

# Course Enrolment Form

## Section 1 – What qualification are you enrolling into?

- BSB20115 Certificate II in Business
- BSB30115 Certificate III in Business
- FNS30315 Certificate III in Accounts Administration
- FNS40215 Certificate IV in Book Keeping
- BSB40215 Certificate IV in Business
- BSB41315 Certificate IV in Marketing

## Section 2 – Contact details

Legal given name(s): \_\_\_\_\_ Preferred name: \_\_\_\_\_

Surname: \_\_\_\_\_ Title:  Miss  Mrs  Ms.  Mr.  Dr.

### Address

No. and street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Postal address (if different from above)

No. and street: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Telephone

Work: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_ Home: ( ) \_\_\_\_\_

### Email

Work email: \_\_\_\_\_

Personal email: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

## Section 3a – Personal details

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

In which country were you born?  Australia  Other – please specify: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?  Yes (Aboriginal)  Yes (Torres Strait Islander)  No

### Residency status (tick one box only)

Australian Citizen  Australian Permanent Resident  Humanitarian Visa Subclass 202

New Zealand Citizen  Other, please specify: \_\_\_\_\_

## Section 3b – Identification and employment details

Certified copy of photo ID with birth date attached: (e.g. Passport, Driver's License)  Yes  No

### Employment Status

Unemployed     Full-time     Part-time     Contract/Temp     Casual

**Jobseekers**

JSID (Job seeker ID) \_\_\_\_\_ CRN (Centrelink Reference No.) \_\_\_\_\_  
 Employment Service Provider Name: \_\_\_\_\_  
 Employment Service Provider referral ID: \_\_\_\_\_

**Section 3c – Unique Student Identifier (USI)**

I already have a Unique Student Identifier    My USI is: \_\_\_\_\_ (go to section 4)  
 I do not have a Unique Student Identifier  
 I will register for a USI    or     Please register me for a USI (in order for VITAL TRAINING SOLUTIONS PTY LTD to create a USI for you please complete the Unique Student Identifier RTO Application form)

**Section 4 – Language Literacy and Numeracy (LLN) For Certificate IV and above**

We are committed to supporting all of our students in successfully completing their selected qualification/s. As such we applaud the research that has been undertaken in understanding students LLN needs. Research clearly indicates that many students require some level of LLN support.

Our desire is to understand any need that you, as a student, may have in regards to LLN. To assist you in this area we ask for you to either opt in or opt out of an LLN assessment, which will assist both you and us in ensuring the best outcomes possible for you. **To best accommodate this we ask that every student select one of the following:**

<input type="checkbox"/> - I appreciate that the RTO is interested in my LLN standard, however I affirm that I do not require any assistance with LLN for the course I am choosing to undertake - Please finalise my enrolment.  <i>*If you have selected this option your enrolment will be processed on receipt of your completed enrolment form.</i>	<input type="checkbox"/> - I am unsure if my LLN standard is sufficient for the level of study I am undertaking. And I elect to submit the completed LLN assessment for assessment.  <i>*If you have selected this option your enrolment will not be processed until a formal LLN assessment has been completed. A Learning Leader will be in contact with you to arrange this assessment.</i>
---	--

Note: For jobseekers and those doing a Certificate III and below, an LLN Test is applicable.

**Section 5a – Schooling and previous qualifications achieved**

What is your highest COMPLETED school level? (Tick one box only)

Year 12     Year 11     Year 10     Year 9 or equivalent     Year 8 or lower     Did not go to high school

Are you still attending secondary school?

Yes     No    ▶ In which year did you complete that school level? Please specify: \_\_\_\_\_

Have you SUCCESSFULLY completed any of the following qualifications?

Note: Qualifications obtained overseas do not apply unless equivalency has been formally established in Australia

No     Yes    ▼ – please tick ANY applicable boxes below

<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate other than the ones mentioned,	

Please specify the name of the highest qualification obtained: \_\_\_\_\_

Have you obtained any of the above qualifications whilst still attending school?  No     Yes    ▼ please state which one \_\_\_\_\_

Have you obtained any of the above qualification overseas?  No  Yes ▼ please state which one \_\_\_\_\_

Has this qualification been recognised in Australia?  No  Yes, please specify: \_\_\_\_\_  
 ▶ Supply documentation to support your answer

### Section 5b – Current qualification enrolments

In this calendar year have you completed or withdrawn from a government subsidised course?  Yes  No

Have you already enrolled and waiting to commence a government subsidised course this year?  Yes  No

Are you currently undertaking a government subsidised course?  Yes  No

If you answered yes to any of the above please list the names of the courses/qualification: \_\_\_\_\_

### Section 6 – Language ability

Do you speak a language other than English at home?

