		Invoice	25(77	
MUNITY CO.		Company/Agency	<i></i>	d Inc
O STATE OF THE STA	Stu			
TO AT HERMAN	Safety at Wells.	☑ USI	□ ID	en St 2347
TANK TO THE TANK THE	safery at were	Sign back of e	nrolment discount code	2271.
Qualification/Course Name:	Contend 1	CSO form and Course date	discount code	NON!
National Code:	Spaces Wor			number of the state of the state of
reacional code.	FIRST And, 1 H	STUDENT DETAILS	acion.	
Please complete al	۔ Il fields. Types of evidence		tity Card, Passport (must	be photo ID)
Full name (as on evidence):	MICHELLE ROS	E TOOHEY		
Gender:	☐ Male ☐ Female ☐	Particular Control of the Control of	13-08-10	167
Residential Address:	Glenmore / S	1819 France	to and	101
Suburb:		101-) TOOK	iga no	
State:	NSW	Postcode:	2405	a 111 -
Postal Address:	NSW		0405	
(if different from above)	AS ABOVE			
Mobile Phone:	049971635	II. Di	e: NIA	
Email Address:	tooheyshell		com.	* 17.4
Country of birth:		i agriaci.	CONT.	
Australian Citizen:	□ No 🗵	Yes		
	7 No	163	Yes, Aboriginal	
Are you Aboriginal or Torres Strait Islander:	Yes, Torres Strait I	slander		Torros Strait Islandor
	THE RESERVE TO SERVE THE PARTY.	STUDENT IDENTIFIER (I	SAN THE ACCOUNTY OF THE PARTY OF THE	Torres Strait Islander
Do you have a USI?	Yes	No USI number		3064CW.
☐ I authorise for CCNI to check,		200000000000		7 2 1
www.usi.gov.au/training-organisa	tions/usi-support-materia			
Please provide the ID required as	SAN THE PROPERTY OF THE PARTY OF			
	EMERGE	NCY CONTACT (OPTION	THE PERSON NAMED IN	
Name: Dawn look		Phone Number	0267537	210.
Address: Balarano	1 Weemeb			
	MATERIAL POLICE	BACKGROUND		The second secon
Are you from a Non-English Speaking background (NESB):	□ 3 , No □	Yes	If yes, which language	- 47.0
How well do you speak English:	Very well	Well	Not well	Not at all
Are you still enrolled in				
secondary or senior education	Yes	No		
Highest school level completed:	Still at school	Year 12	Year 11	Year 10
(or equivalent)	☐ Year 9 [Year 8 or below	Year completed:	
Level of Education successfully	Bachelor Degree o	r higher	Advanced Diplom	a or Associated Degree
completed, and; age at which	Diploma level (or A	ssociate Diploma)	Certificate IV (or a	dvanced certificate/technician)
the qualification was achieved:	Certificate III (or tra	ade certificate)	Certificate II	
(since leaving school and turning 17)	Certificate I		Other education;	including certificates or
		He.	overseas qualificati	ons, 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?	×	No	Yes	If yes, was the qua secondary education		on part of your	□ No	Yes
ACCREDITED COURSE ONLY								
Are you applying for Recognition of Prior Learning (RPL)?	×	No	Yes	Are you applying t	for Cre	dit Transfer (CT)?	□ No	Yes .
If you have ticked yes to the above, please make sure you have been provided with relevant documents to apply for RPL or CT.								
		Full-time	employment		X	Part time/casual er	nployee	
		Unemploy	yed - seeking fo	ull-time work		Unemployed - seel	king part time	work
Which best describes your employment status?		Employer				Not employed - no	t seeking em	ployment
employment status:		Employed	d - unpaid in fai	mily business		Self-employed - no	ot employing	others
		Employed	d in the farming	g sector in drought		Self-employed - er	mploying oth	ers
Do you consider yourself to have a disability, impairment or long term condition?		Yes	⊠ No	5	1			-
Please indicate the presence of		Mental IIIn	iess Ph	ysical II	ntellec	tual	Learning	
a disability, impairment or long		Hearing/D	eaf 🗌 Vis	sion !	Medica	l Cond.	Other	
term condition:		Acquired B	Brain Impairme	ent				-
		To get a jo	ob			To develop my ex	isting busines	s
Which best describes your		To start m	y own busines:	S		To try for a differen	ent career	
reason for undertaking training:	×	To get a be	etter job or pro	omotion		It was a requirem	ent of my job	
(Please tick one only)		I wanted e	extra skills for n	ny job		To get into anothe	er course of s	tudy
		Other reas	sons		3.7	For personal inte	rest or self-de	evelopment
		Age Pensio	on	E S		Parenting Paymer	nt (Single)	
		Austudy				Family Tax Benef	it Part A (max	rate)
Are you currently receiving; or		Carer Payr	ment			Special Benefit		
are you a dependant child,		Disability S	Support Pensic	on-(DSP2)		Veterans' Affairs	Payments	
spouse or partner of a recipient of Commonwealth welfare		Exception	al Circumstanc	es Relief Payment		Veterans' Child E	du. Scheme	
benefit:		Farm Hou	sehold Allowar	nce		Widow Allowan	ce	
		Mature Ag	ge Allowance			Youth Allowance		
	×	Jobseeke	r Payment					
MARKET AND AND AND		ELIGIB	ILITY FOR SMA	RT & SKILLED SCHO	LARSH	IIPS	The state of the state of	
Are you currently or have you previously lived in NSW social housing or are you on the NSW Housing Register: No								
Are you between 15 & 18 and currently or have you previously been in out of home care? No Yes								
Are you between 18 & 30 and are currently or previously been in out of home care?								
Are you experiencing or have you experienced domestic family violence?								
Attach evidence as per the Smart & Skilled guidelines and fee administration policy								



