



| COURSE DETAILS | | | | CSD / CSR / S&S / FFS | | | |
|--|---|--------------------------------|--|--|--------------|-----------|--|
| Qualification/Course Name: | | | | | Course Date: | | |
| National Code: | | | | | Price: | | |
| STUDENT DETAILS | | | | | | | |
| Please note all fields are mandatory. Types of evidence: Driver's Licence, Identity Card, Passport (must be photo ID). | | | | | | | |
| Title: | | Full Name (as on evidence): | First Name | Middle Name/s | Surname | | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | | Date of Birth: | | | |
| Work Phone: | | | | Home Phone: | | | |
| Mobile: | | | | | | | |
| Email Address: | | | | | | | |
| Residential Address: | | | | | | | |
| Suburb/City: | | | | State: | | Postcode: | |
| Postal Address: (if different from above) | | | | | | | |
| BACKGROUND | | | | | | | |
| Country of Birth: | | | | City of Birth: | | | |
| Australian Citizenship Status: (Please tick one only) | <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Temporary Resident Visa <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> New Zealand Resident <input type="checkbox"/> Holiday Visa <input type="checkbox"/> Permanent Humanitarian Visa | | | |
| Country of Citizenship: (If not Australia) | | | | | | | |
| Are you Aboriginal or Torres Strait Islander: | <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander | | | <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander | | | |
| Which best describes your employment status? | <input type="checkbox"/> Full-time employee <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid in family business | | | <input type="checkbox"/> Part-time employee <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Unemployed – not seeking employment <input type="checkbox"/> Self-employed – not employing others | | | |
| Are you from a Non-English speaking background (NESB): | <input type="checkbox"/> No | | | <input type="checkbox"/> Yes _____ | | | |
| If from NESB, 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 | | | | |
| Highest school level completed: | <input type="checkbox"/> Still at school <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below | | <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 Year completed: | | | | |
| Please indicate the presence of a disability, impairment or long-term condition: | <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical <input type="checkbox"/> Hearing/ Deaf <input type="checkbox"/> Vision <input type="checkbox"/> Acquired Brain Impairment | | <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Medical Cond. <input type="checkbox"/> Other | | | | |
| Level of education successfully completed, and; age at which the qualification was achieved: | <input type="checkbox"/> Bachelor Degree or higher | | | Age: | | | |
| | <input type="checkbox"/> Advanced Diploma or Associate Degree | | | Age: | | | |
| | <input type="checkbox"/> Diploma level | Age: | | <input type="checkbox"/> Certificate IV | Age: | | |
| | <input type="checkbox"/> Certificate III | Age: | | <input type="checkbox"/> Certificate II | Age: | | |
| | <input type="checkbox"/> Certificate I | Age: | | <input type="checkbox"/> Miscellaneous | | | |



