STAFF-IN-CONFIDENCE

(WHEN COMPLETE)

| Enrolment Form | | | | |
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| **Information contained in this document is utilised in accordance with TRAINING AND GAINING INSTITUTE OF AUSTRALIA Privacy Policy** | | | | |
| Please complete the following form in full and return.  If you have any questions, please contact our customer service staff on:  1300 810 976 or 0433 324 256  **Address: Factory 7/6-7 Motto Court, HOPPERS CROSSING VIC 3029**  **ACN: 618 505 525 ABN: 62 618 505 525, Email: TGInstituteAustralia@gmail.com** | | | **Bank Details:**  **Account name: TGIA**  **BSB: 062 692**  **Account number: 32277502** | |
| **Section 1 – Personal Details** *(Please choose by placing an X in the boxes that apply to you)* | | | | |
| Please write the details that you used when applying for your USI, including any middle names. | | | | |
| Surname: |  | | | |
| Given Names: |  | | | |
| Gender: | 🞏 Male 🞏 Female 🞏 other | Date of Birth: | |  |
|  |  | | | |
| **Section 2 – Identification** | | | | |
| **Unique Student Identifier (USI)** | | | | |
| TRAINING AND GAINING INSTITUTE OF AUSTRALIA is required by law to verify your **Unique Student Identifier (USI)** before we can issue certification. | | | | |

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| Do you have a USI? | 🞏 Yes | **Your USI No.** |  | |  | |  | |  |  | | |  |  | |  |  |  |
| Obtaining your USI? | I authorise TGIA to find my USI and verify it. I understand that TGIA can be prevented from issuing me a statement of attainment if my USI isn’t accessed. | | | | | | | | | | | | | | | | | |
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| **Section 3 – Qualification / Course Details** | | | | | | | | | | | | | | | | | | |
| I wish to enrol in the following course (circle): | | | | | | | | | | | | | | | | | | |
| Course Name: | * + [HLTAID001 Provide cardiopulmonary resuscitation](#_Toc447666386) (CPR)   + [HLTAID002 Provide basic emergency life support](#_Toc447666387) (First Aid-Level 1)   + [HLTAID003 Provide first aid](#_Toc447666388) (First Aid-Level 2)   + HLTAID004 Provide an emergency first aid response in an education and care setting (First Aid for Educators)   + [HLTAID006 Provide advance first aid](#_Toc447666390) | | | | | | | | | | | | | | | | | |
| **Section 4 – Contact Details** | | | | | | | | | | | | | | | | | | |
| **Personal Contacts** | | | | | | | | | | | | | | | | | | |
| Phone: (Home) |  | | | | | Phone (work): | | | | |  | | | | | | | |
| Email: |  | | | | | Mobile: | | | | |  | | | | | | | |
| **Home Address**: | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | |
| Suburb: |  | | | State: | | | |  | | | | Postcode: | | |  | | | |
| **Mailing Address (if different from above):** | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | |
| Suburb: |  | | | State: | | | |  | | | | Postcode: | | |  | | | |
| **Emergency Contact:** | | | | | | | | | | | | | | | | | | |
| Name: |  | | Relationship: | | | | | | | |  | | | | | | | |
| Contact Tel: |  | | Mobile No: | | | | | | | |  | | | | | | | |

