

## 1. Personal Details

Title:  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname \*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Middle Name (if applicable): \_\_\_\_\_

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Regional Skills Training Pty Ltd (RST) to apply for a USI on your behalf, **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 15 on the USI in this form for a detailed explanation.

Birth Date: \_\_\_\_\_(DD) \_\_\_\_\_(MM) \_\_\_\_\_(YY)

Gender:  Male  Female  Other  Unspecified

## 2. Course

Qualification/Course Description: \_\_\_\_\_

Course Code (if known): \_\_\_\_\_

## 3. Contact Details

Home Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative email address (optional): \_\_\_\_\_

## 4. Current Residential Address

Please provide the physical address (street number and not a post-office box). This is your place of residence or your work residential address if you are residing on a farm.

Building/Property name: \_\_\_\_\_

Flat/Unit number: \_\_\_\_\_ Street number: \_\_\_\_\_

Street name: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_

State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

## 5. Postal Address *(if different from above)*

PO or RD Box: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_

State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

## 6. Emergency Contact Details

### Contact 1

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Contact 2

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## 7. Guardian/Next of kin *(if different from emergency contact)*

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## 8. Proof of Identity

Please attached to this enrolment form a copy of proof of identity of one of the following:

- Current driver's licence or learner's permit (both sides)
- Current proof of age card (issued by Service SA)
- Current Passport in conjunction with evidence of residential address
- Student ID card issued by the school where the student is currently enrolled
- Letter from school confirming enrolment, residential address and including a photo of the student

*This copy of your identification will be kept on file with RST for administration and proof of identity purposes.*

## 9. Disability

**Do you consider yourself to have a disability, impairment or long-term condition?**

- Yes
- No (go to next question)

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

- |  |  |
|--|--|
| <input type="checkbox"/> Hearing/deaf              | <input type="checkbox"/> Medical condition             |
| <input type="checkbox"/> Physical                  | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Intellectual              | <input type="checkbox"/> Dyslexia                      |
| <input type="checkbox"/> Learning                  | <input type="checkbox"/> Dysgraphia                    |
| <input type="checkbox"/> Mental Illness            | <input type="checkbox"/> Dyscalculia                   |
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Other <i>(please specify)</i> |
| <input type="checkbox"/> Vision                    | _____  |

## 10. Language and Cultural Diversity

In which country were you born?:  Australia  Other (please specify) \_\_\_\_\_

If born outside Australia, are you:

- Australian Citizen
- New Zealand citizen living in South Australia
- Permanent Australian resident (**Visa Holder**)
- Visa holder (go to next question – **Visa type**)
- Visa holder on a pathway to permanent Australian residency

**Visa type (if applicable) \*\* Please provide a copy of the VISA and passport or your ImmiCard**

- Skilled – Work Regional, subclass 491
- Skilled – Regional (provisional) Visa, subclass 489
- Skilled Employer Sponsored Regional, subclass 494
- Business Innovation and Investment (provisional) Visa, subclass 188
- Safe Haven Enterprise Visa (SHEV subclass 790)
- Bridging Visa A,E (BE) or F (BVF) subclass 010, 050, 051 and 060
- Temporary Protection Visa (TPV) subclass 785
- Partner Visa (Temporary), subclass 820 and 309
- Skilled – Regional Sponsored Visa, subclass 475 and 487
- Skilled Independent – Regional (provisional) Visa, subclass 495
- Regional Sponsored Migration Scheme (Permanent) Visa (subclass 187)
- State/Territory Sponsored Business Owner, Senior Executive or Investor (Provisional) Visa, subclass 163, 164 and 165
- Other (please state Visa subclass) \_\_\_\_\_

Do you speak a language other than English at home?

- No, English only
- Yes, other (please specify) \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander

## 11. Schooling

What is your highest COMPLETED school level?

- 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 12, previous qualifications)

Are you still enrolled in secondary or senior secondary education?

- Yes. Please provide your SACE number \_\_\_\_\_
- No

Are you a FLO student?

- Yes
- No (go to next question)

## 12. Previous Qualifications

Have you **SUCCESSFULLY** completed any of the qualifications listed below? Tick **ANY** applicable boxes.

Qualification Issued in Australia	Qualification Issued Overseas	
<input type="checkbox"/>	<input type="checkbox"/>	None of the below
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor degree or higher degree
<input type="checkbox"/>	<input type="checkbox"/>	Advanced diploma or associate degree
<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or associate diploma)
<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or advanced certificate/technician)
<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or trade certificate)
<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	Other education – including certificates or overseas qualifications not listed above (please specify)

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## 13. Previous Training

Are you seeking credit for previous training or recognition of prior learning?

