

Enrolment Form

Name and Contact Details			
Your Name:			
Home phone:	()	Work:	()
Mobile:		Email:	
Title:	Mr/Mrs/Miss/Ms/Dr		

Course Details	
Which course would you like to enroll into?	<input type="checkbox"/> Cosmetic Tattooing Course SHBBSKS003 Design and provide cosmetic tattooing SHBBINF001 Maintain infection control standards
Preferred start date:	<input type="checkbox"/> As soon as possible <input type="checkbox"/> From: ___/___/___
Have you ever studied with RTO Melbourne before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Credit ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information
Do you wish to apply for Recognition of Prior Learning ? <i>If you indicate YES, you will be contacted to discuss this further.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information

Employment Details			
<i>Not applicable for class based students or RTO Melbourne employees – skip section</i>			
Employer's legal name:			
Your position:			
Business address:			
		Postcode:	
Postal address: (if different from above)			
		Postcode:	
Phone:	()	Fax:	()
Email:			
Supervisor:		Position:	

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Personal Details

1. Enter your full name			
Surname:			
Given names:*			
<p><i>* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want RTO Melbourne to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.</i></p>			
2. Date of Birth	__ / __ / ____ (dd-mm-yyyy)	3. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. What is the address of your usual residence? <i>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.</i>			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	
5. What is your postal address (if different from above)?			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	

Language and cultural diversity

6. In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
7. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only - <u>Go to question 9</u> <input type="checkbox"/> Yes, other, please specify: _____
8. How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
9. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander

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Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

Yes No – go to question 12

11. If yes, please indicate the area of disability, impairment or long term condition (*tick as many as apply*)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Learning | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Vision | <input type="checkbox"/> Other (Please specify): _____ |

Schooling

12. What is your highest COMPLETED school level (*tick one box only*)

- | | | |
|--|--|---|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Year 8 or below | <input type="checkbox"/> Never attended school – <u>Go to question 14</u> |

13. In which YEAR did you complete that school level?

14. Are you still attending secondary school?

Yes No

Previous qualification achieved

15. Have you SUCCESSFULLY completed any of the following qualifications?

Yes – indicate below Question 16
 No – Go to Question 17

16. If yes, please enter ONE of these Prior Education Achievement Recognition Identifiers for ANY applicable qualification level.

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	<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> I	Certificate III (or Trade Certificate)	<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> I
Advanced Diploma or Associate Degree	<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> I	Certificate II	<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> I
Diploma (or Associate Diploma)	<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> I	Certificate I	<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> I
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> I	Certificates other than the above	<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> I

Employment

17. Of the following categories, which BEST describes your current employment status? (*Tick one box only*)

- | | | |
|---|--|---|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employer | <input type="checkbox"/> Unemployed – seeking part-time work <u>go to Question 20</u> |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Not employed – not seeking employment <u>go to Question 20</u> |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking full-time work | <u>go to Question 20</u> |

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Study reason

18. Of the following categories, which BEST describes your main reason for undertaking this course? *(Tick one box only)*

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

Victorian Student Number *To be completed by all Victorian students aged up to 24 years*

A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

19. Enter your Victorian Student Number (VSN)

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20. Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

- | | |
|---|---|
| <input type="checkbox"/> No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. | |
| <input type="checkbox"/> Yes - I have attended a Victorian school since 2009 | Most recent Victorian school attended: |
| <input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011 | List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations) |

1.

2.

3.

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Unique Student Identifier (USI)

From 1 January 2015, we, RTO Melbourne can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

21. Enter your unique student identifier (if you already have one)

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Additional Information for USI Application – only required if you do NOT already have a USI

22. Town/City of Birth
Please write the name of the Australian or overseas town or city where you were born

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23. We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below. Please ensure that the name written in Personal Details section above is EXACTLY the same as written in the document you provide below.

Australian Driver's License
State/Territory issued: _____
License number: _____
Expiry Date: ____/____/____
(day/month/year)

Australian Passport
Document Number: _____
Expiry Date: ____/____/____
(day/month/year)

Certificate of Registration by Descent
Acquisition date ____/____/____
(day/month/year)

Non Australian Passport (with Australian Visa)
Passport number _____
Country of Issue: _____
Expiry Date: ____/____/____
(day/month/year)

Medicare Card
Card Number: _____
Individual reference number: _____
next to your name on Medicare card
Expiry Date ____/____
(month/year)

Citizenship Certificate
Stock number: _____
Acquisition date ____/____/____
(day/month/year)

Card Colour Green Yellow Blue

ImmiCard
Card Number: _____

Birth Certificate (Australian) optional to include Birth Certificate option
Please note:
– a Birth Certificate extract is not sufficient
– please ensure Town/City of Birth at Question 23 is correct.
– different details are required depending on the jurisdiction of issue – for clarification refer to this page: [http://usi.gov.au/help-centre/proof-of-ID/Pages/birth_certificate_\(australian\).aspx#](http://usi.gov.au/help-centre/proof-of-ID/Pages/birth_certificate_(australian).aspx#)

Registration Number:	
State/Territory issued:	
Registration Year:	
Date printed/issued:	
Certificate/document number	

In accordance with section 11 of the *Student Identifiers Act 2014*, RTO Melbourne 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, unless we are required by or under any law to retain it.

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Next of kin/emergency contact			
Name:		Relationship to you:	
Address:			
		Postcode:	
Home phone:	()	Work:	()
Mobile:		Email:	

Privacy Statement & Student Declaration	
<p>I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by RTO Melbourne.</p> <p>I understand that my RTO RTO Melbourne 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:</p> <ul style="list-style-type: none"> • School - if I am a school based apprentice or trainee or VET in Schools student. • Employer - if I am enrolled in training paid by my employer. • Government departments and agencies and authorised VET related bodies. • VET regulators. <p>If you would like us RTO Melbourne to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.</p> <p>I, _____ authorise</p> <p>RTO Melbourne to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.</p> <p><input type="checkbox"/> I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</p> <p><input type="checkbox"/> I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.</p>	
Student Signature:	Date: / /
Printed Name:	