

Please complete this form and return to admin@byroncollege.org.au or drop it in at a Byron Community College office. **Payment is required at time of booking.**

Intending students should view the eligibility fact sheet on the Byron Community College website at www.byroncollege.org.au

CSO ENROLMENT FORM – SUBSIDISED COURSE

Course Name	Basket Weaving	Cost	Concession: \$135
Date	3 x Fridays 31 st August to 14 th September 2018 9.30am – 2.30pm Mullumbimby Campus	Payment Method	CC Cash

This course will also include an additional support unit FSKOCM03 – Participate in simple spoken interactions at work

*This training is subsidised by the NSW government

Personal details

First Name:		Surname:	
Street/Lot number:			
Suburb/Town:		State:	P/code
Mobile phone:		Home phone:	
Email address:		Date of birth:	

USI (Unique Student Identifier)**

****ALL students are required to supply a USI number to enrol in this course**

A unique student identifier (USI) is **mandatory** for all students doing nationally recognised training, including this course!

Go to www.usi.gov.au to create your USI. It will only take a few minutes to complete.

***I confirm that all of the below apply to me:**

- I am an Australian Citizen, permanent resident or humanitarian visa holder, or a New Zealand citizen **and**
- I am aged 15 years or older and do not go to school, **and**
- I live or work in NSW.

☐ Yes ☐ No

Language and cultural identity

Country of Birth	
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and TSI <input type="checkbox"/> Neither
What language do you usually speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Other (<i>specify</i>)
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

Employment status

Which of the following describes your employment status?	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Employer <input type="checkbox"/> Self-employed, not employing others <input type="checkbox"/> Unpaid worker in a family business <input type="checkbox"/> Seeking full-time work <input type="checkbox"/> Seeking part-time work <input type="checkbox"/> Not seeking employment
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Disability

Do you have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the nature of the disability:	<input type="checkbox"/> Physical <input type="checkbox"/> Visual impairment <input type="checkbox"/> Medical condition <input type="checkbox"/> Learning <input type="checkbox"/> Hearing/deafness <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Other

Prior education

What is your highest <i>completed</i> school level? (<i>or nearest equivalent</i>)	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower
Have you completed any higher education?	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associated Degree <input type="checkbox"/> Diploma or Associated Diploma <input type="checkbox"/> Certificate IV (or Advanced Cert/Technician)

I declare that I have read the eligibility requirements fact sheet and I meet the requirements of the Community Service Obligation Program.

I declare that all the information I have provided is true and correct: I understand that I may be asked to provide documentary evidence.

Signature: _____

Date: _____

Payment Details - Please tick and complete one option below.

Call Byron Community College if you would like to pay for your enrolment over the phone. 02 6684 3374

<input type="checkbox"/> Cash						
<input type="checkbox"/> Credit Card payment						
Credit Card No:					<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa Card
Name on Card:					Expiry Date:	CVC:
Signature: _____ Date: _____						

General Information

How did you find out about this course?	<input type="checkbox"/> Brochure in Echo <input type="checkbox"/> Brochure in other location <input type="checkbox"/> Office Mullumbimby <input type="checkbox"/> Office Byron Bay <input type="checkbox"/> Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Echo ad <input type="checkbox"/> Byron Shire News ad <input type="checkbox"/> Northern Star ad <input type="checkbox"/> Word of mouth <input type="checkbox"/> Radio ad <input type="checkbox"/>
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Study Reason

Which best describes your study purpose?	<input type="checkbox"/> Work <input type="checkbox"/> Further study <input type="checkbox"/> Personal interest <input type="checkbox"/> Change career <input type="checkbox"/> Other
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CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION¹

I understand and agree that under the *Data Provision Requirements 2012*, **Byron Community College** is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **Personal Information**) and disclose Personal Information to the National Centre for Vocational Education Research Ltd (**NCVER**).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by **Byron Community College** for statistical, regulatory and research purposes. **Byron Community College** may disclose my personal information for these purposes to third parties, including:

- 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;
- Commonwealth and State or Territory government departments and authorised agencies, including NSW Department of Industry (**Department**);
- NCVER
- Organisations conducting student surveys; and
- Researchers.

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

I may receive a NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my Personal Information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales. The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with **Byron Community College** for the purposes of evaluating and assessing my training.

I declare that the information I have provided to the best of my knowledge is true and correct.

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

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** _____

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

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** _____

¹In line with Smart and Skilled Operating Guidelines Released 27 April 2018

Pre- Course Questionnaire

This course is subsidised by the NSW State Government to provide affordable training for people experiencing barriers to participating in the workforce, undertaking further education or accessing essential services using technology.

Please complete the following questions so that we are able to assess your eligibility for receiving a subsidised place in this course. These questions assess your Core Skills for Work and Foundation Skills.

1. I feel that this course will help me to gain skills that will increase my participation in the workforce and/or my community.	Y / N / Unsure
2. I already know how to do the skills covered in this course and am confident to do this kind of activity independently.	Y / N / Unsure
3. I know a number of ways to approach the tasks covered in this course and I'm already able to choose and apply the best steps in order.	Y / N / Unsure
4. I feel confused and overwhelmed when I try to do the tasks in this course on my own.	Y / N / Unsure
5. I feel I would benefit from some mentoring to help me approach the skills in this course with confidence.	Y / N / Unsure

If you're already able to do the skills taught in this course confidently and independently- congratulations! It looks like you won't be needing our help. If you are unable to do some or all of these things, don't worry. Life is a journey of learning and we are here to help, with thanks to the NSW State Government.

Student Name: _____

Student Signature: _____

Date: _____