

VETDSS STUDENT ENROLMENT APPLICATION

1. STUDENT DETAILS						
Male	Female	Non-Binary	Preferred Pronouns (optional)		Date of Birth	/ /
Surname:		Given Names:				
Home Phone:		Mobile:				
Residential Address:		Suburb		Postcode:		
Postal Address:		Suburb		Postcode:		
Email Address:		"				
Preferred method of contact:		Email		Phone		
2. TRAINING PROGRAM DETAILS						
Program Name: (Please tick one)		<input type="checkbox"/> SHB20216 Certificate II in Salon Assistant <input type="checkbox"/> SHB20121 Certificate II in Retail Cosmetics <input type="checkbox"/> SHB30121 Certificate III in Beauty Services <input type="checkbox"/> SHB30121 Certificate III in Beauty Services (SBAT)				
Learning Pathway:		Training and Assessment		Assessment Only		
Start Date:		/ /	End Date:	/ /	Delivery Mode:	Classroom/Blended
3. UNIQUE STUDENT IDENTIFIER (USI)						
USI No:		_____ (10 digits in total)				
If you do not have a USI do you give the RTO permission to apply for one on your behalf?					Yes	No
To raise a USI we will need the following proof of Identity evidence: Medicare card or Victorian learner's permit						
4. CULTURAL DIVERSITY AND CITIZENSHIP						
Are you of Aboriginal or Torres Strait Islander Origin?		No	Yes - Aboriginal		Yes – Torres Strait Islander	
Are you and Australian or New Zealand Citizen?		Yes	No	If no, what country were you born in?		
Document	Student Enrolment form 2024			Date of Issue	03/08/2023	
Approved by	Robyn Bartley PEO			Version	1.2	
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5. EMPLOYMENT STATUS	
<input type="checkbox"/> Full Time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> Employer	<input type="checkbox"/> Employed – unpaid worker in family business <input type="checkbox"/> Unemployed seeking full time work <input type="checkbox"/> Unemployed seeking part time work <input type="checkbox"/> Unemployed not seeking employment
6. LANGUAGE	
Do you speak a language other than English at home?	<input type="checkbox"/> No – English only <input type="checkbox"/> Yes -
If yes, how well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
7. DISABILITY/INDIVIDUAL LEARNING NEEDS	
Do you have a disability or individual learning needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please tick the most relevant box. Do you carry your medication with you? Y/N	<input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Other (please describe
Please provide details on how ITA can assist you with your needs	
8. PRIOR EDUCATION	
Secondary School you are currently attending:	
What is your highest level of school completed thus far?	<input type="checkbox"/> Year 9 or lower <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 12
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma or Associate Diploma	<input type="checkbox"/> Certificate IV or Advance Certificate <input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other Certificates
Do you wish to apply for Recognition of Prior Learning or Credit Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you consider that you have the literacy and numeracy skills to undertake the course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. REASON FOR STUDY

<input type="checkbox"/> To get a job or better job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To try for a different career <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other (please state)
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10. EMERGENCY CONTACT/PARENT/GUARDIAN

Name:		Relationship:	
Email:		Mobile:	

11. MARKETING AND IMAGES

How did you hear about us?	<input type="checkbox"/> Existing Client <input type="checkbox"/> School <input type="checkbox"/> Other <input type="checkbox"/> Internet <input type="checkbox"/> Employer
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During training, photos or footage may be taken of you. Do you give Inspiring Training Academy permission to use these photos or footage for such things as improving training resources, promotional documents and reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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12. STUDENT DECLARATION

I understand the terms of this Contract and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student at the RTO.

I agree that it is my responsibility to retain a copy of this written agreement as supplied by the RTO and receipts of any payments of tuition fees or non-tuition fees.

I agree that under the Data Provision Requirements 2012, the RTO is required to collect personal information about me and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

My personal information (including the personal information contained on this enrolment form and my training activity data) may be used or disclosed by the RTO for statistical, regulatory and research purposes. The RTO may disclose my 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 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).

I have reviewed the student handbook, fee schedule, and course description available from this website and am informed about my rights and obligations, payment obligations and the services to be provided.

I agree to the terms and conditions applicable to this enrolment and confirm that the information I have provided in this enrolment form is true and correct.

By signing below, I acknowledge that I have read and agree to the above declaration

Student Signature:		Date:	/ /
Parent / Guardian:		Date:	/ /

RTO use only:

Is learner support indicated? **No / Yes** Referred to: _____

Details entered into system? **No / Yes**

Enrolment confirmation sent? **No / Yes**

Has payment been received? **No / Yes** Amount paid : _____

Receipt No : _____

USI verified? **No / Yes**

Training scheduled to commence on the following date: _____

Note: _____

Full Name:			
Signature:		Date:	/ /