

Course Details			
Name of Course you wish to enrol in:		Course Code:	
Delivery Venue:		Course Date:	
USI (if known) please see P3:		LUI (if applicable)	
Personal Details			
Title:	First Name:	Middle Name:	Surname:
Preferred Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Have you ever been known by another name?		No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, what name?
Home Phone:		Mobile:	City of birth:
Email:		Country of birth:	Phone:
Emergency Contact	Name:	Relationship:	Phone:
Home Address			
Street address:			
Suburb:		State:	Postcode:
Postal Address (if different to above)			
Street address:			
Suburb:		State:	Postcode:
Employment			
Employer:		ABN:	Occupation:
Employer Address:			State: Postcode:
Employer Email:			Phone:
Preferred Contact Method			
<input type="checkbox"/> Email		<input type="checkbox"/> Phone	<input type="checkbox"/> Post
Other Details			
Do you speak a language other than English at home? If yes, please specify:			
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		Indigenous Status: <input type="checkbox"/> Neither <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	
An approved Government concession card will allow subsidy of student contribution fees for approved Government funded courses			
Do you have a Government approved concession card? If yes, a complete copy is required		Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Do you consider yourself to have a disability, impairment or long-term condition?			
<input type="checkbox"/> No		<input type="checkbox"/> Yes	
If yes, please indicate the area/s below			
<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:		

Are you currently enrolled in a course, if so, what is the course name and code?							
Highest school level completed:							
<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					
What school did you attend:							
What year did you complete school:							
If still in attendance, Vocational Coordinator		Name:			Email:		
I have SUCCESSFULLY completed:							
Have you completed tertiary studies? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what level?							
Cert I	<input type="checkbox"/>	Cert IV	<input type="checkbox"/>	Associate Diploma	<input type="checkbox"/>		
Cert II	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Degree	<input type="checkbox"/>		
Cert III or Trade Certificate	<input type="checkbox"/>	Advanced Diploma	<input type="checkbox"/>	Masters	<input type="checkbox"/>		
Existing Qualifications: (If any)							
Employment Status							
Full Time Employee	<input type="checkbox"/>	Self Employed (Not employing others)	<input type="checkbox"/>	Unemployed (Seeking full time work)	<input type="checkbox"/>		
Part Time Employee	<input type="checkbox"/>	Self Employed (Employing others)	<input type="checkbox"/>	Unemployed (Seeking part time work)	<input type="checkbox"/>		
Casual/Contractor	<input type="checkbox"/>	Employed (Not paid work)	<input type="checkbox"/>	Unemployed (Seeking part time work)	<input type="checkbox"/>		
What is your main study reason							
To get a job	<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>				
To try for a different career	<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>				
It was a requirement of my job	<input type="checkbox"/>	To get into another course	<input type="checkbox"/>				
To start my own business	<input type="checkbox"/>	To get a better job or promotion	<input type="checkbox"/>				
For personal interest	<input type="checkbox"/>	Others reasons	<input type="checkbox"/>				
How did you hear about the course							
USI (Unique Student Identifier)							
<p>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: www.usi.gov.au. 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.</p>							
<p>Gold Training cannot issue you with your Certificate or Statement of Attainment until you have a USI or have advised us of your USI.</p>							
<p><input type="checkbox"/> I DO have a USI (Please complete USI section at the top of Page 1)</p> <p><input type="checkbox"/> I DO NOT have/DO NOT KNOW my USI. Please check and/or apply on my behalf</p>							
<p>If you would like Gold Training to apply for a USI on your behalf, you MUST provide a copy of ONE of the below:</p> <p><input type="checkbox"/> Drivers Licence <input type="checkbox"/> Birth Certificate (Australian) * Birth Certificate extract is not sufficient <input type="checkbox"/> Medicare Card</p> <p><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)</p> <p><input type="checkbox"/> Immi Card</p>							
<p><i>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.</i></p>							

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 for the purposes of:
 - applying for, verifying and giving a USI;
 - resolving problems with a USI; and
 - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
 - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
 - education related policy and research purposes; and
 - to assist in determining eligibility for training subsidies;
 - VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - researchers for education and training related research purposes;
 - any other person or agency that may be authorised or required by law to access the information;
 - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
 - will not otherwise be disclosed without their consent unless authorised or required by or under law.

For further information refer to Student Identifiers Registrar's Privacy Policy, available at 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).

I **DO** / **DO NOT** give permission for Gold Training to provide my employer or direct supervisor (if requested) an electronic copy of my course certificate(s), as issued on successful completion of relevant competencies.

For Code of Conduct, Refund, Privacy Policy: Refer to student handbook or our website goldtraining.edu.au

Student Declaration: I hereby certify that the particulars herein are correct and by completing this enrolment form I am agreeing to the terms and conditions located in the Student Handbook of study with Gold Training and give written permission to Gold Training to access my personal information and use it for their own statistical purposes. 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:	