



Student Enrolment Form

RTO ID: 90027

92 Queen St

BARRABA NSW 2347



COURSE DETAILS				
Qualification/Course Name:	Learn to Use Zoom	Course date:	1/6/2020	
National Code:		Delivery Location:	Narrabri	
STUDENT DETAILS				
Please note all fields are mandatory. Types of evidence; Driver's Licence, Identity Card, Passport (must be photo ID)				
Full name (as on evidence):	Kylie Mullen			
Evidence Type and Number:				
Unique Student Identifier (USI):	TGRVVBTHWTT	Training Contract ID:		
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unspecified	Date of Birth:	6/5/76	
Residential Address:	"Girraween" 2082 Kaputar Rd			
Suburb:	Narrabri			
State:	NSW	Postcode:	2390	
Postal Address: (if different from above)				
Company/Employment Address:				
Mobile Phone:	0412 776576	Home Phone:	67935365	
Email Address:	kyliemullen@hotmail.com			
Country of birth:	Australia			
City of Birth:	Frankstone	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			
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			
Highest school level completed:	<input type="checkbox"/> Still at school <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input checked="" 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:	<input type="checkbox"/> Bachelor Degree or higher		Age:	
	<input type="checkbox"/> Advanced Diploma or Associated Degree		Age:	
	<input checked="" type="checkbox"/> Diploma level	Age:	<input type="checkbox"/> Certificate IV	Age:
	<input type="checkbox"/> Certificate III	Age:	<input type="checkbox"/> Certificate II	Age:
	<input type="checkbox"/> Certificate I	Age:	<input type="checkbox"/> Miscellaneous	
Were any qualifications achieved while at school:	<input 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	



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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 type="checkbox"/> 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			
Which best describes your employment status?	<input checked="" type="checkbox"/> Full-time employment <input type="checkbox"/> Part time 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		
Please indicate the presence of a disability, impairment or long term condition:	<input type="checkbox"/> Mental Illness <input checked="" 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		
Are you a client of a Job Active Provider?	<input type="checkbox"/> No <input type="checkbox"/> Yes	What is the J.A.P.'s name:	
What is your client ID		What is the Referral ID for training:	
Which best describes your reason for undertaking training: (Please tick one only)	<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 type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input checked="" 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		
Are you currently receiving; or are you a dependant child, spouse or partner of a recipient of Commonwealth welfare benefit:	<input type="checkbox"/> Age Pension <input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Austudy <input type="checkbox"/> Sickness Allowance <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 Help Income Support <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Family Tax Benefit Part A (max rate) <input type="checkbox"/> Widow 'B' Pension <input type="checkbox"/> Mature Age Allowance <input type="checkbox"/> Wife Pension <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Youth Allowance		
Are you living 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 in out of home care?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Are you between 18 & 30 and previously been in out of home care?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Are you experiencing domestic family violence?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Attach letter of recommendation from a domestic and family violence service or refuge or agencies			



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How did you hear about the course:	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Course Guide
	<input type="checkbox"/> Facebook	<input type="checkbox"/> Website
	<input type="checkbox"/> Radio	<input type="checkbox"/> Word of mouth
	<input type="checkbox"/> Other (please specify) _____	
Permission to contact: (for CCNI use only)	Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	Post: <input type="checkbox"/> Yes <input type="checkbox"/> No
	SMS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Newsletter: <input type="checkbox"/> Yes <input type="checkbox"/> No

WHERE TO FIND INFORMATION

Student information is located on the Community College Northern Inland Inc website 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, behaviour and dress code

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 Learning Plan: For students enrolled in skill sets or full qualifications

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: Kylie Mullen

Signature: [Signature]

Date: 13/5/2020

STUDENT DECLARATION & CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I declare:

- That the information I have supplied on this form is true, correct and complete.
- I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment.
- The Policies, Procedures and Consumer Rights Information have been made available to me online and I have read, understood and accepted these as conditions of my enrolment.
- I have been informed of fees and charges associated with this course, including the requirements and timelines to withdraw without incurring fees.
- I give consent to Community College-Northern Inland to obtain, check and verify a Unique Student Identifier (USI) for me and use this information to check my eligibility and to calculate fees.
- I acknowledge that while I am enrolled I will comply with the rules, policies, procedures and by-laws of Community College-Northern Inland Inc.



