

PQS - Student Enrolment Form

1 Student Details (Please complete your personal details in BLOCK letters)									
Enter your Surname <small>(Legal Family Name)</small>					Title	Mr	Miss	Mrs	Ms
Given Names <small>(Legal Given Names)</small>					Middle Names				
Enter your birth date <small>Day/Month/Year</small>	dd	mm	yyyy	Age	Sex (tick one box only)	Male	<input type="checkbox"/>	LGBTI	<input type="checkbox"/>
						Female	<input type="checkbox"/>	Other	<input type="checkbox"/>
Home Phone				Work Phone			Mobile		
Email Address <small>(Please PRINT clearly)</small>									
Emergency Contact Name				Relationship			Phone Number		

2. Unique Student Identifier (USI) To be completed by all students.											
<p><small>From 1 January 2015, all Australians who undertake vocational education and training must hold a USI. To create a USI go to http://usi.gov.au/create * More information and Privacy Notice included in the Terms and Conditions</small></p>											
Your 10 digit - Unique Student Identifier (USI) number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
<p>or</p> <p><input type="checkbox"/> I have read and I consent to the collection, use and disclosure of my personal information detailed at : https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf</p>											
City/Town of Birth: _____	Signature: _____										
<p><small>(please write the name of the Australian or overseas town or city where you were born)</small></p> <p>We will also need to verify your identity to create your USI. Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.</p> <p><small>In accordance with section 11 of the Student Identifiers Act 2014, SECUREtraining P/L 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.</small></p>											

3. Proposed Course (Program) of Study	
Do you wish to apply for Credit Transfer ? <small>If YES, certified copies of transcripts of previous qualifications must be provided with this form, along with a Credit Application Form.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'd like more information
Do you wish to apply for Recognition of Prior Learning ? <small>If you indicate YES, you will be contacted to discuss this further.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'd like more information
Course Code: CPP30411	Title: Certificate III in Security Operations
Have you trained with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY

PQS Contract Number:	<input type="checkbox"/> QS102025	Schedule VARS ID: 11699
Fund Source Code		
ENT - Mainstream	<input type="checkbox"/>	C – Concessional student – meets criteria <input type="checkbox"/>
GS1 – Year 12 graduates	<input type="checkbox"/>	N – Non-concessional student – does not meet eligibility criteria for concessional status <input type="checkbox"/>
IT3 – Indigenous Vet Partnerships	<input type="checkbox"/>	<input type="checkbox"/>

4. Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only)			
A - Agriculture, Forestry and Fishing	<input type="checkbox"/>	K - Financial and Insurance Services	<input type="checkbox"/>
B - Mining	<input type="checkbox"/>	L - Rental, Hiring and Real Estate Services	<input type="checkbox"/>
C - Manufacturing	<input type="checkbox"/>	M - Professional, Scientific and Technical Services	<input type="checkbox"/>
D - Electricity, Gas, Water and Waste Services	<input type="checkbox"/>	N - Administrative and Support Services	<input type="checkbox"/>
E - Construction	<input type="checkbox"/>	O - Public Administration and Safety	<input type="checkbox"/>
F - Wholesale Trade	<input type="checkbox"/>	P - Education and Training	<input type="checkbox"/>
G - Retail Trade	<input type="checkbox"/>	Q - Health Care and Social Assistance	<input type="checkbox"/>
H - Accommodation and Food Services	<input type="checkbox"/>	R - Arts and Recreation Services	<input type="checkbox"/>
I - Transport, Postal and Warehousing	<input type="checkbox"/>	S - Other Services	<input type="checkbox"/>
J - Information Media and Telecommunications	<input type="checkbox"/>	T - Unemployed	<input type="checkbox"/>

5. Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)			
a. Managers	<input type="checkbox"/>	b. Professionals	<input type="checkbox"/>
c. Technicians and Trade Workers	<input type="checkbox"/>	d. Community and Personal Service Workers	<input type="checkbox"/>
e. Clerical and Administrative Workers	<input type="checkbox"/>	f. Sales Workers	<input type="checkbox"/>
g. Machinery Operators and Drivers	<input type="checkbox"/>	h. Labourers	<input type="checkbox"/>
i. Other	<input type="checkbox"/>	j. None	<input type="checkbox"/>

