



# **ENROLMENT FORM**

**RTO CODE: 40749**

**ABN: 42 163 146 978**

## Enrolment Form

### Instructions to applicants:

- Please complete all the relevant sections of this form and attach the evidence's as required.
- Please submit this completed form and required evidence's either in person to Student Administration or via email at [admin@headwayeducation.com.au](mailto:admin@headwayeducation.com.au)
- If you have any questions, please contact Headway Education via phone call on (03) 8080 1573 or email [admin@headwayeducation.com.au](mailto:admin@headwayeducation.com.au).

### 1. Student Details

Title			
Student ID (if known)			
Surname (Legal Family Name)			
First Name (Legal Given Name)			
Middle Name (Legal Middle Name)			
Date of Birth			
Nationality			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/Intersex/Unspecified

### 2. Contact Details

Email address		Alternative Email Address (optional)	
Mobile Phone		Home Phone	

### 3. Home Address (Must NOT be a PO Box)

Number and Street			
Suburb		State	
Postcode		Country	

### 4. Postal Address (If different from Home Address)

Number and Street			
Suburb		State	
Postcode		Country	

### 5. Course Choice (Please select from the list below)

<input type="checkbox"/> CHC43315 Certificate IV in Mental Health
<input type="checkbox"/> HLT47321 Certificate IV in Health Administration
<input type="checkbox"/> CHC53315 Diploma of Mental Health
<input type="checkbox"/> HLTAID011 Provide First Aid (Standalone unit of competency)
<input type="checkbox"/> HLTAID009 - Provide cardiopulmonary resuscitation (Standalone unit of competency)

6. Language and Cultural Diversity				
Where were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (Specify)		
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English Only	<input type="checkbox"/> Yes, other (Please specify)		
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
How well do you read and write in English?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	
7. Disability				
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area.)				
<input type="checkbox"/> Hearing/ Deaf	<input type="checkbox"/> Mental Health Condition			
<input type="checkbox"/> Physical	<input type="checkbox"/> Acquired brain impairment			
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision			
<input type="checkbox"/> Learning	<input type="checkbox"/> Medical condition			
<input type="checkbox"/> Other (Specify)				
8. Schooling				
What is your highest completed school level? (Tick ONE box only)				
<input type="checkbox"/> Never attended School	<input type="checkbox"/> Completed Year 12	<input type="checkbox"/> Completed Year 11		
<input type="checkbox"/> Completed Year 10	<input type="checkbox"/> Completed Year 9 or Equivalent	<input type="checkbox"/> Completed Year 8 or Equivalent		
What is the year of completion for the above highlighted school level?				
Are you still attending secondary school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Note: Please provide a certified copy of your highest COMPLETED School level (if available).				
9. Previous qualification achieved				
Have you SUCCESSFULLY completed any of the following qualifications listed below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please enter one of these Prior Education Achievement Recognition Identifiers for all qualifications, use the following priority order to determine which identifier to use:				
	<b>Australian</b>	<b>Australian equivalent</b>	<b>International</b>	
Bachelor's Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificates other than above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Please provide a certified copy of all your previous completed qualification's (if available).

### 10. Study reason

Of the following categories, which BEST describes your main reason for undertaking the course? (Tick ONE box only)

- |  |  |
|--|--|
| <input type="checkbox"/> 01 To get a job                     | <input type="checkbox"/> 07 I wanted extra skills for my job           |
| <input type="checkbox"/> 02 To develop my existing business  | <input type="checkbox"/> 08 To get into another course of study        |
| <input type="checkbox"/> 03 To start my own business         | <input type="checkbox"/> 12 For personal interest or self-development  |
| <input type="checkbox"/> 04 To try for a different career    | <input type="checkbox"/> 11 Other reasons                              |
| <input type="checkbox"/> 05 To get a better job or promotion | <input type="checkbox"/> 13 To get skills for community/voluntary work |
| <input type="checkbox"/> 06 It was a requirement of my job   |  |

### 11. Employment

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- |  |   |
|--|---|
| <input type="checkbox"/> 01 Full-time employee                   | <input type="checkbox"/> 05 Employed – unpaid worker in a family business |
| <input type="checkbox"/> 02 Part-time employee                   | <input type="checkbox"/> 06 Unemployed – seeking full-time work           |
| <input type="checkbox"/> 03 Self-employed – not employing others | <input type="checkbox"/> 07 Unemployed – seeking part-time work           |
| <input type="checkbox"/> 04 Self-employed – employing others     | <input type="checkbox"/> 08 Not employed – not seeking employment         |

