

2019 Enrolment Form

SECTION A: PREVIOUS ENROLMENT DETAILS

Have you ever previously studied at GOTAFE?	<input type="checkbox"/> Yes <i>(see below)</i>	<input type="checkbox"/> No
If so, please provide your <i>GOTAFE</i> Student ID number <i>(if known)</i>		

SECTION B: UNIQUE STUDENT IDENTIFIER

From 1 January 2015, GOTAFE is unable to issue you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://usi.gov.au/create-your-USI/> on your computer or mobile device.

Enter your Unique Student Identifier (if you already have one) Required at the time of enrolment: Unique Student Identifier (USI)

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SECTION C: PERSONAL DETAILS

Please write your 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 GOTAFE to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in your identify document you choose to use for this purpose.

Title		Surname (Legal Family Name)	
Given name (Legal Given Name)			
Other given names (Other Legal given names)			
Previous Legal name (s) <i>(if relevant)</i>			
Date of birth (dd/mm/yyyy)	/	/	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Other (Indeterminate/Intersex/Unspecified)

SECTION D: ADDRESS DETAILS

i. RESIDENTIAL ADDRESS (Where you usually reside) - This is a compulsory requirement

Building/Property Name					
Flat/Unit Number					
Street Number and Name					
Suburb/Locality or Town		State		Postcode	

ii. POSTAL ADDRESS *(If different from the above)*

Number and Street or PO Box					
Town / Suburb		State		Postcode	

iii. CONTACT INFORMATION

Home phone number	()	Work phone number	()
Mobile phone number			
Email			
Preferred method of contact	<input type="checkbox"/> Hard copy to mailing address <input type="checkbox"/> Email Attachment <input type="checkbox"/> SMS Text Alert <input type="checkbox"/> SMS Voicemail <input type="checkbox"/> Facsimile		

SECTION E: NEXT OF KIN/GUARDIAN OR FINANCIAL GUARDIAN CONTACT DETAILS

Contact name		Relationship to you	
Telephone number	()	Mobile number	

SECTION F: REASON FOR STUDY

Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Please tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I want extra skills for my job |
| <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"/> Other reasons |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For personal interest / self development |

SECTION G: CITIZENSHIP / CULTURAL DIVERSITY

Status of citizenship / residency?

(Item 1, 2 & 4 relates to VET Student Loans)

1. Australian Citizen or
2. A qualifying New Zealand Citizen or
3. Australian Permanent Resident
Date Residency Granted / /
4. Hold a **Permanent Humanitarian Visa** and usually reside in Australia
Date Residency Granted / /
5. Australian Temporary Entry Permit *
Year Of Entry To Australia / /
6. Overseas Student Residing Overseas- *
Country Of Citizenship-
Country Of Birth-

*If selecting option 5 or 6 an overseas address is required below:

SECTION H: CITIZENSHIP

Do you speak another language other than English at home?

- No, English only
- Yes; more than one language is spoken at home.

Please specify the one that is spoken most often: _____

In which country were you born?

- Australia
- Other _____

Please specify year of arrival in Australia _____

How well do you speak English?

- Very Well Well
- Not Well Not at all

Are you Aboriginal or Torres Strait Islander origin?

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

SECTION I: SECONDARY SCHOOL EDUCATION

What is your highest **COMPLETED** school level? Tick one box only.

- | | | |
|---|---|--|
| <input type="checkbox"/> Completed Year 12 – Form 6 | <input type="checkbox"/> Completed Year 10 – Form 4 | <input type="checkbox"/> Completed Year 8 or below – Form 2 or below |
| <input type="checkbox"/> Completed Year 11 – Form 5 | <input type="checkbox"/> Completed Year 9 – Form 3 | <input type="checkbox"/> Did not go to school |

In which **YEAR** did you complete that school level? e.g. 1998

Are you still attending secondary school?

- No. **If NO, and you're Under the age of 17 years, you MUST provide to GOTAFE a copy of your 'Transition from School Form or correspondence or certificate signed by the School Principal for sighting purposes only'**
- Yes. **Please provide name of school:** _____

SECTION I: SECONDARY SCHOOL EDUCATION (Continued)
Victorian Student Number (To be completed by students up to the age of 24 years)

 Enter your Victorian Student Number

Have you attended any Victorian school since 2009 or done any training with a vocational education and (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

<input type="checkbox"/> No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.	<input type="checkbox"/> Yes – I have attended a Victorian school Since 2009. Most recent school attended: _____	And or	<input type="checkbox"/> 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) _____
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SECTION J: PREVIOUS QUALIFICATIONS ACHIEVED
Have you SUCCESSFULLY COMPLETED any of the following qualifications?

