

I.G Institute

Enrolment Form

Course Code:				Course Name:													
PERSONAL DETAILS (Legal name as per photo ID, which will need to be sighted to verify legal name)																	
TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____																
GIVEN NAME				PREFERRED NAME													
FAMILY NAME				GENDER (Tick ONE box only)	<input type="checkbox"/> Female <input type="checkbox"/> Not specified <input type="checkbox"/> Male												
TOWN/ CITY OF BIRTH				DATE OF BIRTH	___/___/____												
PHONE - HOME				MOBILE													
EMAIL				PREFERRED CONTACT METHOD	<input type="checkbox"/> Mobile <input type="checkbox"/> Email												
RESIDENCY STATUS	Which of the following best describes your current residency status?			<input type="checkbox"/> Australian citizen <input type="checkbox"/> Australian permanent resident		<input type="checkbox"/> Humanitarian visa <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> None of the above Please Specify _____											
RESIDENTIAL ADDRESS																	
STREET NO/NAME																	
SUBURB				STATE			POSTCODE										
POSTAL ADDRESS																	
POSTAL ADDRESS	Is your postal address the same as your residential address?			<input type="checkbox"/> Yes <input type="checkbox"/> No, please specify below.													
STREET NO/NAME																	
SUBURB				STATE			POSTCODE										
EMERGENCY CONTACT				RELATIONSHIP													
CONTACT NUMBER				In the event of an emergency do you give the RTO permission to organise emergency transport and treatment and agree to pay all costs related to the emergency? YES / NO													
Unique Student Identifier				Creating a USI													
<p>From 1 January 2015, we I.G Institute 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. Please note that if you would like to specify your gender as "other" you will need to contact the USI Office for assistance.</p> <p>I have and provide my Unique Student Identifier:</p>																	
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>														<p>In providing my USI, I confirm Trade Training College is authorised to collect, use and disclose my student identifier for the purposes required under the Student Identifiers Act 2014</p>			
<p>Trade Training College is also able to create a USI for you.</p> <p>Before completing this section, students should review the Fact Sheet: Student Information for the Unique Student Identifier available at the USI website www.usi.gov.au/students</p> <p>If you would like us Trade Training College 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/Documents/Privacy-Notice.pdf 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 Trade Training College to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. 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/Documents/Privacy-Notice.pdf</p> <p>You understand that you may receive a National Centre for Vocational Education Research (NCVER) student survey. In accordance with section 11 of the Student Identifiers Act 2014, Trade Training College 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.</p> <p>If you wish I.G Institute to create a USI on your behalf, you must authorise us to do so please sign below and provide the following information. To create a USI, you will need to provide Trade Training College will ONE valid Australian form of ID</p>																	
Signature:				Date:													

