



Invoice ..... 25177

Company/Agency .....

Stu Additional info ? .....

☒ USI☒ ID☒ Sign back of enrolment☒ CSO form and discount code..... CSD 2021

Qualification/Course Name:	Confined Spaces / Working at Heights	Course date:	
National Code:	First Aid	Delivery Location:	

## STUDENT DETAILS

Please complete all fields. Types of evidence; Driver's Licence, Identity Card, Passport (must be photo ID)

Full name (as on evidence):	MICHELLE ROSE TOOHEY		
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:	13-08-1967
Residential Address:	'Glenmore' 2819 Boomagar Rd		
Suburb:	Garah		
State:	NSW	Postcode:	2405
Postal Address: (if different from above)	AS ABOVE		
Mobile Phone:	0499 716354	Home Phone:	N/A
Email Address:	tooheshelly@gmail.com		
Country of birth:	Australia		
Australian Citizen:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Are you Aboriginal or Torres Strait Islander:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander		

## UNIQUE STUDENT IDENTIFIER (USI)

Do you have a USI?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	USI number:	T 3 Y V 3 Q 6 4 C W
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☒ I authorise for CCNI to check/apply for a USI on my behalf, I declare that I have read the privacy statement at <https://www.usi.gov.au/training-organisations/usi-support-materials/privacy-notice-students-when-applying-usi-their-behalf> .  
Please provide the ID required as listed on page 3.

## EMERGENCY CONTACT (OPTIONAL)

Name:	Dawn Toohey	Phone Number:	02 67537210
Address:	Bakara Weemebah		

## BACKGROUND

Are you from a Non-English Speaking background (NESB):	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, which language	
How well do you speak English:	<input checked="" type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
Are you still enrolled in secondary or senior education	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Highest school level completed: (or equivalent)	<input type="checkbox"/> Still at school <input checked="" type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year completed:		
Level of Education successfully completed, and; age at which the qualification was achieved: (since leaving school and turning 17)	<input type="checkbox"/> Bachelor Degree or higher <input type="checkbox"/> Advanced Diploma or Associated Degree <input type="checkbox"/> Diploma level (or Associate Diploma ) <input type="checkbox"/> Certificate IV (or advanced certificate/technician) <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input checked="" type="checkbox"/> Nil <input type="checkbox"/> Other education; including certificates or overseas qualifications, not listed above		





## Student Enrolment Form

Community College Northern Inland Inc

RTO ID: 90027

92 Queen St

BARRABA NSW 2347

Were any qualifications achieved while at school?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, was the qualification part of your secondary education	<input type="checkbox"/> No <input type="checkbox"/> Yes																
ACCREDITED COURSE ONLY																			
Are you applying for Recognition of Prior Learning (RPL)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Are you applying for Credit Transfer (CT)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>white card</i>																
If you have ticked yes to the above, please make sure you have been provided with relevant documents to apply for RPL or CT.																			
Which best describes your employment status?	<table><tr><td><input type="checkbox"/> Full-time employment</td><td><input checked="" type="checkbox"/> Part time/casual employee</td></tr><tr><td><input type="checkbox"/> Unemployed - seeking full-time work</td><td><input type="checkbox"/> Unemployed - seeking part time work</td></tr><tr><td><input type="checkbox"/> Employer</td><td><input type="checkbox"/> Not employed - not seeking employment</td></tr><tr><td><input type="checkbox"/> Employed - unpaid in family business</td><td><input type="checkbox"/> Self-employed - not employing others</td></tr><tr><td><input type="checkbox"/> Employed in the farming sector in drought</td><td><input type="checkbox"/> Self-employed - employing others</td></tr></table>			<input type="checkbox"/> Full-time employment	<input checked="" type="checkbox"/> Part time/casual employee	<input type="checkbox"/> Unemployed - seeking full-time work	<input type="checkbox"/> Unemployed - seeking part time work	<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed - not seeking employment	<input type="checkbox"/> Employed - unpaid in family business	<input type="checkbox"/> Self-employed - not employing others	<input type="checkbox"/> Employed in the farming sector in drought	<input type="checkbox"/> Self-employed - employing others						
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Do you consider yourself to have a disability, impairment or long term condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
Please indicate the presence of a disability, impairment or long term condition:	<table><tr><td><input type="checkbox"/> Mental Illness</td><td><input type="checkbox"/> Physical</td><td><input type="checkbox"/> Intellectual</td><td><input type="checkbox"/> Learning</td></tr><tr><td><input type="checkbox"/> Hearing/Deaf</td><td><input type="checkbox"/> Vision</td><td><input type="checkbox"/> Medical Cond.</td><td><input type="checkbox"/> Other</td></tr><tr><td colspan="4"><input type="checkbox"/> Acquired Brain Impairment</td></tr></table>			<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Cond.	<input type="checkbox"/> Other	<input type="checkbox"/> Acquired Brain Impairment							
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Which best describes your reason for undertaking training: (Please tick one only)	<table><tr><td><input type="checkbox"/> To get a job</td><td><input type="checkbox"/> To develop my existing business</td></tr><tr><td><input type="checkbox"/> To start my own business</td><td><input type="checkbox"/> To try for a different career</td></tr><tr><td><input checked="" type="checkbox"/> To get a better job or promotion</td><td><input type="checkbox"/> It was a requirement of my job</td></tr><tr><td><input type="checkbox"/> I wanted extra skills for my job</td><td><input type="checkbox"/> To get into another course of study</td></tr><tr><td><input type="checkbox"/> Other reasons</td><td><input type="checkbox"/> For personal interest or self-development</td></tr></table>			<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career	<input checked="" type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study	<input type="checkbox"/> Other reasons	<input type="checkbox"/> For personal interest or self-development						
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Are you currently receiving; or are you a dependant child, spouse or partner of a recipient of Commonwealth welfare benefit:	<table><tr><td><input type="checkbox"/> Age Pension</td><td><input type="checkbox"/> Parenting Payment (Single)</td></tr><tr><td><input type="checkbox"/> Austudy</td><td><input type="checkbox"/> Family Tax Benefit Part A (max rate)</td></tr><tr><td><input type="checkbox"/> Carer Payment</td><td><input type="checkbox"/> Special Benefit</td></tr><tr><td><input type="checkbox"/> Disability Support Pension (DSP2)</td><td><input type="checkbox"/> Veterans' Affairs Payments</td></tr><tr><td><input type="checkbox"/> Exceptional Circumstances Relief Payment</td><td><input type="checkbox"/> Veterans' Child Edu. Scheme</td></tr><tr><td><input type="checkbox"/> Farm Household Allowance</td><td><input type="checkbox"/> Widow Allowance</td></tr><tr><td><input type="checkbox"/> Mature Age Allowance</td><td><input type="checkbox"/> Youth Allowance</td></tr><tr><td><input checked="" type="checkbox"/> Jobseeker Payment</td><td></td></tr></table>			<input type="checkbox"/> Age Pension	<input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Austudy	<input type="checkbox"/> Family Tax Benefit Part A (max rate)	<input type="checkbox"/> Carer Payment	<input type="checkbox"/> Special Benefit	<input type="checkbox"/> Disability Support Pension (DSP2)	<input type="checkbox"/> Veterans' Affairs Payments	<input type="checkbox"/> Exceptional Circumstances Relief Payment	<input type="checkbox"/> Veterans' Child Edu. Scheme	<input type="checkbox"/> Farm Household Allowance	<input type="checkbox"/> Widow Allowance	<input type="checkbox"/> Mature Age Allowance	<input type="checkbox"/> Youth Allowance	<input checked="" type="checkbox"/> Jobseeker Payment	
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ELIGIBILITY FOR SMART & SKILLED SCHOLARSHIPS																			
Are you currently or have you previously lived in NSW social housing or are you on the NSW Housing Register: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																			
Are you between 15 & 18 and currently or have you previously been in out of home care? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																			
Are you between 18 & 30 and are currently or previously been in out of home care? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																			
Are you experiencing or have you experienced domestic family violence? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																			
Attach evidence as per the Smart & Skilled guidelines and fee administration policy																			





