

1. COURSE DETAILS

Course Code and Name (please tick the course you are enrolling in)			
<input type="checkbox"/>	HLT23221 Certificate II in Health Support Services	<input type="checkbox"/>	HLTAID009 Provide Cardio pulmonary Resuscitation
<input type="checkbox"/>	CHC33015 Certificate III in Individual Support (Ageing)	<input type="checkbox"/>	HLTAID011 Provide First Aid
<input type="checkbox"/>	CHC43015 Certificate IV in Ageing Support	<input type="checkbox"/>	SITSS00069 Food Safety Supervision Skill Set
<input type="checkbox"/>	CHC43415 Certificate IV in Leisure & Health	<input type="checkbox"/>	CHCSS00070 Assist Clients with Medication Skill Set
<input type="checkbox"/>	BSB40520 Certificate IV in Leadership and Management	<input type="checkbox"/>	CHCSS00114 Entry into Care Roles Skill Set
<input type="checkbox"/>	BSB50420 Diploma of Leadership and Management	<input type="checkbox"/>	CHCSS00105 Palliative Approach Skill Set
<input type="checkbox"/>	<i>Non-accredited</i> Contribute to the Care of People with Diabetes	<input type="checkbox"/>	CHCAGE005 Provide Support to People Living with Dementia
<input type="checkbox"/>	Other – please specify:		
Course Start Date			
Course Delivery		Wollongong <input type="checkbox"/> Sydney <input type="checkbox"/> Shoalhaven <input type="checkbox"/> Eurobodalla <input type="checkbox"/> ACT <input type="checkbox"/> Online <input type="checkbox"/> Other <input type="checkbox"/> _____	

2. ENROLMENT FORM CHECKLIST

Have you provided all the information required?	
<input type="checkbox"/>	COURSE DETAILS (SECTION 1)
<input type="checkbox"/>	MANAGER DETAILS AND SIGNATURE – IRT EMPLOYEES ONLY (SECTION 4)
<input type="checkbox"/>	UNIQUE STUDENT IDENTIFIER (USI) (SECTION 14)
<input type="checkbox"/>	SUPPORTING EVIDENCE E.G. PROOF OF ID, PROOF OF CITIZENSHIP (SECTION 15)
<input type="checkbox"/>	SIGN APPROPRIATE SECTIONS (SECTIONS 11, 14, 16)

3. STUDENT DETAILS

* Please write the 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 IRT Academy to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Title:	Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other:		
Single Name only	<input type="checkbox"/> Tick this box if you have one name only that cannot be written in the following format. Please write your single name in the 'Surname' section below.		
First Given Name:		Second Given (middle) Name:	
Family name (surname):			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Home Phone:		Email:	
Mobile:		Alternative Email (optional):	
Emergency Contact Name:		Phone:	Relationship:
What is the address of your usual residence? Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.			
Building/Property name:		Flat/Unit Details:	
Street or lot number:		Street name:	
Suburb, locality or town:		State/Territory:	Postcode:

What is your postal address (if different from above)?			
Building/Property name:		Flat/Unit Details:	
Street or lot number:		Street name:	
Suburb, locality or town:		State/Territory:	Postcode:

4. IRT EMPLOYEES ONLY – MANAGER TO COMPLETE

IRT Employee Position:		Employment status:	Part-time <input type="checkbox"/>	Fulltime <input type="checkbox"/>
IRT Employment Site:				
IRT Manager Name:				
I give permission for the above employee to complete the specified course with IRT Academy Yes <input type="checkbox"/> No <input type="checkbox"/>				
IRT Manager Signature:		Date:		

5. LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?	Australia <input type="checkbox"/> (1101) <input type="checkbox"/> Other – please specify:
City of Birth:	
Country of Citizenship:	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify:
Citizenship status:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Other – please specify:
Are you in Australia on a Visa?	<input type="checkbox"/> Student TU / 500 <input type="checkbox"/> Other – please specify Visa subclass and attach to your enrolment:
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No (4) <input type="checkbox"/> Yes, Aboriginal (1) <input type="checkbox"/> Yes, Torres Strait Islander (2) <input type="checkbox"/> Yes, to both (3)
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only (1201) <input type="checkbox"/> Yes, other – please specify:
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

6. DISABILITY

Do you require extra assistance with your learning? (e.g. extra time, coloured paper, reading assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – please go to next section
If Yes, please indicate your condition:	<input type="checkbox"/> Hearing/deaf (11) <input type="checkbox"/> Physical (12) <input type="checkbox"/> Intellectual (13) <input type="checkbox"/> Learning (14) <input type="checkbox"/> Mental Illness (15) <input type="checkbox"/> Acquired brain impairment (16) <input type="checkbox"/> Vision (17) <input type="checkbox"/> Medical Condition (18) <input type="checkbox"/> Other (19): _____
Please indicate the disability assessment type and attached evidence:	<input type="checkbox"/> Recipient of a disability support pension <input type="checkbox"/> Assessed as a student with a disability <input type="checkbox"/> Dependent of a person in receipt of a disability support pension