AVETMISS DATA COLLECTION		
LANGUAGE & CULTURAL DIVERSITY	DISABILITY	SCHOOLING
<p>In which country where you born?</p> <p><input type="checkbox"/> Australia</p> <p><input type="checkbox"/> Other – please specify _____</p> <hr/> <p>Do you speak a language other than English at home?</p> <p><input type="checkbox"/> No, English only</p> <p><input type="checkbox"/> Yes, other – please specify _____</p> <hr/> <p>How well do you speak English?</p> <p><input type="checkbox"/> Very well</p> <p><input type="checkbox"/> Not Well</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not at all</p> <hr/> <p>Are you of Aboriginal or Torres Strait Islander origin?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p> <p><input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander</p>	<p>Do you consider yourself to have a disability, impairment or long-term condition?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>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)</i></p> <p><i>Please refer to the Disability supplement for explanation of the following disabilities</i></p> <p><input type="checkbox"/> Hearing/Deaf</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Intellectual</p> <p><input type="checkbox"/> Learning</p> <p><input type="checkbox"/> Mental Illness</p> <p><input type="checkbox"/> Acquired brain impairment</p> <p><input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Medical condition</p> <p><input type="checkbox"/> Other</p> <p><i>If Yes, will the above specified disability, impairment or long-term condition affect your training?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>If Yes, please discuss this with your trainer/RTO Representative conducting the sign up and provide evidence of how this will affect your training. You will be required to complete a Support Services Form.</i></p>	<p>What is your highest COMPLETED school level? (Please tick ONE box only)</p> <p><i>Note: If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the highest school level completed is Year 9</i></p> <p><input type="checkbox"/> Year 12 or equivalent</p> <p><input type="checkbox"/> Year 11 or equivalent</p> <p><input type="checkbox"/> Year 10 or equivalent</p> <p><input type="checkbox"/> Year 9 or equivalent</p> <p><input type="checkbox"/> Year 8 or below</p> <p><input type="checkbox"/> Never attended school</p> <hr/> <p>In which YEAR did you complete that school level?</p> <p>_____</p> <hr/> <p>Are you still attending secondary school?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
PREVIOUS QUALIFICATIONS ACHIEVED	EMPLOYMENT	STUDY REASON
<p>Have you SUCCESSFULLY COMPLETED any qualifications since turning 17? (Tick one box only)</p> <p><input type="checkbox"/> Yes, while at school</p> <p><input type="checkbox"/> Yes, after leaving school</p> <p><input type="checkbox"/> No</p> <p>If YES, please tick ANY applicable boxes</p> <p><input type="checkbox"/> Bachelor's degree or Higher Degree</p> <p><input type="checkbox"/> Advanced Diploma or Associate Degree</p> <p><input type="checkbox"/> Diploma (or Associate Diploma)</p> <p><input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)</p> <p><input type="checkbox"/> Certificate III (or Trade Certificate)</p> <p><input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> Other education (Certificates or overseas qualifications not listed above)</p> <p>Please Specify _____</p>	<p>Of the following categories, which BEST describes your current employment status? (Tick ONE box only)</p> <p><i>For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 15 hours per week)</i></p> <p><input type="checkbox"/> Full-Time employee</p> <p><input type="checkbox"/> Part-Time employee</p> <p><input type="checkbox"/> Self-employed - not employing others</p> <p><input type="checkbox"/> Self-Employed-Employing Others</p> <p><input type="checkbox"/> Employed - Unpaid worker in a family business</p> <p><input type="checkbox"/> Unemployed – Seeking full-time work</p> <p><input type="checkbox"/> Unemployed – Seeking part-time work</p> <p>Not employed – Not seeking employment</p>	<p>Of the following categories, which BEST describes your main reason for undertaking this course/ traineeship/apprenticeship? (Tick ONE box only)</p> <p><input type="checkbox"/> To get a job</p> <p><input type="checkbox"/> To develop my existing business</p> <p><input type="checkbox"/> To start my own business</p> <p><input type="checkbox"/> To start a different career</p> <p><input type="checkbox"/> To get a promotion</p> <p><input type="checkbox"/> It was a requirement of my job</p> <p><input type="checkbox"/> I want extra skills for my job</p> <p><input type="checkbox"/> To get into another course or study</p> <p><input type="checkbox"/> For personal interest or self-development</p> <p>Other reasons _____</p>