- Yes  
 No  
 Unsure

Have you completed a 'WorkReady' funded skills set?

- Yes  
 No

Are you enrolled with an Employment Services Provider?

- No  
 Yes Which one?: \_\_\_\_\_ Jobseek ID: \_\_\_\_\_

## 14. Employment

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

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Employed (unpaid worker in a family business) |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Unemployed (seeking full-time work)           |
| <input type="checkbox"/> Casual employee                      | <input type="checkbox"/> Unemployed (seeking part-time work)           |
| <input type="checkbox"/> Self-employed (not employing others) | <input type="checkbox"/> Not employed (not seeking employment)         |
| <input type="checkbox"/> Self-employed (employing others)     | <input type="checkbox"/> Student                                       |

### Employer Details

Employer Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

## 15. Study Reason

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

- |   |   |
|---|---|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> I wanted extra skills for my job           |
| <input type="checkbox"/> To develop my existing business  | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> To start my own business         | <input type="checkbox"/> To get into another course of study        |
| <input type="checkbox"/> To try for a different career    | <input type="checkbox"/> For personal interest or self-development  |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other ( <i>please specify</i> )            |
| <input type="checkbox"/> It was a requirement of my job   | _____   |

## 16. How did you hear about RST?

- |  |  |
|--|--|
| <input type="checkbox"/> Web search                | <input type="checkbox"/> Advertisement ( <i>if so which one?</i> ) |
| <input type="checkbox"/> School                    | _____  |
| <input type="checkbox"/> Word of mouth             | <input type="checkbox"/> Other ( <i>please specify</i> )           |
| <input type="checkbox"/> Contacted directly by RST | _____  |

## 17. Concession

### Do you qualify for a concession?

- Yes (*please provide a copy of your concession card for our files*)  
 No (*go to the next section*)

### Are you registered with Centrelink for these allowances and actively seeking work?

- No  
 Yes (*please tick which allowance and record CRN and expiry date below*)
- Newstart Allowance
  - Youth Allowance
  - Age Pension
  - Disability support pension
  - Parenting Payment (single)
  - Parenting Payment (partnered)

Centrelink Customer Reference Number (CRN): \_\_\_\_\_ Expiry: \_\_\_\_\_

### Do you hold any of the following concessions?

- Health Care Card  
 Pensioners Concession Card  
 Veterans Affairs Concession Card  
 No

Concession Card Reference Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

### Are you a prisoner?

- Yes (*please contact the 'WorkReady' Infoline 1800 506 266 for information about concession eligibility*)  
 No

### Were/are you under the guardianship of the Minister?

- Yes (*please contact the 'WorkReady' Infoline 1800 506 266 for information about concession eligibility*)  
 No

## 18. Course Fees and Payment Terms and Conditions

### Who is the party that will be paying the course fees?

- Student
- Parent/Guardian

Other Third Party (eg employer or school, please specify): \_\_\_\_\_

If a third party is paying for the course fees, they must complete a Third Party Authorisation form.

### RST Payment Terms and Conditions are as follows:

- a) Payment terms are 30 days from the date of invoice.
- b) Invoice payments can be made by Cheque, Electronic Funds Transfer or by Credit Card. A payment plan option is also available on request.
- c) A monthly administration fee of \$20 and interest at 2% will be charged each month on any overdue accounts.
- d) Qualifications or Statements of Attainment will not be issued until all fees are paid.
- e) Accounts over 90 days will be sent to a debt collector, which includes providing information about the student and account, for the purpose of enabling collection of outstanding amounts. Any fees and charges in relation to the debt collection including commissions and all legal costs will be added to your account.

## 19. Third Party Consent

Please tick to indicate that you consent for RST to provide information to third parties.

### a. School Students

- I give consent for RST to discuss my qualification and training requirements with my school. I also consent to RST providing a copy of my qualification/statement of attainment to my school.
- I do not give consent for RST to provide information to my school.
- Not applicable – I am not a school student.

### b. Employed Students

- I give consent for RST to discuss my qualification and training requirements with my employer. I also consent to RST providing a copy of my qualification/statement of attainment to my employer.
- I do not give consent for RST to provide information to my employer.
- Not applicable – I am not employed.

## 20. Unique Student Identifier (USI)

From 1 January 2015, we Regional Skills Training Pty Ltd 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 NCVER. If you have not yet obtained a USI you can apply for it directly at [www.usi.gov.au/your-usi/create-usi](http://www.usi.gov.au/your-usi/create-usi) on a computer or mobile device.

### Choose from the 3 options below:

#### 1. You already have a USI

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 'Find USI' link on the USI website at [www.usi.gov.au/faqs/find-your-usi](http://www.usi.gov.au/faqs/find-your-usi).

Your Unique Student Identifier:

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**Important:** Please ensure USI is printed clearly and legibly.

#### 2. Apply for a USI

If you have not yet obtained a USI you can apply for it directly at [www.usi.gov.au/your-usi/create-usi](http://www.usi.gov.au/your-usi/create-usi) on a computer or mobile device. Please note your USI above once it has been created.

#### 3. Authorise RST to apply for a USI on your behalf

If you would like Regional Skills Training Pty Ltd 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 [www.usi.gov.au/about-us/privacy](http://www.usi.gov.au/about-us/privacy). You must also provide proof of identity information so that we can apply for a USI on your behalf.

I, (full name) \_\_\_\_\_

authorise Regional Skills Training Pty Ltd 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 [www.usi.gov.au/about-us/privacy](http://www.usi.gov.au/about-us/privacy)

My town of birth is: \_\_\_\_\_

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

**We will need to verify your identity to create your USI. Please provide a copy of ONE of the forms of identity for USI application purposes.**

- |   |   |
|---|---|
| <input type="checkbox"/> Australian Driver's Licence  | <input type="checkbox"/> Non-Australian Passport (with Australian VISA) |
| <input type="checkbox"/> Medicare Card                | <input type="checkbox"/> Immicard                                       |
| <input type="checkbox"/> Australian Birth Certificate | <input type="checkbox"/> Citizenship Certificate                        |
| <input type="checkbox"/> Australian Passport          | <input type="checkbox"/> Certificate of Registration by Descent         |

In accordance with section 11 of the *Student Identifiers Act 2014*, Regional Skills Training Pty Ltd 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.

## 21. Privacy Statement

### Privacy Notice

Under the *Data Provision Requirements 2012*, Regional Skills Training Pty Ltd (RST) 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 and other pre-enrolments forms), may be used or disclosed by RST for statistical, administrative, regulatory and research purposes. RST 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](http://www.ncver.edu.au)).

For more information about NCVER's Privacy Policy go to [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

### Notifiable Data Breach

RST will advise a student of any eligible data breaches under the Notifiable Data Breaches scheme. RST will comply with Australian privacy law and advise a student if a data breach is likely to cause them serious harm and we have been unable to prevent the likely risk of serious harm with remedial action. RST will advise the student via a letter, email, text message or phone call. The notification will include:

- > RST name and contact details.
- > The kinds of personal information involved in the breach.
- > A description of the data breach.
- > Recommendations for the steps the student can take in response.

**A copy of RST's privacy policy is available on our website: [www.rst.edu.au](http://www.rst.edu.au)**

## 22. Image Release

### RST may take, copy, modify and publish materials of students. These materials include:

- > Visual / audio images (photographs, digital images, drawings, electronic recordings)
- > Written statements (including but not limited to testimonials, letters or other written statements)
- > Electronic documents (including but not limited to PowerPoint presentations, Word documents, Excel spreadsheets, PDF documents and emails)

### Some examples of the different ways RST may publish these materials are:

- > Photos for graduation – Photos accumulated during a students' training, may be used in a digital presentation at RST's graduation ceremony.
- > Photos taken at graduation – RST has a professional photographer take photos of the evening and all invitees and other parties may be given a link to view all those photos. These photos may also be used in marketing materials.
- > School/Employer requests – Schools and employers may request photos of training and use them for their own marketing and newsletters.
- > Training tools and assessments – RST may use materials in training tools such as digital presentations, course workbooks and assessment tools.
- > Marketing materials and publications – RST may use materials in marketing and advertising materials such as social media posts, website and program promotional material.

Full copyright is owned by RST of photographs/videos taken at any RST event, together with the right of reproduction, either wholly or in part, either separately or together, with any retouching, copying, adaptation, alteration or manipulation. These images if utilised by RST for advertising or other purposes, shall be deemed to represent imaginary persons and no wording shall be considered to be attributed to a student personally, but only to an imaginary person.

**Should you not wish for your materials to be used by RST, tick this box . You can change your preference at anytime by notifying RST in writing.**



## 23. Student Medical Information

**This section must be completed and signed by ALL students, even if there are no medical conditions noted.**

Please complete the information below to assist us in providing the appropriate care for you/your child in the event of an emergency. This confidential information will only be shared with the appropriate RST Staff and any Health Care Professional on as needs basis.

Allergies:	
Conditions:	
Medications:	
Other medical information:	

**Any required medication e.g. Asthma Inhaler, EpiPen etc is to be carried by the student at all times.**

In the event of an emergency or non-emergency situation requiring medical treatment,

I, \_\_\_\_\_  
 hereby grant permission for any and all medical and/or dental attention to be administered to me/my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anaesthesia and/or surgery, (under the recommendation of qualified medical personnel). I understand that RST does not assume responsibility for medical fees or expenses incurred.

Should any of the above medical details change (ie alterations to medication, medical conditions etc), I understand that it is the responsibility of the student and/or caregivers to advise RST as soon as possible.

<b>Student:</b>	<b>Parent/Guardian (if student under 18)</b>
Signed: _____	Signed: _____
Name: _____	Name: _____
Date: _____	Date: _____

## 24. Declaration

By signing this enrolment form, the student and if required parent/guardian acknowledges that they:

- > have honestly and accurately provided information and evidence for the purposes of enrolment and WorkReady funding eligibility
- > have read the Student Information Book, Program Brochure & Fee Sheet and understand my rights and obligations
- > consent to the collection, use and storage of personal information by RST including retention of ID for proof of identity purposes
- > have been informed by RST that the enrolment may impact their future entitlement to government subsidised training
- > agree to the conditions of access determined through the Upfront Assessment of Need
- > grant permission to RST to take, copy, modify and publish materials of the student, without needing to notify or request further permission. It is understood that these materials may be used by RST and distributed and used in educational material, publications, promotions, advertising and marketing materials including print and electronic forms.
- > must provide a Unique Student Identifier number
- > understand my qualification and elective units of competency as outlined in the program brochure
- > have the right to access the RPL and credit transfer process at any time
- > have access to a complaints and appeals process and refund policy
- > must pay the student contribution as per the fee guidelines in the Student Information Book and agree to RST's payment terms and conditions
- > must attend all workshops and complete all assessments to a satisfactory standard to gain a qualification
- > may be liable for remaining subsidies of funded courses if assessments are not completed or workshops not attended without a valid reason
- > must have access to a laptop or tablet device for completion of assessments and online learning
- > understand their obligations regarding behaviour and workplace health and safety
- > may be required to be transported between locations for training purposes
- > have work placement requirements (if applicable)

**Student**

**Parent/Guardian (if student under 18)**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

**Completed forms can be returned to RST via**

Email: [admin@rst.edu.au](mailto:admin@rst.edu.au)

Post: PO Box 134, Arthurton SA 5572



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to be completed by Training Providers

**PARTICIPANT AGREEMENT FORM - COLLECTION AND USE OF PERSONAL INFORMATION**

I \_\_\_\_\_  
*First Name Middle Name Last Name*

of \_\_\_\_\_  
*Current residential address*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ acknowledge and agree that:

1. I wish to participate in an activity funded by Department for Innovation and Skills;
2. I accept that the Minister for Innovation and Skills (**Minister**) will allocate to me a **Participant Number**, to be used to record my participation in, and the results of, activities funded by the Department for Innovation and Skills;
3. I accept that the assessment as to whether I am eligible to enrol in any specific activity funded by the Department for Innovation and Skills will be undertaken by a training provider who has a Contract with the Minister;
4. I consent to the Minister, its employees, agents and contractors collecting from the training provider my results in all courses which I have been enrolled and using this information for the purpose of determining whether I am eligible to enrol in an activity funded by the Department for Innovation and Skills. I consent to the Minister, its employees, agents and contractors using this information for the performance measurement and reporting activities;
5. I consent to the Minister, its employees, agents and contractors collecting and using any student identifier (as that term is defined in the *Student Identifiers Act 2014*) assigned to or relating to me and using that student identifier to obtain transcripts and other information relating to me and using this information to determine my eligibility for an activity funded by the Department for Innovation and Skills and to record and track my progress through the activities funded.
6. I accept and agree that the Minister, its employees, agents and contractors will be in receipt of my **Personal Information** and that they may be required to share my personal information with:
  - registered training organisations who have a current Contract with the Minister;
  - other South Australian government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and / or compliance;
  - Commonwealth government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance; and
  - government agencies (including regulators) in other Australian states and territories responsible and / or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance.
7. By providing my Personal Information as outlined above, I am consenting to the Minister, its employees, agents and contractors contacting me during or after I have ceased my training or education for the purposes of:
  - statistical reporting and analysis in respect to training outcomes and the program;
  - undertaking an evaluation of the training;
  - promoting the training (or any other program run by the Minister which relates to training);
  - assessing quality of training;
  - recording the information about my training;
8. I agree to notify the Minister if the Personal Information outlined above changes;
9. Where required by the Minister, I agree to access my student profile maintained by the Minister and its employees, agents and contractors and advise if any of the Personal Information contained in my student profile is incorrect.

**Participant Declaration**

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

Applicant signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If the student is under 18 - Guardian name: \_\_\_\_\_

Guardian signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_