
- Which year did you complete that highest school level? e.g. 1998 Year _____
- Are you still attending secondary school? Yes No

12. EMPLOYER/VET IN SCHOOLS DETAILS

Employer _____ Contact _____
 Street _____
 Phone _____ Fax/email _____

- Is an 'Employer Invoice Authority' or 'Purchase Order' attached? Yes No
- Is this a VET in Schools enrolment? Yes No
- If YES, which school? _____

13. VICTORIAN STUDENT NUMBER

1. Do you have a Victorian Student Number?
 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.
 Yes Yes, but the VSN is unknown No

2. If YES, please specify _____
 Previous school _____

14. CONCESSION

Do you hold a current Centrelink concession card?
 Yes No No, but I am currently applying for a Concession Health Care Card
 Benefit code (eg. LI - Low Income) _____ Expiry ___ / ___ / _____

15. STUDENT ENROLMENT PRIVACY NOTICE

Advance TAFE is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires Advance TAFE to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For students eligible for VET Fee Help, the following privacy statement also applies:
 Advance TAFE is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. Advance TAFE will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for those purposes. DEEWR will store the information securely in the Higher Education Information Management System. DEEWR may disclose the information to the Australian Taxation Office. Advance TAFE and DEEWR will not otherwise disclose the information without my consent unless required or authorised by law.

Personal information contained in this enrolment form is stored offshore but is only transferred in circumstances where the information will have appropriate protection.
 For more information in relation to how student information may be used or disclosed, please contact our Student Advisor on **1300 133 717**

15. DECLARATION

I acknowledge and declare that:

- I have read and understood and consent to the privacy statement and have completed all questions and details on the enrolment form.
- The information herein provided is to the best of my knowledge true, correct and complete at the time of my enrolment (including information provided to assess my eligibility for government subsidised training under the Victorian Training Guarantee).
- Arrangements must be made to pay all fees and charges applicable to this enrolment.
- I have read and understand the Student Orientation Guide.
- I am 18 years of age or older, or have permission to access the internet from my parent(s) or guardian(s) if under 18 years of age.
- My participation in this course is subject to the right of Advance TAFE to cancel or amalgamate courses or classes. I agree to abide by all rules and regulations of the Institute.
- I confirm that I have been informed about recognition of prior learning (RPL) and credit transfer options at Advance TAFE and also about support services that I can access while I am an enrolled student.
- I authorise Advance TAFE or its agent, in the event of illness or accident during any Institute-organised activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- My academic results will be withheld until my debts are fully paid and any property belonging to the Institute has been returned.

Client signature _____ Date ___ / ___ / _____

TRAINER/AEO USE ONLY

Please tick to confirm you have obtained a copy of the information requested below:
 Redundancy (*separation papers*) Concession (*copy of card obtained*)
 Student Eligibility and Student Declaration *form* Job seeker referral

Does the learner wish to apply for VET FEE-HELP?
 (*Applicable to Diploma and Advanced Diploma qualifications*)
 Yes (*provide VFH paperwork*) No

Is the student eligible for a government funded place?
 Yes (complete SESD form) No
 If NO, Is the student applying for an Eligibility Exemption? Yes No
 Proof of ID checked Initials

OFFICE USE ONLY

Course Code _____

Session Code _____

Fund Source _____ Total Hours _____

Has this training been referred under the Victorian Government Skills for Growth initiative?
 Yes No

Fees & Charges (*method of payment*) Cash Cheque Invoice
 EFTPOS Payment Online/CC

Department transfer PB out _____

Invoice to _____ Amount _____

Purchase Order No. _____ SP No. _____

Date PRE enrolled ___ / ___ / ___ Name _____

Date enrolled in QLS ___ / ___ / ___ Name _____

Signature _____

Eligibility exemption Approved Not approved

Invoice No. _____

Receipt No. _____ Online Receipt No. _____

Tuition		
Services		
Materials		
Fee-for-service		
GST		
Books		
Loan fee		
Other (please state)		

Total payable _____
Amount paid _____

VFH deferred tuition / FFS charges _____
 VFH loan fee _____
Total VFH deferred fees _____

CHESSN

