

2.4.0024 ENROLMENT FORM – APPRENTICESHIP AND VET



Have you attended training at PEER before? (please tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a WorkReady participant number	<input type="checkbox"/> Yes <input type="checkbox"/> No	WorkReady number	
SACE ID number (school students only)			
Unique Student Identifier (USI)	If you do not have a USI number please go to www.usi.gov.au/		
CITB number	If you wish to access CITB funding please go to www.citb.org.au/		
PERSONAL DETAILS		VETtrak ID (office use only)	
Full Legal Name for Licensing and USI requirements			
Surname		Given name(s)	
Title	Mr/ Miss/ Mrs/ Ms/ Other:	Preferred name	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Street address		Suburb and post code	
Postal address (if different from above)		Suburb and post code	
Phone:		Email address	
Alternate email address		Preferred contact method	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail
EMERGENCY CONTACT DETAILS			
Name		Relationship	
Phone number		Alternate number	
ENROLMENT INFORMATION			
Area	<input type="checkbox"/> Apprenticeship <input type="checkbox"/> Vet in Schools <input type="checkbox"/> Other		
Course code		Course Name	
Currently an apprentice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what year?	<input type="checkbox"/> 1 st year <input type="checkbox"/> 2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year
EMPLOYMENT INFORMATION			
Employer business name		Employer email	
Phone number		Contact name	
ADDITIONAL INFORMATION USED FOR STATISTICAL REPORTING REQUIRED UNDER THE DATA PROVISION REQUIREMENTS 2012			
Indigenous status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Country of birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other (Please Specify)		
Town or city of birth			
Language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other (Please Specify)		
Citizen status	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Australian resident <input type="checkbox"/> Oversea resident	<input type="checkbox"/> Visa <input type="checkbox"/> New Zealand citizen living in South Australia	
Visa type	<input type="checkbox"/> Skilled – regional sponsored Visa 475, 495 <input type="checkbox"/> Skilled – regional sponsored Visa 487 <input type="checkbox"/> Skilled – nominated/ state territory 489 <input type="checkbox"/> State/ territory sponsored business owner Visa 163 <input type="checkbox"/> State/ territory sponsored Senior Executive Visa 164 <input type="checkbox"/> State/ territory sponsored Investor Visa 165	<input type="checkbox"/> Permanent resident Visa 176 <input type="checkbox"/> Safe haven enterprise Visa 790 <input type="checkbox"/> Bridging Visa E 050, 051 <input type="checkbox"/> Temporary protection visa 785 <input type="checkbox"/> Bridging Visa F 060 <input type="checkbox"/> Other	
Visa expiry date			

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Are you currently enrolled at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of school attending			
If yes, which of the following applies to you?		<input type="checkbox"/> High school student <input type="checkbox"/> TGSS <input type="checkbox"/> School based apprenticeship <input type="checkbox"/> Vet in schools	
Year level successfully completed:	<input type="checkbox"/> Did not go to School <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12	
Highest level of education	<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma level	<input type="checkbox"/> Advanced Diploma/ Associate Degree <input type="checkbox"/> Bachelor Degree or higher Education Degree <input type="checkbox"/> Miscellaneous Education	
Labour Force Status	<input type="checkbox"/> Employed – unpaid family business <input type="checkbox"/> Full-time employee <input type="checkbox"/> Not employed – not seeking employment <input type="checkbox"/> Self-employed – not Employing others	<input type="checkbox"/> Employer <input type="checkbox"/> Part-time employee <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Not stated	
Are you registered with Centrelink?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, CRN and expiry date	
If yes, which allowance	<input type="checkbox"/> Newstart allowance <input type="checkbox"/> Age pension <input type="checkbox"/> Parenting payment (single) <input type="checkbox"/> Youth allowance	<input type="checkbox"/> Disability support pension <input type="checkbox"/> Parenting payment (partnered) <input type="checkbox"/> Other	
Do you hold any of the following?	<input type="checkbox"/> Health care card <input type="checkbox"/> Veterans affairs card	<input type="checkbox"/> Pensioners concession card <input type="checkbox"/> None	
Are you registered with an Employment Services provider (Job Network)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, were you referred by them to PEER? <input type="checkbox"/> Yes <input type="checkbox"/> No Consultant name Provider name and suburb	
Are you a prisoner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please contact the WorkReady Infoline 1800506266	
Are you under guardianship of the Minister?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please contact the WorkReady Infoline 1800506266	
Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes	<input type="checkbox"/> Acquired brain disorder <input type="checkbox"/> Hearing/ deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Medical condition	<input type="checkbox"/> Mental illness <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Unspecified <input type="checkbox"/> Other	
Known medical condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify	
Reason for study	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To get a job <input type="checkbox"/> To start my own business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get into another course of study <input type="checkbox"/> To develop my existing business <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons	

Privacy Notice

Under the Data Provision Requirements 2012, PEER 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 PEER for statistical, regulatory and research purposes. PEER 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) Tick if you wish to opt out of this survey

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.

I confirm:

- I have honestly and accurately provided information contained on this enrolment form, I understand any offer or subsequent enrolment in a WorkReady training place made on the basis of false or misleading may be withdrawn by the WorkReady Training Provider and/ or the Minister for Employment, Higher Education and Skills
- I was provided course information prior to enrolment to make a detailed and informed decision on my enrolment
- I confirm that I have read the student handbook and are aware PEER’s Complaints and Appeals Policy and Procedure and PEER’s Privacy Policy as contained on PEER’s website

I authorise PEER to:

- Communicate and perform Credit Transfer Processes on any transcripts provided by myself from other RTO’s (refer to credit transfer documentation)
- Create, locate and update my Unique Student Identifier Number (USI) in order for my Qualification or Statement of Attainment to be generated for Nationally Accredited Training.

Full name			
Signature		Date	

NOTE: If person giving consent is under 18 years of age at the time of enrolment, consent of their parent/ guardian is required to confirm understanding of attendance requirements and responsibilities of being a student at PEER.

Parent/ Guardian Signature		Date	
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Office Use Only: The above form was entered and processed by the below PEER employee:

Full name		Signature		Date	
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