Which of the following classifications BEST describes your current or most recent occupation? (Tick ONE box only)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Managers                               | <input type="checkbox"/> 6 Sales Workers                   |
| <input type="checkbox"/> 2 Professionals                          | <input type="checkbox"/> 7 Machinery Operators and Drivers |
| <input type="checkbox"/> 3 Technicians and Trade Workers          | <input type="checkbox"/> 8 Labourers                       |
| <input type="checkbox"/> 4 Community and Personal Service Workers | <input type="checkbox"/> 9 Other                           |
| <input type="checkbox"/> 5 Clerical and Administrative Workers    |  |

Which of the following classifications BEST describes the industry of your current or previous Employer?

- A. Agriculture, Forestry and Fishing
- B. Mining
- C. Manufacturing
- D. Electricity, Gas, Water and Waste Services

- E. Construction
- F. Wholesale Trade
- G. Retail Trade
- H. Accommodation and Food Services
- I. Transport, Postal and Warehousing
- J. Information Media and telecommunications
- K. Financial and Insurance Services
- L. Rental, Hiring and real Estate Services
- M. Professional, Scientific and Technical Services
- N. Administrative and Support Services
- O. Public Administration and Safety
- P. Education and Training
- Q. Health Care and Social Assistance
- R. Arts and recreation Services
- S. Other Services

## 12. Victorian Student Number (VSN)

To be completed by all students aged up to 24 years:

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students must report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

Do you have a Victorian Student Number (VSN)?

Yes (provide your VSN)

No

If no, 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?

No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

Yes - I have attended a Victorian school since 2009. Most recent Victorian school attended:

\_\_\_\_\_

and/or

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. \_\_\_\_\_

### 13. Unique Student Identifier (USI)

From 1 January 2015, you can be prevented from being issued 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 should apply for it directly at <http://www.usi.gov.au/create-your-USI/> on your 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.

Do you have a USI?

Yes (provide your USI here): \_\_\_\_\_

No, but I would like Headway Education to apply for a USI on my behalf.

If you would like Headway Education 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 Australian Government website 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.

I, (print your name) \_\_\_\_\_, authorise Headway Education 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 (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>, and NCVER policies, procedures and protocols published on NCVER's website at [RTO Hub \(ncver.edu.au\)](http://RTO Hub (ncver.edu.au))

\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Student Signature

Preferred contact method

Phone

Email

Mail

Town/ City of Birth:

(Please write the name of the Australian or overseas town or city where you were born)

We also need to verify your identity to create your USI. Please provide details (and copies) for one of the forms of identity below. Please ensure that the name written in 'Student Details' section is exactly the same as written in the document you provide below.

#### Australian Driver Licence

State/Territory

Licence Number

#### Medicare Card

Colour of your Medicare Card

Green

Yellow

Blue

Medicare Card Number										Expiry Date	
Individual reference number (next to your name on Medicare card)											
<b>Australian Birth Certificate</b> (please provide certified copy of your birth certificate, if available)											
State/Territory											
<b>Passport</b>											
Australian Passport Number											
Non - Australian Passport Number (with Australian Visa)									Issuing Country		
<b>Immicard</b>											
Immicard Number											
<b>Citizenship Certificate</b>											
Stock number								Acquisition date			
<b>Certificate of Registration by Descent</b>											
Acquisition date											
<b>Information Security:</b>											
In accordance with section 11 of the <i>Student Identifiers Act 2014 (s.11)</i> , Headway Education 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.											

## 14. Privacy Statement & Student Declaration

### **Why does Headway Education collect your personal information?**

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

### **What are the consequences of not providing your information?**

Failure to provide your personal information may mean that it is not possible for you to enroll in the course.

### **How do we use your personal information?**

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

### **How do we disclose your personal information?**

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

### **How NCVER and other bodies handle your personal information?**

NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

NCVER is authorised to disclose information to the Australian Government Employment and Workplace Relations (DEWR), Commonwealth authorities, state and territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.



NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please email ([admin@headwayeducation.com.au](mailto:admin@headwayeducation.com.au)) Headway Education.

Department of Employment and Workplace Relations (DEWR) is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>.