No, English only  Yes, Other– please specify ▶ : \_\_\_\_\_

How well do you speak English?  Very well  Well  Not well  Not at all

How well do you understand written English?  Very well  Well  Not well  Not at all

How well do you write in English?  Very well  Well  Not well  Not at all

### Section 7 – Disability

Do you consider yourself to have a disability, impairment or long-term condition?  No  Yes ▼

If YES, please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area)

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Intellectual   | <input type="checkbox"/> Learning | <input type="checkbox"/> Physical                            |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Vision   | <input type="checkbox"/> Acquired brain impairment condition |
| <input type="checkbox"/> Hearing /Deaf  | <input type="checkbox"/> Medical  | <input type="checkbox"/> Other, please state: _____          |

### Section 8 – Study reasons

Of the following, which BEST describes your main reason for you undertaking this course/traineeship? (Tick one box only)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> To get a job                    | <input type="checkbox"/> It is a requirement of my job       | <input type="checkbox"/> To try for a different career             |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I want extra skills for my job      | <input type="checkbox"/> To get a better job or promotion          |
| <input type="checkbox"/> To start my own business        | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> Other reasons                   |  |  |

Briefly state why you want to complete this course and what skills/knowledge you want to develop:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Section 9 – Concession or Fee-Free Scholarship

Are you dependent upon a person who holds, or do you hold any of the following concessions? (NB: Please attach evidence)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No, not applicable  | <input type="checkbox"/> Pensioner Concession Card | <input type="checkbox"/> Health Care Card |
| <input type="checkbox"/> Repatriation Health Benefits Card issued by the Department of Veterans' Affairs <input type="checkbox"/> Other, please state: _____ |  |   |

Are you dependent upon a person receiving, or do you receive any of the following allowances? (NB: please attach evidence)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Youth Allowance | <input type="checkbox"/> Exceptional Circumstances Relief Payment | <input type="checkbox"/> Wife pension               | <input type="checkbox"/> Age Pension        |
| <input type="checkbox"/> Austudy         | <input type="checkbox"/> Family Tax Benefit Part A–Maximum Rate   | <input type="checkbox"/> Newstart allowance         | <input type="checkbox"/> Sickness Allowance |
| <input type="checkbox"/> Carer Payment   | <input type="checkbox"/> Farm Household Allowance                 | <input type="checkbox"/> Veterans' Affairs Pension  | <input type="checkbox"/> Widow Allowance    |
| <input type="checkbox"/> Special Benefit | <input type="checkbox"/> Veterans' Children Education Scheme      | <input type="checkbox"/> Parenting Payment (Single) | <input type="checkbox"/> Widow B Pension    |

Are you living in social housing in NSW or on the NSW Housing Register (waiting list)? (NB: Please attach declaration form)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> No, not applicable   | <input type="checkbox"/> Public housing | <input type="checkbox"/> Community housing | <input type="checkbox"/> Aboriginal housing |
| <input type="checkbox"/> Crisis accommodation/supported accommodation <input type="checkbox"/> Private rental assistance managed by Housing NSW |   |  |   |

### Section 10 – Recognition of Prior Learning (RPL) or Credit Transfer

If you have prior experience or have studied similar units of this course in the past, you can apply for an exemption from a \_\_\_\_\_

unit(s) or part of the course via an RPL assessment or credit transfer process.

**Would you like to apply for RPL or Credit Transfer?**  Yes  No

### Section 11 – Microsoft Office and internet access

**Which version of Microsoft Office do you use at work?**  2003  2007  2010  Other  None

**Which version of Microsoft Office do you use at home?**  2003  2007  2010  Other  None

**How will you access the Internet?**  Home  Work  No access

### Section 12 – Employer details

#### Employer business name and ABN

Employer business name:

ABN:

#### Employer contact

Contact name:

Position:

#### Employer address

No. and street:

Suburb:

State:

NSW

Postcode:

#### Employer contact details and employee start date

Work:

Mobile:

Email:

Student employment start date: / /

\_\_\_\_\_  
Employer signature

/ /  
Date

### Section 13 – Privacy notice and applicant declaration

#### I understand that:

##### Privacy

- » The information I have provided in this application form will be used by VITAL TRAINING SOLUTIONS PTY LTD for the purpose of general participant administration, planning and communication. The information contained herein may be provided to governing agencies that fund and/or accredit this course. The provision of this information is essential to determine your eligibility for a place in this course. You consent to the RTO obtaining all personal information necessary for the purpose of your application and course. The RTO abides by the Australian Privacy Principles with regard to storing of your details. Information provided will be held securely. Refer to the Privacy Policy for further information or [www.oaic.gov.au](http://www.oaic.gov.au).
- » I am aware of the Notification of Enrolment Process and I understand and will adhere to the RTO and the relevant state Department of Education and Training policies.
- » I consent/authorise VITAL TRAINING SOLUTIONS PTY LTD to apply/verify my Unique Student identifier.
- » I also acknowledge that I have the right to access personal information which VITAL TRAINING SOLUTIONS PTY LTD holds about me, subject to exceptions in relevant privacy legislation. A charge may apply for providing access, such as a reprint of a certificate or statement of results.

##### Student Responsibilities

- » I request enrolment with VITAL TRAINING SOLUTIONS PTY LTD and agree to abide by the conditions of the course.
- » I am aware I need to read the Student Handbook (V2.2) provided.
- » I declare that all information I have provided is true and correct.
- » I understand the requirements and desired outcomes for the course I am enrolling in.
- » I agree to act in accordance with the regulations, policies and procedures of VITAL TRAINING SOLUTIONS PTY LTD.

