

Construction Skills Queensland (CSQ) Course Details					
Name of Course(s) you wish to enrol in:				Course Date(s):	
Are you seeking funding for this course? <input type="checkbox"/> Short Courses (2017 – 2018) <input type="checkbox"/> Higher Level Skills (General) (2017 – 2018) <input type="checkbox"/> Skills Assessment and Gap Training (2017 – 2018) <input type="checkbox"/> Higher Level Skills (Civil) (2017 – 2018)					
<b>USI (If known)</b>				<b>LUI (if applicable)</b>	
Personal Details					
Title:	First Name:		Middle Name:		Surname:
Preferred Name:			Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		Date of Birth:
<b>Have you ever been known by another name?</b>			No <input type="checkbox"/> Yes <input type="checkbox"/>		<b>If yes, what name?</b>
Telephone Number:		City of birth:		Country of birth:	
Email:			Alternative Email:		
<b>Emergency Contact</b>	Name:		Relationship:		Phone:
Home Address					
Street address:					
Suburb:			State:	Postcode:	
Postal Address (if different to above)					
Street address:					
Suburb:			State:	Postcode:	
Employment Information					
Full Time Employee <input type="checkbox"/>		Part Time Employee <input type="checkbox"/>		Self Employed <input type="checkbox"/>	Casual/Contractor <input type="checkbox"/>
Current Employer:			ABN:		Current Occupation:
Employer Address:				State:	Postcode:
Employer Email:				Phone:	
Employer Supervisor/Foreman:					
Is your employer a Small to Medium Sized Enterprise? (employ less than 19 people): Yes <input type="checkbox"/> No <input type="checkbox"/>					
Unemployed Information (previous employer)					
Have you been unemployed for the past 6 months or less? <input type="checkbox"/>				Previous Occupation:	
Previous Employer:			ABN:		Phone:
Employer Address:				State:	Postcode:
Employer Email:			Employer Supervisor/Foreman:		
<b>What type of work did you carry out with this employer:</b>					
Preferred Contact Method					
<input type="checkbox"/> Email		<input type="checkbox"/> Phone		<input type="checkbox"/> Post	
Other Details					
<b>Do you speak a language other than English at home? If yes, please specify:</b>					
<b>Indigenous Status:</b> <input type="checkbox"/> Neither <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both					

<b>Do you consider yourself to have a disability, impairment or long-term condition?</b>			
<input type="checkbox"/> No		<input type="checkbox"/> Yes	
<b>If yes, please indicate the area/s below</b>			
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Other	Please specify:		
<b>Prior Education</b>			
<b>Are you currently enrolled in a course, if so, what is the course name and code?</b>		<b>Are you currently enrolled at school?</b>	
		No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>Highest School Level Completed?</b>			
<input type="checkbox"/> Did not go to school	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 12 or equivalent
<input type="checkbox"/> Still at school	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 11 or equivalent	
<b>What school did you attend:</b>		<b>What Year did you complete School?</b>	
<b>If still in attendance, Vocational Coordinator</b>		Name:	Email:
<b>I have SUCCESSFULLY completed:</b>			
Have you completed tertiary studies?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		If yes, what level?	
Cert I <input type="checkbox"/>	Diploma <input type="checkbox"/>	Associate Diploma <input type="checkbox"/>	
Cert II <input type="checkbox"/>	Advanced Diploma <input type="checkbox"/>	Degree <input type="checkbox"/>	
Cert III or Trade Certificate <input type="checkbox"/>	Cert IV <input type="checkbox"/>	Masters <input type="checkbox"/>	
<b>Existing Qualifications: (If any)</b>			
Reason for further study:			
<b>How did you hear about the course</b>			
<b>Administration Fee</b>			
I acknowledge that if my application for enrolment is accepted I will be required to pay a nominal administration fee of \$50.00 to Gold Training to cover the ongoing administration costs associated with my enrolment. I will complete the Gold Training credit card payment form and provide with my enrolment application. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please invoice me <input type="checkbox"/> Please invoice my employer <input type="checkbox"/>			
<b>Enrolment Documentation Requirements</b>			
I acknowledge that I have reviewed the enrolment documentation requirements checklist provided with the enrolment form. I confirm that I have provided copies of the required documentation to support my application. Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>USI (Unique Student Identifier)</b>			
Students studying nationally recognised training in Australia from 1 January 2016 will be required to have a Unique Student Identified (USI). As a student, you are required to apply and provide Gold Training your own USI. This application can be completed simply on a smart phone or internet website. Go to: <a href="http://www.usi.gov.au">www.usi.gov.au</a> . Your USI links to an online account that contains all your training records and results (transcript) that you have completed from 1 January 2015 onwards. Your results from 2015 will be available in your USI account in 2016.			
<b>Gold Training cannot issue you with your Certificate or Statement of Attainment until you have a USI or have advised us of your USI.</b>			
<input type="checkbox"/> I DO have a USI (Please complete USI section at the top of Page 1)			
<input type="checkbox"/> I DO NOT have/DO NOT KNOW my USI. Please check and/or apply on my behalf			
If you would like Gold Training to apply for a USI on your behalf, you MUST provide a copy of ONE of the below:			
<input type="checkbox"/> Drivers Licence <input type="checkbox"/> Birth Certificate (Australian) * Birth Certificate extract is not sufficient <input type="checkbox"/> Medicare Card			
<input type="checkbox"/> Certificate of Registration by Descent <input type="checkbox"/> Australian Passport <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> Visa (with Non-Australian Passport)			
<input type="checkbox"/> Immi Card			
By completing this enrolment form, you consent to Gold Training using your personal information to verify your USI or apply for a USI on your behalf.			

