

STAFF-IN-CONFIDENCE
(WHEN COMPLETE)

Enrolment Form

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:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> 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.

Your USI No.										
Obtaining your USI?	<input type="checkbox"/>	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.								

Section 3 – Qualification / Course Details

I wish to enrol in the following course (circle):

Course Name:	<ul style="list-style-type: none"> <input type="radio"/> HLTAID001 Provide cardiopulmonary resuscitation (CPR) <input type="radio"/> HLTAID003 Provide first aid (First Aid-Level 2) <input type="radio"/> HLTAID004 Provide an emergency first aid response in an education and care setting <input type="radio"/> HLTAID006 Provide advance first aid <input type="radio"/> Diploma of Early Childhood Education and Care <input type="radio"/> Certificate III of Early Childhood Education and Care <input type="radio"/> Unit of Competency (Write Unit Code and Name)
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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:	

Section 8 – Personal Information <i>(Please choose by placing an X in the boxes that apply to you)</i>			
A. Indigenous Status			
<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes. Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander
B. Employment Status			
<input type="checkbox"/>	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"/>	Self-Employed (Employing Others)	<input type="checkbox"/>	Not Employed – Not Seeking Employment
C. Disability Status			
Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to D.			
Disability, Impairment or Long-Term Condition:			
<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Learning
<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Impairment
<input type="checkbox"/> Other	<input type="checkbox"/> Not Specified		
Do you need any additional support?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify support required:			
D. Language and Literacy			
Are you an Australian or New Zealand Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your country of birth?			
Do you speak a language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please specify			
How well do you speak English?		<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Minimal <input type="checkbox"/> Not at all	
E. Education: What is your highest level of education?			
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent

In which YEAR did you complete that school level?			
Are you still enrolled in secondary education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Training: Have you completed any other courses / qualifications? (Specify Below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	Certificate III	<input type="checkbox"/>	Certificate IV
<input type="checkbox"/>	Diploma/Associate Diploma	<input type="checkbox"/>	Bachelor
<input type="checkbox"/>	Masters/Doctorate	<input type="checkbox"/>	Advance Diploma/Associate Degree
<input type="checkbox"/>		<input type="checkbox"/>	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?	<input type="checkbox"/> Personal Interest	<input type="checkbox"/> To start my own business	
	<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	
	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To try another career	
	<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> To get skills for community/voluntary work	
	<input type="checkbox"/> Requirement of my job	<input type="checkbox"/> To get into another course of study	
	<input type="checkbox"/> 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).

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:	

OFFICE USE ONLY

Client Name:							
Enrolment processed in SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/	/	Initial:
Invoice Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/	/	
Certificate Issued:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date:	/	/	