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### PAYMENT DETAILS

Please tick the appropriate box for who will be invoiced/paying for the class (If fees are due to be charged).

☒ Student

☐ Company (please list below)

☐ Job Agency (please list below)

☐ Other (please list below)

Business/Other name:

Address:

Email:

Phone:

How did you hear about the course:

☐ Newspaper

☐ Course Guide

☐ Radio

☐ Facebook

☐ Website

☒ Word of mouth

☐ Other (please specify) \_\_\_\_\_

Permission to contact:

(for CCNI use only)

Email: ☒ Yes ☐ No

Post: ☐ Yes ☐ No

SMS: ☒ Yes ☐ No

Newsletter: ☐ Yes ☐ No

### USI IDENTITY

Please provide details for one of the forms of identity below, if you have not already provided a USI

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

Town/City of Birth:

AUBURN

Australian driver's licence

State

N.S.W

Licence number

7730BP

Medicare Card

Card Number

2301 97949 1

Expiry

09/25

Card Colour

Green

Individual reference number

1

Australian Birth Certificate

State/Territory

Australian passport

Passport number

Non-Australian Passport  
(with Australian Visa)

Passport number

Immicard

Immicard number

Citizenship Certificate

Stock number

Acquisition date

Certificate of Registration  
by Descent

Acquisition date

In accordance with section 11 of the *Student Identifiers Act 2014*, CCNI 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.

### WHERE TO FIND INFORMATION

Student information is located on the Community College Northern Inland Inc website [www.communitycollegeninland.nsw.edu.au](http://www.communitycollegeninland.nsw.edu.au) and can be viewed and printed as requested.

The Community College Northern Inland Inc website contains:

- Student Handbook: Refund Policy, Grievance Policy, Assessment Policy
- Privacy for Student Policy: Department of Industry and AVETMISS Student Privacy Statements

Other documents, forms and directions from the College but not on the website:

- WH&S documents including: Evacuation plan and meeting point (visible on College Notice Boards), hazard reporting and accident reports.
- Individual Training and Assessment Learning Plan: For students enrolled in skill sets or full qualifications



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### AUTHORITY TO PUBLISH

This form is an agreement between you or your guardian and Community College –Northern Inland Inc. Please read it carefully and sign at the bottom if you agree.

Community College-Northern Inland Inc. and its associated branches would like to be able to quote you, use your photo and/or use a photo of your work, in some of our printed and electronic promotional material. Signing this release form means you agree to the following:

1. We are able to quote your words and use your photo or video
2. Your photo or video may be reproduced in colour, back and may be altered for design purposes without liability on our part

If you are under 18 years of age your parent or guardian will need to sign this agreement on your behalf.

I have read and understand what it means.

Name	Michelle Toohey
Signature	
Date	11-02-21

### CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I MICHELLE ROSE TOOHEY

(First, middle and last Name)

of 'Glenmore' 2819 Boonanger Rd Garah 2405 With date of birth 13-08-67  
(current residential address)

understand and agree that 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, or sensitive personal information, (including my ethnicity or health information) (together Personal Information) collected by Community College Northern Inland may be disclosed to the Department of Industry (Department).

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

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 Community College Northern Inland Inc for the purpose of evaluation and assessing my training.

Print full name	Michelle Rose Toohey	Date	11-02-21
Signature		Date	11-02-21
Note: 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	



