

Student Enrolment Form

The purpose of this enrolment form is to collect your information to confirm your enrolment into you nominated course at IIPM. We are also required to collect personal information about you under the Data Provision Requirements 2012. All personal information will be handle in accordance with IIPM Privacy policy, Privacy Statement on this form and the Privacy Act 1988 (Cth) Please duly complete the form by:

- providing correct information
- Ensuring all relevant fields are signed and dated
- Print clearly using a black or blue pen

Personal Details

Student ID (if known):

1. Enter your full name *

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want IIPM to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.**

Family name (Surname)

Given names

2. Enter your birth date (Day/Month/Year)

3. Gender (tick ONE box only)

- Male Female Other

4. Enter your contact details

Home phone

Work phone

Mobile

Email address

Alternative email address (optional)

5. Australian Residential Address

Building/property name

Flat/unit details Street or lot number

Street name

Suburb, locality or town

State/territory

Postcode

6. Postal Address

(if different from residential address)

Building/property Name

Flat/unit details

Street or lot number

Street name

PO Box / Roadside Delivery Box

Suburb, locality or town

State/territory

Postcode

Language and cultural diversity

7. In which country were you born?

- 1101 - Australia
 Other - please specify

8. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

- 1201 - No, English only
 Yes, other - please specify

9. Are you of Aboriginal or Torres Strait Islander origin?

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander

Disability

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

- Y - Yes
 N - No

No - Go to question 12

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11. If you indicate the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the disability supplement for an explanation of the following disabilities.

- 11 - Hearing / deaf
- 12 - Physical
- 13 - Intellectual
- 14 - Learning
- 15 - Mental Illness
- 16 - Acquired brain impairment
- 17 - Vision
- 18 - Medical Condition
- 19 - Other, please specify:

Schooling

12. What is your highest COMPLETED school level? (Tick ONE box only)

- 12 - Year 12 or equivalent
 - 11 - Year 11 or equivalent
 - 10 - Year 10 or equivalent
 - 09 - Year 9 or equivalent
 - 08 - Year 8 or below
 - 02 - Never attended school
- Never completed any primary or secondary level education – go to question 14

13. Are you still enrolled in secondary or senior secondary education?

- Y - Yes
- N - No

Previous qualification achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?

- Y - Yes
- N - NO

15. If YES, then tick one of these Prior Education Achievement Recognition Identifiers any applicable qualification level.

- 008 - Bachelor Degree or Higher Degree
- 410 - Advanced Diploma or Associate Degree
- 420 - Diploma (or Associate Diploma)
- 511 - Certificate IV (or Advanced Certificate / Technician)
- 514 - Certificate III (or Trade Certificate)
- 521 - Certificate II
- 524 - Certificate I
- 990 - Other education (including certificates or overseas qualifications not listed above).

Employment

16. Which BEST describes your current employment status? (Please tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- 01 - Full-time employee
- 02 - Part-time employee
- 03 - Self-employed - not employing others
- 04 - Employer
- 05 - Employed - unpaid worker in a family business
- 06 - Unemployed - seeking full-time work
- 07 - Unemployed - seeking part-time work
- 08 - Not employed - not seeking employment

Study reasons

17. Of the following categories, select the one which BEST describes your main reason for undertaking this course? (Please tick ONE box only)

- 01 - To get a job
- 02 - To develop my existing business
- 03 - To start my own business
- 04 - To try for a different career
- 05 - To get a better job promotion
- 06 - It was a requirement of my job
- 07 - I wanted extra skills for my job
- 08 - To get into another course of study
- 10 - For personal interest or self-development
- 11 - Other reasons

Unique Student Identifier (USI)

Do you have a USI number?

Yes

No I will create myself (www.usi.gov.au)

I authorise IIPM to create/retain/retrieve on my behalf (please complete and attached USI consent form) - Please fill the application at the end.

Your Course of Study

CRICOS Name: _____

CRICOS Code: _____

Expected Course Duration: _____

Commencement Date: _____

Expected Completed Date: _____

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Credit transfer and recognition of prior learning (RPL)

Are you applying for Credit Transfer or RPL for the unit successfully completed at another provider?

If **YES**, please complete the Credit Transfer or RPL application form and submit it to the Student Administration with supporting documents such as an official transcript or statement of attainment.

- Yes
 No

Your Emergency Contact

Name of the person: _____

Relationship: _____

Contact Phone: _____

Address: _____

Email: _____

Privacy statement and student declaration

Under the *Data Provision Requirements 2012*, IIPM 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 IIPM for statistical, regulatory and research purposes. IIPM 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;
- 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 statements of attainment or 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 programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered 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).

For students studying in Victoria, the Department's collection and handling of enrolment data and VSNS is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

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Student Declaration and Consent

- I declare that the information I have provided to the best of my knowledge is true and correct. I understand that failure to provide incorrect information or documentation in relation to this application form may result in cancellation of my enrolment.
- I confirm that I have been provided with pre-enrolment information including the course training and assessment, assessment submission requirements and academic support provided during my study, access to learning resources and about my rights and obligations as student prior to enrolment completion.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

.....
Student Signature [or electronic acknowledgement]

Date

.....
Parent/Guardian Signature [or electronic acknowledgment]*

Date
**Parental/guardian consent is required for all students under the age of 18.*

Emergency Medical Indemnity

- I also authorise IIPM or their representative to obtain Medical Treatment in the event of an emergency. I indemnify IIPM of their representative in such event.

Media Consent

- I consent the use of my photos / videos / testimonials / interviews to be used in IIPM's promotional materials prepared for marketing purposes in Australia and overseas and to be made available to the regulatory authorities if required by the law.

Student Signature of	Signature of parent or legal guardian:	Date:
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Note: This application and declaration must be signed by a parent or legal guardian if the student is under 18 years of age at the time of application. Student must be at least 18 years of age at the time of arrival in Australia.

IIPM USE ONLY			
Staff Member:	<input type="checkbox"/> Student Activated	<input type="checkbox"/> PRISMS Updated	
Signature:	Date: / /	<input type="checkbox"/> ID Card Issued	<input type="checkbox"/> New Student
Student ID number:	<input type="checkbox"/> RTOM Updated	<input type="checkbox"/> Existing Student	

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USI application through IIPM (If you do not already have one)

If you would like IIPM to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I, authorise IIPM to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Town/City of Birth _____
(Please write the name of the Australian or overseas town or city where you were born)

We will need of the below items to verify your identity to create your USI.
Please provide details for one of the forms of identity below (numbered 1 to 8).

FOR AUSTRALIAN CITIZEN

1. Australian Driver's Licence

State: _____
Licence Number: _____

2. Medicare Card

Medicare card number _____
Individual reference number (next to your name on Medicare card): ____
Card colour: (select which applies)
 Green - Expiry date / / (MM/YYYY)
 Yellow - Expiry date / / (DD/MM/YYYY)
 Blue - Expiry date / / (DD/MM/YYYY)

3. Australian Birth Certificate

State/Territory _____
Details vary according to State/Territory (see note above)

4. Australian Passport

Passport number _____

FOR NON-AUSTRALIAN CITIZEN

1. Non-Australian Passport (with Australian Visa)

Passport number _____
Country of issue _____

2. Immicard

Immicard Number _____

3. Citizenship Certificate

Stock number _____
Acquisition date ____/____/____ (day/month/year)

4. Certificate of Registration by Descent

Acquisition date ____/____/____ (day/month/year)

In accordance with section 11 of the *Student Identifiers Act 2014*, IIPM will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.