



learning

ENROLMENT FORM

Course Details			
Which course would you like to enroll into?	<input type="checkbox"/> CHC30213 - Certificate III in Education Support <input type="checkbox"/> CHC30113 – Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50113 – Diploma of Early Childhood Education and Care <input type="checkbox"/> CHC62015 - Advanced Diploma of Community Sector Management <input type="checkbox"/> HLTAID004 - Provide an emergency first aid response in an early childhood education and care setting <input type="checkbox"/> HLTAID001 – Provide cardiopulmonary resuscitation <input type="checkbox"/> HLTAID003 – Provide First Aid <input type="checkbox"/> 22282VIC - Course in the Management of Asthma Risks and Emergencies in the Workplace <input type="checkbox"/> CPC10111 Certificate I in construction <input type="checkbox"/> 22238VIC Certificate II in Building and Construction (Pre-apprenticeship)		
Preferred start date:	<input type="checkbox"/> As soon as possible		<input type="checkbox"/> From: ___/___/___
Have you ever studied with TRY Learning before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to apply for Course Credit (CT) ? <i>If YES, <u>certified copies of transcripts from previous qualifications must be provided with this form.</u></i>		<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 (RPL) ? <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"/> I'd like more information	
Referrals to Training			
Insert details of anyone who may have referred training (if applicable)			
Department/Centre (TRY Australia Employees only)			
Personal Details			
1. Enter your full name			
Surname:			
Given names: *		Title:	Mr / Mrs / Miss / Ms / Dr
Phone/Mobile:		Email:	
* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. 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.			
2. Date of Birth	__ / __ / ____ (dd-mm-yyyy)	3. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other



learning

ENROLMENT FORM

4. What is the address of your usual residence?

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.

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

Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No - <u>Go to question 12</u>
11. If yes, please indicate the area of disability, impairment or long term condition (You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.	

- Hearing/deaf Physical Vision Learning Intellectual
- Mental illness Acquired brain impairment Medical condition
- Other (please specify):



learning

ENROLMENT FORM

Schooling

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

If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually 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.

- Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent
 Year 9 or equivalent Year 8 or below Never attended school – **Go to question 14**

13. Are you still attending secondary or senior Education?

Yes No

Previous Qualification Achieved

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

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

15. If YES, please tick ANY applicable boxes.

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

16. Of the following categories, which BEST describes your current employment status?

(Tick one box only) 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 35 hours per week).

- Full-time employee Self-employed - employing Others Unemployed – seeking part-time work
 Part-time employee Employed – unpaid worker in a family business Not employed – not seeking employment
 Self-employed – not employing others Unemployed – seeking full-time work

Study Reason

17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

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



learning

ENROLMENT FORM

Employment Details *(Only fill out if currently employed)*

Employer's legal name:			
Your position:			
Business address:		Postcode:	
Postal address: (if different from above)			
Phone:	()	Fax:	()
Email:			
Supervisor:		Position:	

Next of Kin/emergency Contact

Name:		Relationship to you:	
Address:		Postcode:	
Home phone:	()	Work:	()
Mobile:		Email:	

Unique Student Identifier (USI)

From 1 January 2015, TRY Learning 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). In addition, we are required to include your USI in the data we submit to NCVET. 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.

Enter your Unique Student Identifier *										
--	--	--	--	--	--	--	--	--	--	--

****Your enrolment will be completed and you may start the course once you provided your USI number.***

Identification Evidence

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below. Please note a photo ID document is required.

<input type="checkbox"/> Current Driver's License State/Territory issued: _____ License number: _____ Expiry Date: ____/____/____ (day/month/year)	<input type="checkbox"/> Current Medicare Card Card Number: _____ Individual reference number: ____ (next to your name on Medicare card) Expiry Date ____ / ____ (month/year) Card Color <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Blue
--	---



ENROLMENT FORM

<input type="checkbox"/> Australian Passport Document Number: _____ Expiry Date: ____/____/____ (day/month/year)	<input type="checkbox"/> Non Australian Passport (with Australian Visa) Passport number: _____ Country of Issue: _____ Expiry Date: ____/____/____ (day/month/year)
<input type="checkbox"/> Birth Certificate (Australian) State/Territory issued _____ Registration Number _____ Registration year _____ Document Number _____	<input type="checkbox"/> Citizenship Certificate Stock number: _____ Acquisition date: ____/____/____ (day/month/year)
<input type="checkbox"/> Certificate of Registration by Descent Acquisition date ____/____/____ (day/month/year)	<input type="checkbox"/> ImmiCard Card Number: _____

Privacy Statement & Student Declaration (Please tick acknowledgements)

- Iunderstand that:
- Under the Data Provision Requirements 2012 and Department of Education and Training requirements it is mandatory that TRY Learning collects my personal information within this enrolment document
 - My personal information contained in TRY Learning enrolment forms may be used or disclosed by TRY Learning for statistical, regulatory and research purposes to relevant third parties such as:
 - School – if you are a secondary student undertaking VET, including a school based traineeship;
 - Employer – if you are enrolled in training payed by your employer
 - Commonwealth and State or Territory government departments and authorised agencies;
 - NCVET (National Centre for Vocational Education Research LTD)
 - Organisations conducting student surveys
 - Researchers
 - My personal information contained in TRY Learning enrolment forms may be used or disclosed by TRY Learning to Victorian Government for the following purposes
 - Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
 - understanding how the VET market operates, for policy, workforce planning and consumer information;
 - administering VET, including program administration, regulation, monitoring and evaluation.



learning

ENROLMENT FORM

- NCVET will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVET policies and protocols (including those published on NCVET's website at www.ncvet.edu.au).
- The Department of Education and Training is authorised to collect and handle USI in accordance with Student Identifiers Act 2014 (Cth) and the Students Identifiers Regulation 2014 (Cth)

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.

Student Signature:		Date:	/ /
Parent/Guardian approval <i>Required If you are under 18 years of age</i>			
Parent/Guardian Name:			
Signature:		Date:	/ /



learning

ENROLMENT FORM

Disability Supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse,



ENROLMENT FORM

degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.