Student Enrolment Form

RTO ID: 90027 92 Queen St BARRABA NSW 2347

		PAYMENT [DETAILS			ACTOR ST
Please tick the appropriate box t	or who will be invoi	ced/paying for the	e class (If fees are du	ue to be charged).	
Student	Company (plea	ase list below)	Job Agency (please lis	st below) Ot	ner (please list	below)
Business/Other name:		A CONTRACTOR OF THE PARTY OF TH				
Address:						
Email:	CONTRACTOR OF THE CONTRACTOR O				Heritari (Hazara)	
Phone:						
	S C VIEW	PRINCIPLE.			学教》。18 第	
How did you hear about the cou	rse:		rse Guide 🔲 Ra	adio 🗆 Fac	ebook 🗆 '	Website
	⊠ Word		er (please specify)_ 			
Permission to contact:	Email		□ No	Post:	☐ Yes	□ No
(for CCNI use only)	SMS:		□ No	Newslette	r: 🗆 Yes	□No
		USI IDE				
Please provide details for one of Please ensure that the name wr					ment vou pr	ovide helow
Town/City of Birth:			icity the same as wi	Teteri in the deca	Tierre year pr	DINES
	AUBURN.		I THE SECRETARION OF A	3850747.307		
Australian driver's licence	State	N.6W	Licence numl	oer 77	30 BF	
Medicare Card	Card Number	2301 97	949 1	Expiry	8	09/25
Medicare Card	Card Colour	Green	Individual re	ference number	1	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 from individuals soley for the particle information is no longer no	ourpose of applying	for a USI on their				
CONTROL DESIGNATION	a Chekon Pari	WHERE TO FIND	INFORMATION		自然が多	(1)
Student information is located		College Northern	Inland Inc website <u>v</u>	www.community	collegeni.ns	w.edu.au and can
be viewed and printed as requ		ito contains:				
The Community College North - Student Handbook: Re			ment Policy			
- Privacy for Student Po				acy Statements		
Other documents, forms and				io, etatellicitis		
- WH& S documents incl				ege Notice Boar	ds), hazard r	eporting and
accident reports.	•					
- Individual Training and	Assessment Learnin	g Plan: For stude	nts enrolled in skill s	ets or full qualifi	cations	



Student Enrolment Form

Community College Northern Inland Inc

RTO ID: 90027 92 Queen St BARRABA NSW 2347

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 Too hed	
Signature	AMBORY	
Date	11-02-21	
	CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION	

1 MICHELLE ROSE BOHEY	
(First, middle and last Name)	
of Glenmore 2819 Boonangar 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).

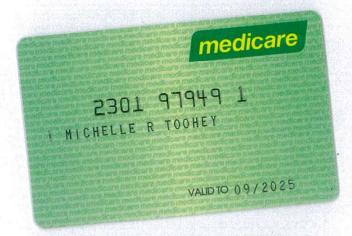
The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

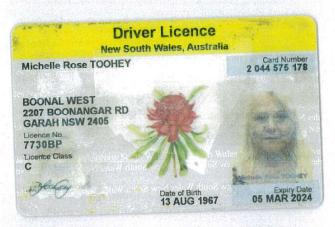
The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions 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 Tooha	4	
Signature	Moley	Date	1(-02-2)
Note: if unde	r 18 years of age at the time of giving cor	nsent, then the consent of their guardi	an is required.
Print full name of Guardian			
Signature of guardian		Date	





NEW SOUTH WALES

MICHELLE R TOOHEY 2819 BOONANGAR RD GARAH NSW 2405

CRN 201-829-015K

JS

Expires

31 AUG 2022

Card start 6 Apr 2017