- No If No, go to **SECTION K. EMPLOYMENT**
 Yes - **If YES, please enter 1 of these prior education achievement recognition identifiers at any applicable qualification level.**

A – Australian
E – Australian equivalent
I – International

Note: If you have multiple prior education achievement recognition identifiers for any one qualification use the following priority order to determine which identifier to use.

A – Australian
E – Australian equivalent
I – International
(Tick appropriate boxes below)

<table style="width: 100%;"> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">E</td> <td style="text-align: center;">I</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bachelor or Higher Degree</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Advanced Diploma or Associate Degree</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Diploma or Associate Diploma</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cert IV (Advanced Cert/Technician)</td> </tr> </table>	A	E	I		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor 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"/>	Cert IV (Advanced Cert/Technician)	<table style="width: 100%;"> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">E</td> <td style="text-align: center;">I</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cert III or Trade Certificate</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certificate II</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certificate I</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> </table>	A	E	I		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cert 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"/>	Other _____
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____																																						

 Did you complete the above qualification whilst attending Secondary School? No Yes

SECTION K: 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"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part time work |
| <input type="checkbox"/> Employer – employing others | <input type="checkbox"/> Not employed – not seeking employment |

Which of the following classifications best describes your current or recent occupation.
(Tick one box only) If never employed go to next question.

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

SECTION K: EMPLOYMENT (Continued)

Which of the following classifications best describes the industry of your current or previous Employer?
(Tick one box only) If never employed go to next section.

<input type="checkbox"/> A. Agriculture, Forestry and Fishing	<input type="checkbox"/> K. Financial and Insurance Services
<input type="checkbox"/> B. Mining	<input type="checkbox"/> L. Rental, Hiring and Real Estate Services
<input type="checkbox"/> C. Manufacturing	<input type="checkbox"/> M. Professional, Scientific and Technical Services
<input type="checkbox"/> D. Electricity, Gas, Water and Waste Services	<input type="checkbox"/> N. Administrative and Support Services
<input type="checkbox"/> E. Construction	<input type="checkbox"/> O. Public Administration and Safety
<input type="checkbox"/> F. Wholesale Trade	<input type="checkbox"/> P. Education and Training
<input type="checkbox"/> G. Retail Trade	<input type="checkbox"/> Q. Health Care and Social Assistance
<input type="checkbox"/> H. Accommodation and Food Services	<input type="checkbox"/> R. Arts and Recreation Services
<input type="checkbox"/> I. Transport, Postal and Warehousing	<input type="checkbox"/> S. Other Services
<input type="checkbox"/> J. Information Media and Telecommunications	

SECTION L: MEDICAL DETAILS

Do you consider yourself to have a disability, impairment or long term condition?		<input type="checkbox"/> No <input type="checkbox"/> Yes - If YES, please tick one or more of the boxes below
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> Acquired Brain Injury/Impairment	<input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other, please specify: _____
Are you interested in information about disability support services, equipment & facilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Assistance is available for students with disabilities. Further information is available on (03) 5833 2538</i>

SECTION M: EMPLOYER DETAILS (MUST be completed for all Apprentices/Trainee enrolments)

Business name			
Contact person			
Number and street			
Town / Suburb			
State		Postcode	
Phone		Fax	
Email			

SECTION N: PAYMENT DETAILS

COMMONWEALTH HEALTH CARE CARD/PENSIONER CONCESSION CARD/VETERAN'S GOLD CARD (if applicable)

Please provide a witnessed copy OR a certified copy of the relevant card and attach to Enrolment Form.

CREDIT CARD PAYMENT

Credit Card no:		Expiry date:	/ /
Name on card:		Verification no:	

SECTION O: MARKETING DETAILS

How did you find out about us?