| | | | |
|---|---|--|--|
| Identification Required: Evidence of Photo ID, Type and Number: (Minimum one form of Photo Identification is compulsory along with one additional form of Identification from documents listed) | Drivers Licence | Exp Date | |
| | Medicare (Green) | Exp Date | Line |
| | Immigration Card | Exp Date | |
| | Aust. Passport | Exp Date | |
| | Non Aust. Passport | Exp Date | |
| | Birth Certificate | | |
| | Citizenship Certificate | | |
| | Certificate of Registration | | |
| Identification Sighted and Noted (Initial & Date) | | | |
| Unique Student Identifier (USI): | | | |
| EMERGENCY CONTACT DETAILS | | | |
| Contact Name: | | | |
| Relationship: | | Contact Number: | |
| FURTHER COURSE DETAILS | | | |
| Which best describes your reason for undertaking training: (Please tick one only) | <input type="checkbox"/> 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"/> Other reasons | <input type="checkbox"/> For personal interest or self- | |
| | | | |
| Are you currently receiving; or are you a dependant child, spouse or partner of a recipient of a Commonwealth welfare benefit: Please note Centrelink card below in supporting documentation | <input type="checkbox"/> Age Pension | <input type="checkbox"/> Parenting Payment (Single) | |
| | <input type="checkbox"/> Austudy | <input type="checkbox"/> Parenting Payment (Partner) | |
| | <input type="checkbox"/> Carer Payment | <input type="checkbox"/> Special Benefit | |
| | <input type="checkbox"/> Disability Support Pension (DSP2) | <input type="checkbox"/> Veterans' Affairs Payments | |
| | <input type="checkbox"/> Exceptional Circumstances Relief Payment | <input type="checkbox"/> Veterans' Child. Edu. Scheme | |
| | <input type="checkbox"/> Sickness Allowance | | |
| | <input type="checkbox"/> Farm Help Income Support | <input type="checkbox"/> Widow Allowance | |
| | <input type="checkbox"/> Family Tax Benefit Part A (max rate) | <input type="checkbox"/> Widow 'B' Pension | |
| | <input type="checkbox"/> Mature Age Allowance | <input type="checkbox"/> Wife Pension | |
| | <input type="checkbox"/> Newstart Allowance | <input type="checkbox"/> Youth Allowance | |
| | | <input type="checkbox"/> Low Income | |
| | | | |
| Supporting Documentation: | Centrelink Card | Exp Date | |
| How did you find out about this course: | | | |
| ACCREDITED COURSES ONLY | | | |
| Are you applying for Recognition of Prior Learning? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you require literacy, disability or special learning support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| WHERE TO FIND INFORMATION | | | |
| Student information is located on the Coffs Coast Community College web site coffscollege.nsw.edu.au and can be viewed and printed as required. The Coffs Coast Community College Website contains: <ul style="list-style-type: none"> • Student Information Guide: <ul style="list-style-type: none"> ◦ Refund Policy, Grievance procedure, Assessment policy, Behaviour and dress code, Concessions • Privacy for Student Policy <ul style="list-style-type: none"> ◦ Department of Education and AVETMISS Student Privacy Statements • VQF and ASQA WEB links <ul style="list-style-type: none"> ◦ What is VQF? What does that mean to a student? What is ASQA? Other documents, forms and directions from the College but not on the WEB site: <ul style="list-style-type: none"> ◦ WH&S documents including: Evacuation plan and meeting point (visible on College Notice Boards), hazard reporting and accident reports. • Assessment process <ul style="list-style-type: none"> ◦ Units of competency, performance criteria, range statement and variables. | | | |



CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES

I _____
(First, middle and last name)
of _____
(current residential address)
with date of birth _____

understand and agree that personal information (information or opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information, including my ethnicity or health information (together **Personal Information**) collected by Coffs Coast Community College may be disclosed to the Department of Education and Communities (**Department**) and partnering RTOs (Registered Training Organisations).

The Department may disclose my Personal Information to other Australia government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercises of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by mail, telephone, email or post during or after I have ceased subsidised training with Coffs Coast Community College for the purpose of evaluating and assessing my training.

I declare:

- That the information I have supplied on this form is true, correct and complete.
- I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment.
- The Policies, Procedures and Consumer Rights Information have been made available to me online and I have read, understood and accepted these as conditions of my enrolment.
- I have been informed of fees and charges associated with this course, including the requirements and timelines to withdraw without incurring fees.
- I give consent to Coffs Coast Community College to create a Unique Student Identifier (USI) on my behalf and use my USI to check my eligibility and to calculate fees.
- I acknowledge that while I am enrolled I will comply with the rules, policies, procedures and by-laws of Coffs Coast Community College.

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: _____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ DATE: _____

OFFICE USE ONLY

Date Recd: _____ PO Provider: _____ PO#: _____ Amount Provider will Pay: _____

Date: _____ Receipt #: _____ Amount: _____ Method _____ Entered: _____

Is ACE Paperwork Required : Y /N

ACE Paperwork Filed (Initial & Date)

| Version | Approved By | Approval Date | Date of Effect | Sections Modified |
|----------|-------------|---------------|----------------|------------------------------|
| Original | | | | |
| v.8 | S Crossley | Feb 2019 | 14/2/19 | Gender / additional benefits |
| v.9 | S Crossley | Jul 2019 | 26/7/19 | Removed CSO Wording |