



Region: \_\_\_\_\_ State/Territory \_\_\_\_\_

OFFICE USE ONLY

Course: \_\_\_\_\_

**Personal Details:**1. USI (Unique Student Identifier) \_\_\_\_\_ Go to [www.usi.gov.au](http://www.usi.gov.au) to obtain a USI

2. Title - Mr/Mrs/Ms/Miss/Other please specify \_\_\_\_\_ Gender – (Male/Female/Other) please specify \_\_\_\_\_

Family name (Surname) \_\_\_\_\_

Given names \_\_\_\_\_ Preferred Name \_\_\_\_\_

3. Date of birth (Day/Month/Year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town of Birth \_\_\_\_\_ State \_\_\_\_\_

4. Residential Address \_\_\_\_\_

5. Postal address if different to above address \_\_\_\_\_

6. Mobile Phone \_\_\_\_\_ Home/Office Phone \_\_\_\_\_

7. Email address \_\_\_\_\_

Next of Kin or Emergency Contact \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Language and Cultural Diversity**8. Country of Birth - Australia ☐ Other – specify \_\_\_\_\_If Other – Australian Citizen ☐ Australian Permanent Resident ☐ Visa ☐ specify Visa number \_\_\_\_\_9. Language spoken at home – English ☐ Other/s – specify \_\_\_\_\_**If English only – go to Q.11**

10. If above answer is Other - How well do you speak English?

Very well ☐ Well ☐ Not well ☐ Not at all ☐11. Are you of Aboriginal or Torres Strait Islander origin? No ☐ Yes - Torres Strait Islander ☐ Yes - Aboriginal ☐**Disability**12. Do you consider yourself to have a disability, impairment or long-term condition? Yes ☐ No ☐ If No, go to Q 13Please tick relevant category belowHearing/Deaf ☐ Intellectual ☐ Mental illness ☐ Vision ☐ Physical ☐Learning ☐ Acquired brain impairment ☐ Medical condition ☐ Other ☐ (Specify \_\_\_\_\_)Are you on a Disability Support Pension? Yes ☐ No ☐

If No, I have, or can obtain, a letter from my Doctor/ Psychologist/a Medical professional supporting my disability/medical condition

Yes ☐ No ☐ Supporting letter attached ☐

## Schooling

13. What is your highest COMPLETED school level? (Tick one box only)

Year 12 or equivalent ☐ Year 11 ☐ Year 10 ☐ Year 9 ☐ Year 8 or below ☐ Never attended school ☐

14. What YEAR did you complete that level \_\_\_\_\_ Name of institution \_\_\_\_\_

15. Are you still attending an educational institution - School? Yes ☐ No ☐ Tertiary? Yes ☐ No ☐

## Previous Qualifications Achieved

16. Have you completed any of the following qualifications? Yes ☐ No ☐ If No, go to Q. 17

PhD/Doctorate ☐ Masters ☐ Postgrad Dip/Cert ☐ Honours ☐ Bachelors Degree ☐ Advanced Diploma or Associate Degree ☐  
Diploma or Associate Diploma ☐ Certificate IV/Advanced Certificate ☐ Certificate III ☐ Trades Certificate ☐ Certificate II ☐  
Certificate I ☐ Certificates other than above ☐

\* Please attach your USI transcript, viewable on-line for a minimum of 1 month, to allow eligible Credit Transfers to be applied.

Transcript attached ☐

## Employment/Centrelink status

17. Which category BEST described your current employment status? (tick one box only or number most relevant to least relevant)

Full-time employee ☐ Part-time employee ☐ Casual employee ☐ Self-employed –not employing others ☐  
Employer ☐ Employed – unpaid worker in family business ☐ Unemployed – seeking full time work ☐  
Unemployed- seeking part time work ☐ Not employed – not seeking employment ☐

18. I am currently receiving a Centrelink/Government Payment Yes ☐ No ☐ If No, go to Q 21

19. Type of Payment - Newstart ☐ Austudy/Abstudy ☐ Carer/Carer Allowance ☐ Family Tax A ☐ Single Parent payment ☐

Age Pension ☐ Youth Allowance ☐ Veterans Affairs ☐ Other, please specify ☐ \_\_\_\_\_

19a. Are you in Government Housing? Yes ☐ No ☐ 19b. Are you living in a Refuge Yes ☐ No ☐

20. Current Job Service Provider (if unemployed) \_\_\_\_\_

Job Service Client Number for above \_\_\_\_\_ I have evidence of my long term unemployment? Yes ☐ No ☐

## Study Reason

21. Which BEST describes your main reason for undertaking this course? (tick one box only)

To get a job ☐ To start my own business ☐ To develop my existing business ☐  
To try for a different career ☐ To get a better job or promotion ☐ It was a requirement of my job ☐  
I wanted extra skills for my job ☐ To get into another course of study ☐ For personal interest ☐

22. Employers Name & Address (if applicable) \_\_\_\_\_

I declare that, to the best of my knowledge, the information I have provided is correct and complete

Students signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## Privacy Notice

### Consent for collection, use or disclosure of personal information

#### VET Data Use Statement

Under the Data Provision Requirements 2012 and National Vet Data Policy (which includes the National VET provider Collection Data Requirements Policy, Registered Training Organisations are required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Recognised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER) and may be used and disclosed for the following purposes:

- Populate authenticated VET transcripts
- Facilitate statistics and research relating to education, including surveys and data linkage
- Pre-populate RTO student enrolment forms
- Understand how the VET market operates for policy, workplace planning and consumer information and administer 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))

#### Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the [Registrar's Privacy Policy](#) or by contacting the Registrar on [usi@education.gov.au](mailto:usi@education.gov.au) or telephone 1300 857 536, international enquiries +61 2 6240 8740. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the *Privacy Act 1988*, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

**NAME:** .....

**SIGNED:** ..... **DATED:** .....

## Photo and Video Image Permission

I \_\_\_\_\_  
(First, middle and last Name)

of \_\_\_\_\_  
(current residential address)

In agreeing to CTET's terms and conditions for attending or presenting at training or an event, you give permission for CTET to potentially use your image for marketing and or training purposes, which includes student records, auditing, training, print publications and Internet (website or social media) use.

NB: Photographs in Vocational Education and Training are a useful form of validation that a student or groups of students have achieved the grade of Competent during training. It is impractical in many, if not most circumstances, to limit a photo of video to just the student/s the training validation record is kept for.

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- For the purposes of validation of training delivered by CTET, I agree to any photos taken for such purposes to be used in CTET's student Unit of Competency validation records.
- I agree that the above mentioned photographs/videos and/or reproductions shall be deemed to represent an imaginary person and further agree that you or any person authorised by or acting for you may use these photographs/videos or any reproductions of them for any purpose including illustrating any wording which you or they may decide, and agree that no wording shall be considered to be attributed to me personally, but to an imaginary person.
- I understand that I do not own the digital images, processed or otherwise, prints, negatives, transparencies, videos or copyright of the images and no payments are due to me in respect of them. I have read this permission form carefully and fully understand its meanings and implications.

### Use of Feedback for Marketing Purposes

When accepting the terms and conditions of attending a CTET hosted event (training, workshop, webinar, conference, or other special events that may occur from time to time), you agree that any comments (written or submitted points) that you detail in our hardcopy or online feedback survey, can be used in any promotional material that CTET deems as acceptable. To ensure the integrity of those comments, CTET will reference either your full name or organisation name or both.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

PRINT FULL NAME OF GUARDIAN: \_\_\_\_\_

SIGNATURE OF GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_