<input type="checkbox"/> Radio	<input type="checkbox"/> TV	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Print	<input type="checkbox"/> Outdoor	_____
<input type="checkbox"/> Referral	<input type="checkbox"/> Online	

STUDENT ENROLMENT PRIVACY NOTICE AND ACKNOWLEDGEMENT**Victorian Government VET Student Enrolment Privacy Notice**

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

Collection of your data

GOTAFE is required to provide the Department with student and training activity data. This includes personal information collected in the GOTAFE enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

GOTAFE provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by GOTAFE; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note, you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact GOTAFE's Privacy Officer in the first instance by phone 03 5833 2912 or email KGoode@gotafe.vic.edu.au

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to:

<http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to:

<http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

GOTAFE Privacy and Freedom of Information Policies

GOTAFE ensures that the privacy rights of all individuals are dealt with in accordance with the *Privacy & Data Protection Act 2014* (PDPA) and the *Health Records Act 2001* (HRA). In addition, GOTAFE complies with obligations under the *Freedom of Information Act 1982* (FOI Act), to promote a consistent approach to the handling of applications under that scheme.

The GOTAFE policies apply to all personal, health and sensitive information collected by or on behalf of GOTAFE in relation to employees, prospective employees, clients and prospective clients. These policies also provide guidelines for maintenance and access of student records (personnel file) held within the Institute. These policies are available on the GOTAFE website:

<http://www.gotafe.vic.edu.au>.

By signing this Enrolment Form I acknowledge I have read and understand the Victorian Government's VET Student Enrolment Privacy Notice, GOTAFE's Privacy and Freedom of Information Policies, and:

- agree to abide by the Policies, Procedures and Standards of Conduct and rules of GOTAFE.
- will abide by the Social Media Policy and the Student Code of Conduct.
- agree to pay all fees and charges applicable to and arising from any enrolment. (Attendance in class is also deemed as acceptance to fees and charges payable)
- am aware that GOTAFE will endeavour to conduct all courses as promoted and acknowledge the right of the Institute to cancel classes as it deems necessary.
- authorise GOTAFE, or its agent, in the event of illness or accident, where next of kin / emergency contact cannot be made within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- authorise GOTAFE to release my result information where applicable; to my sponsor, employer (if apprentice or trainee), school (if the course is related to my school program).
- declare, that to the best of my knowledge and belief, the information provided on this form is correct and complete.

Permission for use of images by GOTAFE

GOTAFE celebrates the achievements of our students. Throughout the year, GOTAFE may take images, recordings or statements of students and activities. These images, recordings or statements may appear in GOTAFE publications, including, but not limited to, the GOTAFE website, newsletters, brochures, flyers, social media, or mass media outlets.

- By signing this enrolment form I provide permission for the use of my image, recording or statement to be used by GOTAFE
- I authorise the use or reproduction of any image, recording or statement referred to above for the purposes of the promotion of GOTAFE without acknowledgement and without being entitled to remuneration or compensation.
- I acknowledge that ownership of any image, recording or statement will be retained by GOTAFE.
- I understand and agree that the limit of use of relevant images, recording or statement will be up to 5 years

As a student of GOTAFE, you have a right to opt out of inclusion in images, photographs and videos used for marketing, communications, and public relations purposes. If you do not choose to opt out, you are aware that your image recorded on GOTAFE campuses or at GOTAFE related activities in photographs and/or video may be used by GOTAFE for the purposes stated above.

If you choose to OPT OUT, please check the box below:

PLEASE DO NOT PUBLISH OR IN ANY WAY USE MY IMAGE/PHOTO AND/OR VIDEO FOR MARKETING, COMMUNICATIONS, OR PUBLIC RELATIONS PURPOSES.

Student signature		Date	/ /
Students under 18 years of age must have this form counter signed by a parent/guardian			
Parent / Guardian signature		Date	/ /

GOTAFE STAFF USE ONLY

Has the student supplied a Commonwealth Health Care Card, Pensioner Concession Card, or Veteran's Gold Card? Yes No

FEE AND PAYMENT DETAILS

Fee type	Full fee	Concession	Invoice no:	Receipt no:
Materials	\$	\$	Contract no:	
Tuition	\$	\$	Notes:	
Services	\$	\$		
TOTAL	\$	\$		

ADMINISTRATION DATA ENTRY RECORD

Student's data entered		Date	/ /
Units selected		Date	/ /
Enrolment completed		Date	/ /