### **Surveys**

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

### **Questions**

At any time, you may email email ([admin@headwayeducation.com.au](mailto:admin@headwayeducation.com.au)) Headway Education to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

**Student Declaration:**

- I declare that the information I have provided to the best of my knowledge is true and correct.
- I understand that Headway Education is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by Headway Education or the following third parties for administrative, regulatory and/or research purposes:
  - School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
  - Employer – if I am enrolled in training paid by my employer.
  - Government departments and authorised agencies.
  - NCVER.
  - Organisations conducting student surveys.
  - Researchers.
- I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third- party contractor. (Please note you may opt out of the survey at the time of being contacted.)

Date /\_\_\_\_\_/\_\_\_\_

Student Signature

## 16. Terms and Conditions

1. Selection and enrolment at Headway Education is carried out in an ethical and responsible manner. Individual pre training review are conducted to ensure applicants meet the entry requirements, are well informed about our courses and provide the opportunity to identify any special requirements the applicant may have. All successful applicants must complete the orientation program to familiarise themselves with the college's services, facilities and procedures.
2. Headway Education endeavours to create a positive learning environment and provide student support services which are free of coercion, unfair treatment and harassment of students. Students are encouraged to achieve their personal best through the provision of valid learning and assessment tools and methods that are most suited to their diverse needs. Headway Education has a fair and open Complaints Policy to address student complaints and appeals, and ensures all outcomes are on record in writing.
3. All staff of Headway Education abide by the principles of access and equity and ensures that they behave in a non-discriminatory manner. Equity issues are discussed and considered at a management level whilst updates and changes to equity legislation are communicated at manager's meetings.

Where a student has a concern regarding their treatment, the student should refer to the Headway Education Complaints and Appeals policy and procedure.

4. Headway Education gives the guarantee to provide the training and/or assessment once the student has commenced study in their chosen qualification unless other factors prevent this such as non-payment of fees, Headway Education withdrawal or suspension of the student.
5. Refunds will be in accordance with the Headway Education Withdrawals and Refund Policy & Procedure.
6. A Statement of Attainment of the completed units will be issued upon request at any time during the course. A full qualification will be issued once all units have been satisfactorily completed and there are no outstanding debts to Headway Education.
7. Headway Education is committed to protecting an individual's right to privacy in accordance with *Privacy Act 1988*.
8. Headway Education will provide training and assessment in relation to the course. Headway Education is responsible for the quality of the training and assessment in compliance with the *Standards for RTOs 2015*, and for the issuance of the AQF certification documentation.
9. Headway Education must, during the course of delivering the training monitor and record training progress of each student. Headway Education will provide both academic and non-academic support to each student, if required.

11. In the event of any change in contact details, the student must notify Headway Education as soon as practicable by completing Update Student Record form and providing this to student administration team.
12. All students enrolled in and participating in programs or using the services of Headway Education are expected to maintain appropriate standards of conduct at all times. Where behaviour is deemed to be improper or inappropriate, action may be taken as outlined in Headway Education's Code of Conduct.

I, (print your name) \_\_\_\_\_, agree to all the Terms and Conditions set out above, and to all Headway Education's Policies and Procedures.

Student Signature

Date: \_\_\_/\_\_\_/\_\_\_

### 17. Student Declaration

In signing this form, I acknowledge and declare that:

- I have read and understood and consent to the privacy statement and have completed all questions and details on the enrolment and eligibility forms.
- I agree to be bound by Headway Education's Student Code of Conduct, regulations, policies and disciplinary procedures whilst I remain an enrolled student.
- My participation in this course is subject to the right of Headway Education to cancel or amalgamate courses or classes. I agree to abide by all rules and regulations of Headway Education. I understand and have been provided with information by Headway Education in relation to Credit Transfer and RPL.
- I confirm that I have been informed about the training, assessment and support services to be provided, and about my rights and obligations as a student at Headway Education.
- I have also visited Headway Education website to review Training and Assessment options available to me including but not limited to duration, location, mode of delivery and work placement (if any), fees, refunds, complaints, census dates and withdrawals.
- I authorise Headway Education or its agent, in the event of illness or accident during any Headway Education organised activity, and where emergency contact next of kin cannot be contacted within a reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- My academic results will be withheld until my debit is fully paid and any property belonging to Headway Education has been returned.
- I acknowledge that from time to time Headway Education may send me information regarding course opportunities and other promotional offers and that I have the ability to opt out to receiving this material.

Student Signature

Date / / \_\_\_\_\_

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