

COURSE DETAILS				CSD / CSR / S&S / FFS	
Qualification/Course Name:				Course Date:	
National Code:				Price:	
Please advise us if you have studied these unit/s previously as it may affect your eligibility to participate in the program. It is mandatory for you to link Coffs Coast Community College with your USI record which you can do with your USI account. I confirm that I have been advised:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCREDITED COURSES ONLY					
Are you applying for Credit Transfer or 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	
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)					
Unique Student Identifier (USI)					
Unique Student Identifier (USI):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<p>From 1 January 2015, we Coffs Coast Community College 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 https://www.usi.gov.au/students/create-your-usi/ on computer or mobile device.</p> <p>Enter your Unique Student Identifier (USI) (if you already have one) You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/.</p> <p>USI application through your RTO (if you do not already have one) Application for Unique Student Identifier (USI) If you would like Coffs Coast Community 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 https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf. 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 [NAME]authorise Coffs Coast Community College 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 (which may include sensitive information) pursuant to the information detailed at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf.</p> <p>Town/City of Birth _____ (please write the name of the Australian or overseas town or city where you were born) We will also need to verify your identity to create your USI. In accordance with section 11 of the <i>Student Identifiers Act 2014</i>, Coffs Coast Community 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.</p>					
Student Signature: _____					Date: _____

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"/> Self-employed – not employing others	<input type="checkbox"/> Employed – unpaid in family business	<input type="checkbox"/> Unemployed – seeking part-time work
	<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Self-employed – employing others	<input type="checkbox"/> Unemployed – seeking full time work	<input type="checkbox"/> Not employed – not seeking employment
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 9	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 11
	<input type="checkbox"/> Year 8 or below	Year completed:		
Please indicate the presence of a disability, impairment or long-term condition:	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Hearing/ Deaf	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Physical
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Cond.	<input type="checkbox"/> Learning	<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	
EMERGENCY CONTACT DETAILS				
Contact Name:				
Relationship:		Contact Number:		
IDENTIFICATION				
NSW Licence: (or proof of NSW resident)				EXPR:
Green Medicare: (or proof of citizenship)	Line:	EXPR:		
CRN: (Centrelink Reference number)				
Proof of NSW resident - Age Card - Government issues document proving residence - Employer issued document confirming employment in NSW	Proof of citizenship - Green Medicare - Passport - Birth certificate - Permanent resident (CERS or VEVO) - Humanitarian Visa permanent, temporary or partner - Immi Card			
Sighted By				
Staff name and position:				
Staff signature and date:				

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"/> For personal interest or self-development | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> Other reasons | |

Are you currently receiving; or are you a dependent 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 Pensions |
| <input type="checkbox"/> Farm Household Allowance | <input type="checkbox"/> Veterans' Child. Edu. Scheme |
| <input type="checkbox"/> Family Tax Benefit Part A (max rate) | <input type="checkbox"/> Widow Allowance |
| <input type="checkbox"/> Jobseeker Payment | <input type="checkbox"/> Youth Allowance |
| <input type="checkbox"/> Low Income | |

How did you find out about this course:

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:

- Student Information Guide:
 - Refund Policy, Grievance procedure, Assessment policy, Behaviour and dress code, Concessions
 - Privacy for Student Policy
 - Student rights and responsibilities
 - Student support
 - Complaints and grievances

Other documents, forms and directions from the College but not on the Web site:

- WH&S documents including: Evacuation plan and meeting point (visible on College Notice Boards), hazard reporting and accident reports.
- Assessment process
 - Units of competency, performance criteria, range statement and variables.

PRIVACY NOTICE

Under the Data Provision Requirements 2012, Coffs Coast Community College is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Coffs Coast Community College for statistical, administrative, regulatory and research purposes. Coffs Coast Community College may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

CONSENT TO USE AND DISCLOSE PERSONAL INFORMATION

CONSENT TO USE AND DISCLOSE PERSONAL INFORMATION

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

understand and agree that, under the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020, Coffs Coast Community College is required to collect personal information (information or an 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, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by Coffs Coast Community College for statistical, regulatory and research purposes. Coffs Coast Community College may disclose my personal information for these purposes to third parties, including:

- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Education (Department);
- NCVER;
- Organisations (including the Department) conducting student surveys; and
- Researchers.

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my Personal Information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

The Department may disclose my Personal Information to other Australian 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 exercise 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 also acknowledge and agree that the Department may contact me by telephone, email or post, during or after I have ceased subsidised training with Coffs Coast Community College for the purposes of evaluating and assessing my subsidised training.

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 the manner outlined above.

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 Rec'd: _____ 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
V10	S Crossley	Sep 2019	04/09/2019	Disclosure Statement
V11	S Crossley	Apr 2020	16/04/2020	Applicable Benefits as per amendments to ACE Contract Variations
V12	S Crossley	Mar 2021		Updated to training.gov.au standards
V13	R Chetty	Sept 2021	Sept 2021	Added ACE consent, and changed ID layout
V14	R Chetty	Feb 2022	Feb 2022	Added USI link to CCCC and request CT

Student Enrolment Form

Accredited

ACE Eligibility Checklist

Student Name:			
USI:	<input type="text"/>	<input type="text"/>	<input type="text"/>
NSW Licence: <small>(or proof of NSW resident)</small>			EXPR:
Green Medicare: <small>(or proof of citizenship)</small>			EXPR: Line:
Course Name:		Code:	

Please answer the following questions to determine whether student is eligible for ACE

C S D	<input type="checkbox"/> Centrelink Benefit OR <input type="checkbox"/> Aboriginal or Torres Strait Islander OR <input type="checkbox"/> Disability OR <input type="checkbox"/> Experiencing Hardship <p style="text-align: center;">AND</p> <input type="checkbox"/> Ongoing Personal Issues OR <input type="checkbox"/> Low LLN OR <input type="checkbox"/> Limited Employability OR <input type="checkbox"/> Significant Education Disadvantage <small>(Left school early)</small>	CRN _____ Declaration LoS from medical practitioner LoS from medical practitioner or job agency LoS from medical practitioner or job agency ACSF assessment CSWF assessment Disadvantage _____
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C S R	<input type="checkbox"/> Not a Disadvantage Student AND <input type="checkbox"/> Lives and works in a Regional or Remote Location AND <input type="checkbox"/> Cannot access training under a Smart and Skilled program
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Student Statement

I, _____, declare that:

- This information is true and accurate.
- I will provide evidence of eligibility to the department upon request.

If I am younger than 17 I am not attending school.

I am an Aboriginal or Torres Strait Islander.

I have a Significant Education Disadvantage.

I am Not a Disadvantage Student.

Signed: _____ Date: _____

Sighted by			
Staff Name:		Date:	
Staff Position:		Signature:	

- Proof of NSW resident
- Age Card
 - Government issues document proving residence
 - Employer issued document confirming employment in NSW

- Proof of citizenship
- Green Medicare
 - Passport
 - Birth certificate
 - Permanent resident (CERS or VEVO)
 - Humanitarian Visa permanent, temporary or partner
 - Immi Card