### Disclosure / Privacy Notice

You are advised that and agree that you understand and consent that the personal information you provide in connection with an application for a USI is collected by the Student Identifiers Registrar

Under the *Data Provision Requirements 2012*, Gold Training 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 Gold Training for statistical, regulatory and research purposes. Gold Training 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;
- 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.

You may receive an NCVER student survey which may be administrated by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

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)).

For further information refer to Student Identifiers Registrar's Privacy Policy, available at [usi.gov.au/Pages/privacy-policy.aspx](http://usi.gov.au/Pages/privacy-policy.aspx), this document contains information about how you may:

- access and seek correction of the personal information held about you;
- Complain about a breach of privacy and how such complaints will be dealt with.

Under the *Privacy Act 1988* (Cth), we require permission to provide an electronic copy of issued course certificate(s) (Statement of Attainment, Statement of Completion or Certificate of Qualification) to an employer or direct supervisor (if requested).

In signing this form you give permission for Gold Training to provide your employer or direct supervisor (if requested) an electronic copy of your course certificate(s), as issued on successful completion of relevant competencies.

If you **do not** give consent please tick here

**For code of conduct, refund, privacy policy: refer to student handbook or our website [www.goldtraining.edu.au](http://www.goldtraining.edu.au)**

**Student Declaration:** 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. I consent to **CSQ contact** including for review and surveys. I have been provided with the **Course Flyer** outlining the **List of Competencies** to be achieved and the **Student handbook**.

**I have read and understood all pre-enrolment information received, including any educational funding or fee for service requirements.**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date:    /    /

**If you are under the age of 18 the signature of your Parent/Guardian is required:**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date:    /    /

### OFFICE USE ONLY

Enrolment Staff Member		RTO Admin Staff Member	
FFS/ or Funding	<input type="checkbox"/> FFS <input type="checkbox"/> PP <input type="checkbox"/> C3G <input type="checkbox"/> HLS <input type="checkbox"/> VETIS <input type="checkbox"/> User Choice <input type="checkbox"/> CSQ (General) <input type="checkbox"/> CSQ (Civil) <input type="checkbox"/> CSQ (Short Course) <input type="checkbox"/> SQW		
Confirmation Sent (Date):	DETConnect check attached		Yes <input type="checkbox"/> No <input type="checkbox"/>
FFS Payment Processed:	Funding eligibility evidence complete:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Number:	Program specific pre-enrolment documents attached:		