



OzChild Enrolment Form

Please complete all details on this enrolment form. This will be used to enrol you in the qualification you are seeking. Some of the information contained here will be keyed into a student database and used for **statistical and other reporting to State/Territory Registering Authorities and the National Centre for Vocational Education Research (NCVER)**. Please ask your RTO representative for assistance to fill out this form if you require help. **Please sign at the end.**

Qualification/course title:			
Qualification/course code:		Commencement Date:	
First name:			
Surname:			
Postal address:			
	Postcode:		
Phone:	Work ph:		
Mobile:	Email:		
Date of Birth:	Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M

1 Are you under the age of 25 and been assigned a Victorian Student Number (VSN)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so please enter your VSN Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	

2 Are you of Aboriginal or Torres Strait Islander origin?

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>

3 What is your country of birth?

Australia	<input type="checkbox"/>
Other - please specify:	<input type="checkbox"/>

4 Are you an Australian Citizen?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5 Are you still attending secondary school?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6 What is your highest COMPLETED school level?

Completed Year 12 or equivalent	<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>
Completed Year 11 or equivalent	<input type="checkbox"/>	Completed Year 8 or below	<input type="checkbox"/>
Completed Year 10 or equivalent	<input type="checkbox"/>	Never attended school	<input type="checkbox"/>

7 In which YEAR did you complete that school level?

8 Of the following categories, which BEST describes your current employment status?

Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in family business	<input type="checkbox"/>
Part-time employee	<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"/>
Employer	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>

9 What is the language you speak mainly at home?

English	<input type="checkbox"/>
Other - please specify:	<input type="checkbox"/>

10 How well do you speak English?

Very well	<input type="checkbox"/>	Not well	<input type="checkbox"/>
Well	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

11 Do you consider yourself to have a disability, impairment or long-term condition?

Yes No

If **YES**, please indicate the areas or disability, impairment or long-term condition.

Hearing/deafness	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	Acquired brain impairment	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Medical condition	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Other	<input type="checkbox"/>

Do you need help with Literacy, Numeracy or Language Yes No

Please indicate the area/s of support you require further assistance with.

12 Have you SUCCESSFULLY COMPLETED any qualifications since leaving school? (Do not include this course)

Yes No

If **YES** then tick the box which best describes your qualification/s.

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"/>	Certificate other than the above	<input type="checkbox"/>

13 Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)

To get a job	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>	For personal interest or self-development	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>

14 Emergency Contact:

First Name:			
Surname:			
Relationship:			
Address:			Postcode:
Phone:		Work ph:	
Mobile:		Email:	

PRIVACY STATEMENT

I understand that OzChild is required to provide the Victorian Government through Skills Victoria, with student 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 OzChild 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.

I understand that my enrolment and/or participation in this course can be cancelled in the following situations:

- I do not comply with proper safety procedures including the wearing of appropriate clothing and personal protective equipment for a given workplace when training occurs in an on the job or simulated workplace situation
- I fail to attend training sessions to a minimum level set for competence.
- I have not accurately or honestly disclosed all information relevant to my enrolment and participation in the training with OzChild including relevant matters relating to health, work history, skills and experience, eligibility, criminal conviction (where appropriate) etc.
- I have provided false or misleading information.
- I commit an offence under the law while in the training environment or at a workplace, breach safe work practice, or otherwise act in a manner detrimental to the wellbeing of the RTO, OzChild, other students or persons, or myself.
- I do not comply with the confidentiality rights of other persons.

I acknowledge and agree to the terms described in the privacy statement

Please sign at the end of this form

JSA DETAILS (if applicable)

Jobseeker ID Number:

Consultant Name:**Consultant Signature:****COURSE COSTS** Funded by Program: Full fee rate: \$ Concession rate: \$**CONCESSION/EXEMPTION DETAILS (if applicable)**

In accordance with the appropriate Fees & Charges Policy that applies to this course, the learner is granted a CONCESSION OR EXEMPTION from paying full fees for the following reason:

Age pension	<input type="checkbox"/>	Austudy	<input type="checkbox"/>
Caretakers pension	<input type="checkbox"/>	Disability support pension	<input type="checkbox"/>
Exceptional circumstances relief payment	<input type="checkbox"/>	Family tax benefit part A (maximum rate)	<input type="checkbox"/>
Farm help income support	<input type="checkbox"/>	Special benefit	<input type="checkbox"/>
Veterans affairs payment	<input type="checkbox"/>	Widow allowance	<input type="checkbox"/>
Widow B pension	<input type="checkbox"/>	Wife pension	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Severe financial hardship	<input type="checkbox"/>

Trainer sign - I have sighted and retained the appropriate documentation where required.

Name:

Signature:

Date:

If student is applying for Skills Victoria funding, the relevant application and eligibility forms have been completed, evidence sighted and forms have been signed

PAYMENT DETAILS

Cash EFTPOS Cheque/Money Order Credit Card

Card Type:

Cardholder Name:

Card Number

/

/

/

Expiry Date

/

Security Code

Amount \$

PAYMENT PLAN

Initial amount: No money is due until after course commencement	\$	Date paid:
1st installment amount:	\$	Date paid:
2nd installment amount:	\$	Date paid:
3rd installment amount (if any):	\$	Date paid:

I have read and understood all relevant policies and procedures including privacy and payment of fees (including the timelines for payment of fees) and understand that non-payment of fees at agreed times on the Payment Plan above may affect both my further participation in my training and assessment at OzChild, and/or the awarding of a qualification or certificate. I also understand that if any monies are refunded by OzChild to me for a valid reason, that any remaining fees I owe will be deducted from this refund amount.

I also confirm that all information that I have stated within this form is true and correct.

Learner's Signature:

Date:

FOR OFFICE USE ONLY

RTO manager (or delegate) approval:

If rejected, state reason:

Data entered into VETtrak:

Learner VETtrak Id: