

Application for Enrolment Form

Connected Institute Pty. Ltd. ABN 65 617 724 768 | RTO No. 45285
Address: Level 18, 324 Queen Street, Brisbane City Queensland
4000, Australia
Phone: 1300 753 709 Email: registry@aiea.edu.au



1. Personal Information

First Name: _____ Middle Name: _____ Family Name: _____

Address

Street No.& Name: _____ Suburb: _____ State: _____ Postcode: _____

Postal address (if different)

Street or PO Box: _____ Suburb: _____ State: _____ Postcode: _____

Phone (Home): _____ Mobile: _____

Email: _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female

Emergency Contact Name: _____ Relationship: _____ Emergency Phone: _____

Permanent Residency Status:

Australian Citizen Permanent Resident New Zealand Citizen Other Residency (Other) Other – please specify: _____

In which country were you born?

Australia

Do you hold a current Health Care Card?

Yes (please attached a copy)
 No

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal
 Yes, Torres Strait Islander

(If persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" Boxes)

USI Number: _____

I provide Connected Institute with permission to use the supplied USI number as applicable during my studies.

I do not have a USI number and I provide Connected Institute with permission to apply for one on my behalf. (see Additional USI information at the end of this form)

VSN Number (required for Victorian Students under age 25 years): _____

I provide Connected Institute with permission to use the supplied VSN number as applicable during my studies.

I do not have a VSN number and I provide Connected Institute with permission to apply for one on my behalf.

2. Course

Certificate IV in Business Diploma in Business
 Advanced Diploma in Business Graduate Certificate in Management (Learning)
 Graduate Diploma in Management (Learning)

Start Date (DD/MM/YYYY): _____

Study Load:

Full time Part time

Study Mode:

Classroom Blended Learning

3. Language and Cultural Diversity

Do you speak a language other than English at home?

No, English only
 Yes, Other (please specify below)

How well do you speak English?

Very Well Well
 Not Well Not at all

I like to study:	<input type="checkbox"/> Alone <input type="checkbox"/> In pairs/small groups <input type="checkbox"/> By practical hands-on experience <input type="checkbox"/> By observation <input type="checkbox"/> Conduct the training as required <input type="checkbox"/> Other, please specify: _____
I like the teacher/trainer to:	<input type="checkbox"/> Explain everything to me <input type="checkbox"/> Give problems for me to work out <input type="checkbox"/> Tell me all the mistakes I make <input type="checkbox"/> Let me find my own mistakes <input type="checkbox"/> Conduct the training as required <input type="checkbox"/> Other, please specify: _____

10. Payment

Please refer to offer letter.

Bank Detail

Westpac Baking Corporation (ABN 33 007 457 141)
 BSB: 0341-142 Account: 170270
 SWIFT Code: WPACAU2S or WPACAU2SXXXX (For requires 11 characters)
 Add: The Ridge Shopping Centre, 445 Hume Street Middle Ridge Qld 4350.
 Tel: +617 4687 0909
 Fax: +617 4636 5498
 Email: theridgebranch@wespac.com.au

Credit Card EFT Cash employer will pay other terms by request

11. RPL or Credit transfer

Do you wish to apply for Recognition Prior Learning (RPL) or Credit Transfer (CCT)?

Yes No If yes, RPL CCT

12. Declaration & Privacy Statement

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Connected Institute. This agreement, and the availability of the complaints and appeals process, does not remove the right of the student to take action under Australia’s consumer protection laws.

I understand that my RTO Connected Institute is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a school based apprentice or trainee or VET in Schools student.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

If you would like us Connected Institute 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 <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. 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 [NAME]authorise Connected Institute 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 pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Signature (Applicant) _____ Print Name _____ Date _____

(All applicants must be over 18 years of age. (Note: parental consent required if student is under the age of 18)

13. Submission

Please return this Application for Enrolment form to Connected Institute Pty Ltd.

Please make sure that you include the following documentation when you submit this form:

1. Birth Certificate, Citizenship Certificate or Passport
2. Photo ID

Additional Information for USI Application – only required if you do not already have a USI

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.

Please provide details for **one** of the forms of identity below.

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

Australian Driver Licence

State: _____

Licence Number: _____

Medicare Card

Individual reference number (next to your name on Medicare card): ____

Card colour: (select which applies)

Green Expiry date ____/____/____ (format MM/YYYY)
 (month/year)

Yellow Blue Expiry date ____/____/____ (format DD/MM/YYYY)
 (day/month/year)

Australian Birth Certificate

State/Territory _____
Details vary according to State/Territory (see note above)

Australian Passport

Passport number _____

Non-Australian Passport (with Australian Visa)

Passport number _____ Country of issue _____

Immicard

Immicard Number _____

Citizenship Certificate

Stock number _____ Acquisition date ____/____/____
 day/month/year)

Certificate of Registration by Descent

Acquisition date ____/____/____

In accordance with section 11 of the *Student Identifiers Act 2014*, Connected Institute will securely destroy personal information that 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.

Office Use only

Received by: _____ Date received: _____

Decision on Application:

Accepted / Rejected

Admissions Officer Signature _____ Print Name _____ Date _____