EMPLOYMENT INFORMATION (if applicable)				
COMPANY TRADING NAME				
YOUR POSITION				
PHONE		EMAIL		
STREET NO/NAME				
SUBURB		STATE		POSTCODE
WELFARE BENEFITS		SUPPORT ASSISTANCE		
<p>If you are a welfare recipient or a dependent child/spouse of a welfare recipient, you may be eligible to receive a concession or an exemption on your student fees through Smart and Skilled criteria.</p> <p>Please provide valid evidence to support your welfare benefits to be considered for a concession or exemption.</p> <p>Do you currently receive welfare benefits? (Tick one box only)</p> <p><input type="checkbox"/> Yes, I am a welfare recipient</p> <p><input type="checkbox"/> Yes, I am a dependent child/spouse of a welfare recipient</p> <p><input type="checkbox"/> No, I am not a welfare recipient or a dependent child/spouse of a welfare recipient</p> <p>If Yes, please tick all applicable boxes.</p> <p><input type="checkbox"/> Age Pension</p> <p><input type="checkbox"/> Austudy</p> <p><input type="checkbox"/> Carer Payment</p> <p><input type="checkbox"/> Exceptional Circumstance Relief Payment</p> <p><input type="checkbox"/> Family Tax Benefit Part A – Maximum Rate</p> <p><input type="checkbox"/> Farm Household Allowance</p> <p><input type="checkbox"/> Newstart Allowance</p> <p><input type="checkbox"/> Parenting Payment (Single)</p> <p><input type="checkbox"/> Sickness Allowance</p> <p><input type="checkbox"/> Special Benefit</p> <p><input type="checkbox"/> Veterans' Affairs Pensions</p> <p><input type="checkbox"/> Veterans' Children Education Scheme</p> <p><input type="checkbox"/> Widow Allowance</p> <p><input type="checkbox"/> Widow B Pension</p> <p><input type="checkbox"/> Wife Pension</p> <p><input type="checkbox"/> Youth Allowance</p> <p>Are you currently living in NSW social housing or are you living in a household on the NSW Housing Register?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		<p>Do you require any of the following forms of assistance? (Please tick all applicable boxes)</p> <p>To enable successful participation and completion of the course you are eligible to undertake, the RTO will endeavor to provide you with support where possible. In the event the RTO does not have the capacity to cater for your needs the RTO will recommend you to either external support service or another provider. Any costs associated with a third party is incurred by you and not the RTO.</p> <p><input type="checkbox"/> Language, literacy or numeracy support?</p> <p>If you answered YES to the above question do you require any assistance to participate in this course</p> <p><input type="checkbox"/> Yes (if yes, we'll arrange a meeting to discuss with you)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Support for learning disability (e.g. Dyslexia, ADHD)?</p> <p><input type="checkbox"/> Assistance to read and write proficiently?</p> <p><input type="checkbox"/> Assistance related to a medical condition or mental illness?</p> <p><input type="checkbox"/> Mentoring for indigenous people?</p> <p><input type="checkbox"/> Provision of sign interpreter?</p> <p><input type="checkbox"/> Assistance with note taking for visually impaired.</p> <p><input type="checkbox"/> Support and guidance for women undertaking non-traditional traineeships?</p> <p><input type="checkbox"/> Other, Please Specify _____</p> <p>_____</p> <p>_____</p>		
SMART AND SKILLED (if applicable)				
<p>Have you undertaken any Smart and Skilled qualifications this calendar year? This includes qualifications that you have completed, enrolled in or currently undertaking this year.</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Are you an Employment Services Provider Client</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Employment Service Provider Organisation Name or ID</p>		<p>Employment Service Provider Client ID</p>		
<p>Have you been referred to this training by an employment services Provider client?</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ELIGIBILITY

For eligibility for specific courses you must be:

- Australian citizen, permanent resident, humanitarian visa holder or a New Zealand citizen, and
- 15 years or older, and
- have left school, and
- live or work in NSW

To be eligible for a new entrant traineeship as an employee:

- for less than 3 months as a full-time employee prior to the commencement of the traineeship, or
- for less than 12 months as a part-time or casual employee prior to the commencement of the traineeship, or
- for less than 12 months in a combination of part-time, casual and full-time employment prior to the commencement of the traineeship

CREDIT TRANSFER/RPL

We offer Recognition of Prior Learning and Credit Transfer, are you interested in applying for either of these?

- Recognition of Prior Learner (RPL)** – I believe I would be suitable for RPL.
- Credit Transfers (CT)** – I have completed courses in the past and would like to apply for Credit Transfers.
Please complete a Credit Transfer Application form
- Neither** - I do not wish to apply for RPL or CT.

Acknowledgement of Terms and Conditions

Declaration

In making this application for enrolment, 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 I.G Institute

I also declare that I have received or been directed to the following document prior to enrolment:

- Program Outline/Training Plan
- Received Terms & Conditions of Enrolment
- Student Fees and Subsidies as per Attached Schedule for my course
- Student Fees and Subsidies not applicable to me
- I wish to apply for Concession (and I have supplied my current concession card)

I declare that I understand the following:

- I will be required to complete a Learner Survey on completing or discontinuing the course
- Photographic consent to publish your image for display on Trade Training College website

Applicant name and signature:

Date:

INSTITUTE