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| **Section 8 – Personal Information** *(Please choose by placing an X in the boxes that apply to you)* | | | | | | | | | | | |
| 1. **Indigenous Status** | | | | | | | | | | | |
| 🞏 | Yes, Aboriginal | | | | | | 🞏 | | | Yes, Aboriginal and Torres Strait Islander | |
| 🞏 | Yes. Torres Strait Islander | | | | | | 🞏 | | | No, Neither Aboriginal or Torres Strait Islander | |
| 1. **Employment Status** | | | | | | | | | | | |
| 🞏 | Full-Time Employee | | | | | | 🞏 | | | Employed – Unpaid Worker in Family Business | |
| 🞏 | Part-Time Employee | | | | | | 🞏 | | | Unemployed – Seeking Full-Time Work | |
| 🞏 | Self-Employed (Not Employing Others) | | | | | | 🞏 | | | Unemployed – Seeking Part-Time Work | |
| 🞏 | Self-Employed (Employing Others) | | | | | | 🞏 | | | Not Employed – Not Seeking Employment | |
| 1. **Disability Status** | | | | | | | | | | | |
| Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course? | | | | | | | | | | | |
| 🞏 Yes 🞏 No – Go to D. | | | | | | | | | | | |
| Disability, Impairment or Long-Term Condition: | | | | | | | | | | | |
| 🞏 Hearing / Deafness | | | | 🞏 Physical | | | 🞏 Medical Condition | | | 🞏 Learning | |
| 🞏 Vision | | | | 🞏 Intellectual | | | 🞏 Mental Illness | | | 🞏 Acquired Brain Impairment | |
| 🞏 Other | | | | | | | | | | 🞏 Not Specified | |
| Do you need any additional support? | | | | | | | 🞏 Yes 🞏 No | | | | |
| Specify support required: | | | | | | |  | | | | |
| **D. Language and Literacy** | | | | | | | | | | | |
| Are you an Australian or New Zealand Citizen? | | | | | | 🞏 Yes 🞏 No | | | | | |
| What is your country of birth? | | | | | |  | | | | | |
| Do you speak a language other than English? | | | | | | 🞏 Yes 🞏 No | | | | | |
| If YES, please specify | | | | | |  | | | | | |
| How well do you speak English? | | | | | | 🞏 Very Well 🞏 Well 🞏 Minimal 🞏 Not at all | | | | | |
| **E. Education**: What is your highest level of education? | | | | | | | | | | | |
| 🞏 | Did not go to school | | | | | | 🞏 | | | Completed Year 10 or Equivalent | |
| 🞏 | Year 8 or Below | | | | | | 🞏 | | | Completed Year 11 or Equivalent | |
| 🞏 | Completed Year 9 or Equivalent | | | | | | 🞏 | | | Completed Year 12 or Equivalent | |
| **In which YEAR did you complete that school level?** | | | | | | |  | | | | |
| Are you still enrolled in secondary education? | | | | | | | 🞏 Yes 🞏 No | | | | |
| **F. Training:** Have you completed any other courses / qualifications? (Specify Below) 🞏 Yes 🞏 No | | | | | | | | | | | |
| 🞏 | Certificate I | | 🞏 | | Certificate II | | | | | 🞏 | Certificate III |
| 🞏 | Certificate IV | | 🞏 | | Diploma/Associate Diploma | | | | | 🞏 | Bachelor |
| 🞏 | Masters/Doctorate | | 🞏 | | Advance Diploma/Associate Degree | | | | | 🞏 | Other |
| **G. Reason for Study (***Please choose by placing an X in the boxes that apply to you)* | | | | | | | | | | | |
| **Which of the following statements best describes your reason for enrolling in this course?** | | 🞏 Personal Interest  🞏 To get a job  🞏 To get a better job or promotion  🞏 I want extra skills for my job  🞏 Requirement of my job | | | | | | 🞏 To start my own business  🞏 To develop my existing business  🞏 To try another career  🞏 To get skills for community/voluntary work  🞏 To get into another course of study | | | |
| 🞏 Other: (Please identify) | | | | | | | | | |
|  | |  | | | | | | | | | |
| **Section 9: Privacy Statement & Student Declaration** | | | | | | | | | | | |
| **Privacy Notice:** Under the *Data Provision Requirements 2012*, TGIA 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 TGIA for statistical, regulatory and research purposes. TGIA 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](http://www.ncver.edu.au/)). | | | | | | | | | | | |
| **Student Declaration and Consent**  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. | | | | | | | | | | | |
| **Client Name:** | |  | | | | | | | | | |
| Date | |  | | | | | | | Signature: | |  |
| **Parents Name (for students under the age of 18)** | |  | | | | | | | Signature: | |  |

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| **OFFICE USE ONLY** | | | | | | | |
| **Client Name:** |  | | | | | | |
| **Enrolment processed in SMS:** | Yes | No | NA | **Date:** | / / | **Initial:** |  |
| **Invoice Paid:** | Yes | No | NA | **Date:** | / / |  |  |
| **Certificate Issued:** | Yes | No | NA | **Date:** | / / |  |  |