- » I agree to maintain the highest ethical standards of academic integrity in my work and to comply with the requirements of VITAL TRAINING SOLUTIONS PTY LTD.
- » I acknowledge I have a responsibility to appropriately acknowledge the contribution of others in all academic work and the consequences of plagiarism, collusion, fraud, fabrication or falsifying of data which may result in cancellation of enrolment, is not acceptable.
- » I understand I am expected to be aware of my individual rights and responsibilities regarding the proper use of copyright material.

#### **Student Rights:**

- » I agree I have a responsibility to value the diversity of students and staff from VITAL TRAINING SOLUTIONS PTY LTD and I have a responsibility to treat all members of the staff and student community from VITAL TRAINING SOLUTIONS PTY LTD (this includes, teaching, administration and professional staff and other students), with respect and courtesy regardless of gender, age, ethnicity, social background, disability, sexual preference or religious beliefs and customs.
- » I understand if I engage in threatening, harassing, discriminatory or bullying behaviour towards other students and staff from VITAL TRAINING SOLUTIONS PTY LTD, I may have my enrolment cancelled and could be liable for criminal prosecution and/or civil action together with any sanctions VITAL TRAINING SOLUTIONS PTY LTD choose to apply.

#### **Fees, Charges and Refunds:**

- » I have read and understood the Fees, Charges and Refund policy in the Student handbook (V2.2) which I can access through VITAL TRAINING SOLUTIONS PTY LTD website (<http://Vital Training Pty Ltdtraining.com.au/>) or I may request a physical copy at any time) as well as Schedule 1 - Fees and Charges of the Student Handbook (V2.2).
- » I have read and understood my individual Mandatory Fees and charges associated with this program, Concession Rates, Other Charges and Tuition Contribution Fees as outlined in my provisional enrolment offer letter. I agree to pay all fees within the terms of conditions outlined in VITAL TRAINING SOLUTIONS PTY LTD Fees, Charges and Refunds Policy and Procedure.
- » Fee For Service (Non-Government Funded) students are required to pay their fees by instalments arranged with the Accounts Department of VITAL TRAINING SOLUTIONS PTY LTD.
- » VITAL TRAINING SOLUTIONS PTY LTD will not take initial course/enrolment payments of more than \$1,500 from a student. If a student is required to pay in excess of \$1,500, this will be in separate instalments.
- » I agree to pay any fees and charges to VITAL TRAINING SOLUTIONS PTY LTD arising from my enrolment.
- » I understand that if I choose to withdraw from a course, a formal written letter of withdrawal is required.

For further information please consult in the Student Handbook (V2.2).

---

**I have been advised I can access the Student Handbook (V2.2) on the VITAL TRAINING SOLUTIONS PTY LTD Website (<http://www.vitaltrainingsolutions.com.au/>) or through my trainer. The handbook advises me of;**

- » Complaints and appeals process
- » Student support services
- » Assessment methods
- » Training delivery
- » Student rights and responsibilities
- » Fees, charges and refunds policy
- » Withdrawal and Deferment of Studies policy
- » Privacy Act and Freedom of Information
- » Consumer Protection Policy (NSW Smart and Skilled Programs)

**I acknowledge that the following has been fully explained to me:**

- » Qualifications, course and assessment
  - » Units of competence
-

» Duration of Training

I declare that the information provided by me in the enrolment application is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in my removal from the course and render me ineligible to receive the stated qualification.

I understand that if my application is incomplete it will not be processed, I also understand that this application does not guarantee a place in this course.

Where my employer has paid for my training, I authorise VITAL TRAINING SOLUTIONS PTY LTD upon completion to forward either a copy or the original of my award to my employer at the address listed on this form or the last known address of my employer.

\_\_\_\_\_  
Student signature

\_\_\_\_\_/\_\_\_\_\_  
Date

**Office use only - RTO authorised delegate to complete**

I declare I have reviewed the enrolment and verify it to be complete and accurate. I have verified the student's name and date of birth by sighting and attaching a copy to this application:

a current drivers licence; or  a current learners permit; or  a Proof of Age card; or  a 'Keypass' card; and

I certify that I have sighted the following original (certified copy) documentation from the applicant to confirm residency status:

- |  |   |
|--|---|
| <input type="checkbox"/> an Australian Birth Certificate; or | <input type="checkbox"/> a green Medicare Card; or  |
| <input type="checkbox"/> a current Australian Passport; or   | <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence; or |
| <input type="checkbox"/> a current New Zealand Passport; or  | <input type="checkbox"/> a signed declaration by a relevant referee   |
| <input type="checkbox"/> a naturalisation certificate; or    |   |
| <input type="checkbox"/> a Temporary Protection Visa; or     |   |

I certify that I have sighted and copied the applicant's concession/pension card if applying for a concession.

\_\_\_\_\_  
RTO representative name

\_\_\_\_\_  
RTO representative signature

\_\_\_\_\_/\_\_\_\_\_  
Date