7. CONCESSION INFORMATION (required for government subsidised training)

Do you live in NSW social housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you on the NSW housing register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Concession	Are you currently a welfare recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No – please go to next section	
	<input type="checkbox"/> Age pension <input type="checkbox"/> Austudy	
	<input type="checkbox"/> Carer payment (not Carer allowance/adjustment payment) <input type="checkbox"/> Family tax benefit Part A (maximum rate)	
	<input type="checkbox"/> Farm household allowance <input type="checkbox"/> Disability support payment	
	<input type="checkbox"/> JobSeeker payment <input type="checkbox"/> Parenting payment (Single)	
	<input type="checkbox"/> Special benefit <input type="checkbox"/> Veterans' affairs pensions	
	<input type="checkbox"/> Veterans' children education scheme <input type="checkbox"/> Widow allowance	
	<input type="checkbox"/> Youth allowance <input type="checkbox"/> Other please specify:	
	Please attach a letter from the Department of Human Services (Centrelink) confirming receipt of the benefit.	

8. EDUCATION

Schooling	What is your highest COMPLETED school level? (Tick ONE box only)			
	If you are currently enrolled in secondary education, the <i>Highest school level completed</i> refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the <i>Highest school level completed</i> is Year 9.			
	Year 12 or equivalent	<input type="checkbox"/> 12		
	Year 11 or equivalent	<input type="checkbox"/> 11		
	Year 10 or equivalent	<input type="checkbox"/> 10		
	Year 9 or equivalent	<input type="checkbox"/> 09		
	Year 8 or below	<input type="checkbox"/> 08		
	Never attended school	<input type="checkbox"/> 02		
	Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes	<input type="checkbox"/> I am a registered home school student	<input type="checkbox"/> No
	Have you SUCCESSFULLY completed any of the qualifications listed below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – please go to next section	
	If Yes, then tick ANY applicable boxes:			
	Bachelor degree or higher degree	<input type="checkbox"/> 008		
	Advanced diploma or associate degree	<input type="checkbox"/> 410		
	Diploma (or associate diploma)	<input type="checkbox"/> 420		
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511			
Certificate III (or trade certificate)	<input type="checkbox"/> 514			
Certificate II	<input type="checkbox"/> 521			
Certificate I	<input type="checkbox"/> 524			
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/> 990			
When were the above qualifications completed?	<input type="checkbox"/> While attending school	<input type="checkbox"/> After leaving school		
Funded/Subsidised Training	Have you undertaken any other government subsidised courses this calendar year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

9. RECOGNITION OF PRIOR LEARNING AND CREDIT TRANSFER

If you have previously completed accredited training or have a combination of experience, skills, training and knowledge that you have built up in your career, you may be eligible for Credit Transfer or Recognition of Prior Learning.

Do you wish to apply for Credit Transfer?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please complete a Credit Transfer Form and attach with a copy of the Course Transcript from your prior studies
Do you wish to seek Recognition of Prior Learning?	<input type="checkbox"/> No <input type="checkbox"/> Yes – your Educator will issue you with a RPL Guide

10. EMPLOYMENT & STUDY REASON

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)	Full-time employee	<input type="checkbox"/> 01
	Part-time employee	<input type="checkbox"/> 02
	Self employed – not employing others	<input type="checkbox"/> 03
	Self employed – employing others	<input type="checkbox"/> 04
	Employed – unpaid worker in a family business	<input type="checkbox"/> 05
	Unemployed – seeking full-time work	<input type="checkbox"/> 06
	Unemployed – seeking part-time work	<input type="checkbox"/> 07
	Not employed – not seeking employment	<input type="checkbox"/> 08
If you are employed as an aged care worker, please specify the area of aged care:	<input type="checkbox"/> Residential Care <input type="checkbox"/> Home Care	
If you are employed as an aged care worker, please tick the duties you currently undertake:	<input type="checkbox"/> Personal care (showering, grooming, continence care etc.) <input type="checkbox"/> Laundry <input type="checkbox"/> Cleaning <input type="checkbox"/> Maintenance <input type="checkbox"/> Preparing and serving food	<input type="checkbox"/> Leisure and lifestyle activities <input type="checkbox"/> Assist in the administration of medication Other, please specify:

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)	To get a job	<input type="checkbox"/> 01
	To develop my existing business	<input type="checkbox"/> 02
	To start my own business	<input type="checkbox"/> 03
	To try for a different career	<input type="checkbox"/> 04
	To get a better job or promotion	<input type="checkbox"/> 05
	It was a requirement of my job	<input type="checkbox"/> 06
	I wanted extra skills for my job	<input type="checkbox"/> 07
	To get into another course of study	<input type="checkbox"/> 08
	For personal interest or self-development	<input type="checkbox"/> 12
	To get skills for community/voluntary work	<input type="checkbox"/> 13
	Other reasons	<input type="checkbox"/> 11

11. PRIVACY NOTE

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact IRT Academy at;

T 134 478

W <https://www.irt.org.au/careers-study/irt-academy/>

E irtacademy@irt.org.au

to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

I have read and understand the terms of this Privacy Note.