6. What is the address, location and postcode of the suburb, locality or town in which you usually live?			
Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.			
Building/property name			
Flat/unit Number	Street Number (e.g. 5 or Lot 12)		
Street Name	Suburb locality or town		
State/Territory	Postcode		

7. What is your postal address (if different from above)?			
Building/property name			
Flat/unit Number	Street Number		
Street Name			
PO Box or roadside delivery box	Suburb, locality or town		
State/Territory	Postcode		
E-mail address			

8. Language and cultural diversity							
In which country were you born?							
Australia	<input type="checkbox"/>	Other – please specify					
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)							
No, English only	<input type="checkbox"/>	Yes, other – please specify					
How well do you speak English?							
Very well	<input type="checkbox"/>	Well	<input type="checkbox"/>	Not well	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)							
No	<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Torres Strait Islander	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/>

9. Schooling					
What is your highest COMPLETED school level? (Tick ONE box only.) Never attended School - Go to Question 14					
Completed Year 12	<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>		
Completed Year 11	<input type="checkbox"/>	Completed Year 8 or Lower	<input type="checkbox"/>		
Completed Year 10	<input type="checkbox"/>	Never attended School	<input type="checkbox"/>		
In which YEAR did you complete that school level?		School Name?			
Are you still attending secondary school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Are you an International Student? (CRICOS)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you hold a Visa?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
10. Employment					
Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)					
Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in a 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"/>		
Employer	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>		
11. Disability					
Do you consider yourself to have a disability, impairment or long-term condition?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
11. If you indicated 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.)					
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	<input type="checkbox"/>
Please state other:					
12. Previous qualification achieved					
Have you SUCCESSFULLY completed any of the following qualifications?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If YES, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level.					
A - Australian E - Australian equivalent I - International		Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A – Australian 2. E – Australian equivalent 3. I – International			
Bachelor Degree or Higher degree	A E I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certificate III (or Trade Certificate)	A E I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Advanced Diploma or Associate Degree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certificate II	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Diploma (or Associate Diploma)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certificate I	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certificates other than the above	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

13. Study reason			
Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)			
To get a job	<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>	To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
For personal interest or self development	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>

14. Learning Needs			
Are you aware of any special requirements that you may need in order to undertake and complete your desired course at SECUREtraining?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please list the details of your needs to your best knowledge, these may include and not limited to, literacy, language, numeracy, visual and hearing aids, seating location in class, additional time requirements for comprehension, etc.			
Are you willing to undertake an LLN/ACSF appraisal			
<input type="checkbox"/> Yes – I understand this is a requirement for all entry into study undertaken			
<input type="checkbox"/> No – I will accept the specific conditions applied by not undertaking the LLN			
Additional comment:			
Please discuss all information above with the enrolment staff member at SECUREtraining so that any required support or reasonable adjustment can be planned and implemented or contact us at: info@securetraining.com.au			

15. Medical
If YES, please list the details and note any restrictions or special requirements that you need. Medical conditions may include but are not be limited to the following examples;
<input type="checkbox"/> Do you suffer from epilepsy? <input type="checkbox"/> Do you suffer from severe asthma? <input type="checkbox"/> Has your doctor ever diagnosed you with a heart condition or vascular disease? <input type="checkbox"/> Do you ever feel faint, dizzy, lose balance or lose consciousness? <input type="checkbox"/> Do you have a bone or joint problem that could be made worse by a change in your physical activity? <input type="checkbox"/> Do you currently suffer from any other illness that may affect your participation?
Please note other medical conditions:
Please discuss above information with the enrolment staff member at SECUREtraining so that any required support or reasonable adjustment can be planned and implemented. If you wish to make an appointment to discuss: info@securetraining.com.au

16. Do you suffer from any allergies or other conditions that staff at SECUREtraining would benefit from knowing about in relation to your welfare whilst studying?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If YES, please list the details and note any restrictions or special requirements that you need including if these are self-managed.

Please discuss all information above with the enrolment staff member at SECUREtraining so that any required support can be planned and implemented. This information should also be expressed to each trainer/assessor who is delivering to you.

***** SECURITY STUDENTS ONLY – Additional Medical Information**

Note: The required activities and exercises within the Security training consist of, but are not limited to the following: Defensive Tactics; First Aid; Physically Restraining Others etc.
Where medical conditions are specified which may risk your physical health as part of the training course at SECUREtraining you are required to provide a Doctors certificate/clearance before you will be allowed to participate.