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I Kylie Mullen

(First, middle and last Name)

of 2082 Kaputar Rd Narrabri With date of birth 6/5/76
(current residential address)

Understand and agree that, under the Data Provision requirements 2012, Community College Northern Inland 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 that 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 Community College Northern Inland for statistical, regulatory and research purposes. Community College Northern Inland 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 the 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 an 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 Community College Northern Inland for the purposes of evaluating and assessing my subsidised 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: Kylie MullenSIGNATURE: [Signature] DATE: 13/5/2020

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: ____/____/____



CSE

FORM 19: SMART AND SKILLED & CSO ELIGIBILITY DECLARATION

As a condition of accepting subsidised training by the NSW Government under Smart and Skilled Programs,

I, Kylie Mullen, confirm that I will provide evidence of eligibility (as detailed below) upon request.

Step 1: Smart and Skilled eligibility evidence

To be eligible for Funded Training, individuals must be:

All four (4) boxes must be ticked to continue

- ☒ an Australian citizen, permanent resident or humanitarian visa holder or a New Zealand citizen and
- ☒ be aged 15 years or older, and
- ☒ live or work in NSW (or an Aboriginal or Torres Strait Islander person living in specific NSW border area), and
- ☒ no longer be at school

NOTE: STEP 2 A AND 2B BELOW RELATE TO COMMUNITY SERVICE OBLIGATION FUNDING ELIGIBILITY ONLY

Step 2A: Disadvantaged Student eligibility evidence (CSD – see over for CSR)

A Disadvantaged Student is a student who:

a) is one of the following:

- ☐ **Australian Aboriginal or Torres Strait Islander:** a student declaration of Aboriginal and/or Torres Strait Islander heritage will be accepted as evidence.
- ☐ **Someone with a disability (or their dependent child, spouse or partner):** proof of receipt of a Disability Support Pension (if applicable) or a letter confirming disability from a medical practitioner or other health professional, government agency or school counsellor.
- ☐ **Applicable Benefits recipient (or their dependent child, spouse or partner):** proof of receipt of Applicable Benefits such as a current Commonwealth benefits card, letter or income statement from Department of Human Services.
- ☒ **Someone experiencing significant hardship:** a letter of referral from the government agency, medical practitioner or other health professional, or support agency will be accepted.

For CSE funding, students must be at least one of the below (please tick):

- ☒ Drought affected farmer
- ☐ Regional business owners
- ☐ Agricultural sector employees

b) is experiencing one of the following barriers to participation in training:

- ☐ **Very low literacy, language and/or numeracy skills:** records of language literacy and numeracy (LLN) pre assessment activity against the Australian Core Skills/Core Skills for Work Framework or other pre training assessment
- ☐ **Limited employability skills where the student requires considerable additional support:** records of employability skills pre assessment activity against Core Skills for Work Framework or other pre training assessment. Referral from a Job Active Provider.
- ☐ **Persistent and ongoing personal issues impacting on educational achievement:** referrals/documentation from case management agencies and/or doctors/medical services.
- ☐ **Significant education disadvantage impacting upon a student's ability to succeed in training:** statement from student in relation to personal and/or educational disadvantage as recorded during an interview with the student

EVIDENCE TO BARRIERS MUST BE ATTACHED



FORM 19: SMART AND SKILLED & CSO ELIGIBILITY DECLARATION

Step 3A: Regional or Remote Student

A Regional or Remote is a student who:

a) all of the following;

- ☐ is not a Disadvantage Student AND
- ☐ lives or works in Regional or Remote Location AND
- ☐ cannot effectively access training under a Smart & Skilled Entitlement Program

AND

b) Evidence of the Barriers to Access may include:

- ☐ Records of language literacy and numeracy (LLN) pre assessment activity against the Australian Core Skills/Core Skills Framework or other pre training assessment
- ☐ Records of employability skills pre assessment activity against Core Skills for Work Framework or other pre training assessment
- ☐ Referrals/documentation from case management agencies and/or doctors/medical services
- ☐ Referral from a Job Active Provider
- ☐ Statement from student in relation to personal and /or educational disadvantages as recorded during an interview with the student

EVIDENCE TO BARRIERS MUST BE ATTACHED

Step 3B (b): Proof of address such as a drivers licence, utility bill, electoral roll or employment contract will be accepted as evidence that a student lives or works in a Regional or Remote Location.

Step 3B (c): Evidence that a Regional or Remote Student cannot effectively access training under a Smart and Skilled Entitlement Program and other Smart and Skilled Program may include a record of interview with the student.

Evidence/comments of Barrier:

Hydrol leases in a drought affected area 2390
as verified by the Department of Primary
Industries.

To be clear, the evidence may be requested by Community College Northern Inland Inc. or the NSW Department of Industry at any time.

Signature: 

Date: 13/5/2020

Guardian Signature:

Date:

Coordinators Name: Irish Dandridge

Initial: 