Student/Parent/Guardian Signature: _____ **Date:** _____

12. CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION - SUBSIDISED TRAINING IN NSW STUDENTS ONLY

Where a Smart and Skilled subsidy applies please note that this training is subsidised by the NSW Government.

By agreeing to receiving NSW Government Smart and Skilled* subsidised training the student must be aware of, and agree to the following:

Under the *National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020*, IRT Academy 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 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 IRT Academy for statistical, regulatory and research purposes. IRT Academy 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 authorized agencies, including the NSW Department of Education (Department);
- NCVER;
- Organisations (including the Department) 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 IRT Academy 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.

For students in receipt of subsidised training (i.e. funded by a State/Federal Government body) please note the following contact details for more information:

- NSW Smart and Skilled – W: <https://smartandskilled.nsw.gov.au/> Ph: 1300 772 104

11a. SUBSIDISED TRAINING – ACT STUDENTS ONLY

Skilled Capital is an ACT Government training initiative, funded by the ACT and Australian Governments.

See Section 10. Privacy notice for information that complies with ACT Skilled Capital guidelines.

For more information about Skilled Capital subsidised training please note the following contact details:

- ACT Skilled Capital <https://www.skills.act.gov.au/students> Ph.: 6205 8555 (during business hours)

13. UNIQUE STUDENT IDENTIFIER (USI) PRIVACY NOTE

From 1 January 2015, IRT Academy can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi> on computer or mobile device.

If you would like IRT Academy to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information below so that we can apply for a USI on your behalf.

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

14. UNIQUE STUDENT IDENTIFIER (USI) – FOR ACCREDITED TRAINING ONLY

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

Have you been issued with a USI previously?	<input type="checkbox"/> Yes, please provide your 10 digit USI: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
	<input type="checkbox"/> No - please read the Privacy Notice below and complete the following information:										
<input type="checkbox"/> I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf											
Student Full Name:											
Student Signature:	Date:										

15. PROOF OF ELIGIBILITY – FOR SUBSIDISED ACCREDITED TRAINING

The following section outlines the proof of eligibility requirements to access government-subsidised training. Depending on the answers from **Sections 4, 6, 7 & 8** you are required to provide evidence to support your response.

Category 1 - You must provide one form of identity to prove you live or work in Australia:

Living or working in Australia -	Australian Driver's License	State:		License Number:	
	Proof of ID Card	State		Card Number:	

Category 2 – at least one piece of evidence required from this category. Please provide copies and details to support your enrolment:

Citizenship: Australian citizen, New Zealand citizen and permanent Australian resident	Medicare Card	Medicare Card Number:		Ref #	
		Medicare Card Colour:	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Yellow
		Medicare Expiry Date:	/	/	
	Aus/NZ Passport	Passport Number:			
	Certificate of evidence of resident status	Card Number:			
Humanitarian visa holder and Partner visa holder (Refugee or asylum seeker)	Non-Australian Passport	Passport Number:			
	Visa documentation	Document Number:			

	ImmiCard	Card Number:	
	Bridging visa	Document Number:	
Concession/disability	Concession card	Card Number:	
Home school students	Home schooling registration	Period of time for home schooling:	

16. STUDENT ENROLMENT DECLARATION

Statistical Information Statement

We are committed to maintaining your privacy and confidentiality at all times and complying with the NSW Privacy and Personal Information Protection Act 1998 and the Federal Privacy Act 1988. Student information will not be provided to anyone unless you have provided written consent for us to do so or the information is allowed or required by law to be provided. This may occur when training attracts Government Incentives and may include; Federal and State Education Departments (including; State Training Services), Trainee employers and Australia Skills Quality Authority.

I declare that all information provided in this enrolment form is true and accurate and that I have read and understood the Terms and Conditions of enrolment contained in this Enrolment Form, the Student Handbook and Fees & Charges Schedule.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission to share my information as per the Statistical Information Statement above.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for IRT Academy to verify Certificates or Statement of Attainments that have been issued by an RTO other than IRT Academy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRT Employees Only: I give permission for IRT Academy to share my course progress with my employer and other relevant IRT Group Managers / Team Leaders.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have read and understood IRT Academy's consumer protection policy as outlined in the Student Handbook: https://www.irt.org.au/careers-study/irt-academy/resources/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I declare that the information I have provided to the best of my knowledge is true and correct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Full Name:		Signature:
		Date
For students under the age of 18 - Full name of Parent / Guardian:		
Parent/Guardian Signature:		Date

**PLEASE SCAN AND EMAIL YOUR ENROLMENT FORM AND
SUPPORTING EVIDENCE E.G. PROOF OF ID, PROOF OF CITIZENSHIP TO
IRTACADEMY@IRT.ORG.AU**