The Security Licence Application asks about your medical history. If you suffer from any medical condition that may have a negative effect on your ability to work within the SECURITY INDUSTRY you must disclose this. You will also be required to supply a medical report from a doctor who has treated you for the condition/s, or who is familiar with your condition, indicating your suitability to hold a private security licence with the activities applied for.

(Please note the below questions are from Part 4 of the Victorian Security Licence Application Form)

Medical History (You must answer every question)

In the past 5 years you have been treated for:

Psychiatric or psychological problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol or drug dependence problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Serious impairment of eyesight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fits, dizziness or blackouts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Head injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: If you answered “yes” to any of the above questions, you must supply a medical report from the doctor who treated you, or who is familiar with you condition, indicating your suitability to hold a security licence with the activities you applied for.

I have understood and accepted that I have not declared any medical issues which will affect my security licence application and training.

Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.
I understand that my RTO [insert RTO name] is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- Researchers.

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

[STUDENT SIGNATURE] [DATE]

Note: parental consent is required if student is under the age of 18.

Complaints:
Please refer to the “Complaints and Appeals” located in ‘Student Handbook’ and SECUREtraining website www.securetraining.com.au for a full explanation of our policy and procedures, and to download the application form.

Evidence Provided Checklist (One must be provided for each category)			
<input type="checkbox"/> Green Medicare card	<input type="checkbox"/> Australian Passport	<input type="checkbox"/> NZ Birth Certificate	
<input type="checkbox"/> NZ Passport	<input type="checkbox"/> Australian Birth Certificate	<input type="checkbox"/> Permanent Residency	
Evidence of Queensland Residency			
<input type="checkbox"/> Queensland Drivers Licence	<input type="checkbox"/> Dept Pensioner Card	<input type="checkbox"/> Utilities Statement (6mths)	
<input type="checkbox"/> Qld Rates notice	<input type="checkbox"/> Qld Vehicle Registration	<input type="checkbox"/> Official Centrelink letter	
<input type="checkbox"/> Electoral document	<input type="checkbox"/> Rental /Home documentation	<input type="checkbox"/> Australian Tax file number	
Evidence of Date of Birth			
<input type="checkbox"/> Queensland Drivers Licence	<input type="checkbox"/> 18+ card	<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate
** ALL - ID evidence <u>MUST</u> be certified copies or signed and dated by an Authorised person on day of enrolment.**			

Refunds:

If SECUREtraining cancels the course at any stage during the period of enrolment (prior to the beginning of the course), a refund will be offered, provided based on the following:

- A full Refund of all fees paid to that date. You may also choose to be placed in a course at a later date with these fees being fully transferable.
 - If you do not want to take up a position in the next available course that you would like to undertake
- CANCELLATION AND REFUND POLICY**

Please refer to the “Cancellation and Refund Policy” located in ‘Student Handbook’ for a full explanation of our Refunds policy

All Refunds made to SECUREtraining will incur an administration fee of \$50

- If you advise SECUREtraining in writing no less than 2 working days prior to the commencement of your course we will provide a full refund minus the above administration fee
- If you withdraw from the course from day 1 up to 25% of the course we will charge

The student must provide their notice of withdrawal or cancellation in a signed and dated written letter. The claim for a refund must include a reason and must include supporting official documentation of the student’s circumstances for withdrawal/cancellation plus a contact name and telephone number to enable SECUREtraining to validate this claim.

Declaration

- I declare that to the best of my knowledge and belief, the information contained in this document is true, correct and complete.
- I declare that I have provided access to a course information on study/course options and agree that:
 - this course meets my learning needs;
 - I have been offered Course Credit Transfer and/or Recognition of Prior Learning;
 - the proposed learning and assessment strategies are appropriate to me;
 - the course is within my capabilities;
 - the course meets my goals and interests; and
 - if accessing government subsidised training I understand this may impact on any future eligibility requirements for further government subsidised training I may wish to undertake.
- **I have read, understood, agree and declare to all points listed under the ‘Terms & Conditions of Enrolment’.**

Student Name <i>(BLOCK PRINT)</i>			
Signed by Student		Date	
RTO Representative Name <i>(BLOCK PRINT)</i>			
Signed by RTO Representative		Date	