



Pre Accredited Enrolment Form

PERSONAL INFORMATION DETAILS

Family Name (Surname): _____

Given Name: _____ Middle Name: _____

Title: Dr Mr Mrs Ms Miss

DOB: (dd/mm/yyyy) ____/____/____ Gender: Male Female Other

CONTACT DETAILS

Telephone: Home: _____ Work: _____

Mobile: _____ Email: _____

ADDRESS DETAILS

Residential Address: _____

Suburb/Town: _____ State _____ Postcode: _____

Postal Address (if different from above) _____

Suburb/Town: _____ State _____ Postcode: _____

SCHOOLING

What is your highest COMPLETED school level? (Tick one box only)

Completed Year 12 Completed Year 11 Completed Year 10 Completed Year 9 or Equivalent
 Completed Year 8 or Equivalent Never attended school

Are you still attending secondary school? Yes No Year Completed School _____

VICTORIAN STUDENT NUMBER

To be completed by all students aged up to 24 years:

Enter your Victorian Student Number (VSN) _____

Have you attended any Victorian school since 2009, or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

No Yes (list) _____

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? Australia Other (Please specify) _____

Do you speak a language other than English at home? No Yes (Please specify) _____

Are you of Aboriginal or Torres Strait Islander Origin? No Yes, Aboriginal Yes, Torres Strait Islander

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DISABILITY

Do you consider yourself to have a disability, impairment or long term condition?
the applicable box/s)

No

Yes (if yes, please tick

Hearing/deaf

Physical

Intellectual

Learning

Mental Illness

Acquired brain impairment

Vision

Medical Condition

Other _____

PREVIOUS QUALIFICATION ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications?

Yes

No

Please tick ALL that apply. Please also indicate if it is an Australian (A), Equivalent Australian (E) or International (I) qualification

Bachelor Degree or higher

A

E

I

Advanced Diploma or Associate Degree

A

E

I

Diploma or Associate Diploma

A

E

I

Certificate IV or Advanced Certificate / Technician

A

E

I

Certificate III or Trade Certificate

A

E

I

Certificate II

A

E

I

Certificate I

A

E

I

Certificate other than the above

A

E

I

EMPLOYMENT

Of the following categories, which BEST describes your current employment status?

Full Time Employee

Part Time Employee

Self Employed (not employing others)

Employer

Employed (unpaid family worker)

Unemployed (not seeking employment)

Unemployed (seeking part time work)

Not employed (not seeking employment)

Which of the following classifications BEST describes the industry of your current or previous employer? (Tick ONE box only)

Accommodation and Food Services

Manufacturing

Administration and Support Services

Mining

Agriculture, Forestry and Fishing

Professional, Scientific and Technical Services

Arts and Recreational Services

Public Administration and Safety

Construction

Rental, Hiring and Real Estate Services

Education and Training

Retail Trade

Electricity, Gas, Water and Waste Services

Transport, Postal and Warehousing

Financial and Insurance Services

Wholesale Trade

Health Care and Social Assistance

Other Services

Information Media and Telecommunications

N/A

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)

Clerical and Administrative Workers

Professionals

Community and Personal Service Workers

Sales Workers

Labourers

Technicians and Trade Workers

Machinery Operators and Drivers

Other

Managers

N/A

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STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course (Tick ONE box 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 a different career |
| <input 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"/> For personal interest or self-development | <input type="checkbox"/> Other reasons |

STUDENT ENROLMENT PRIVACY NOTICE

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Collection of your data

Sunraysia Regional Consulting is required to provide the Department with student and training activity data. This includes personal information collected in the Sunraysia Regional Consulting enrolment form and unique identifier such as the Victorian Student Number (VSN). Sunraysia Regional Consulting provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning. A student's data may be used for specific VET purposes including the verification of student data provided by Sunraysia Regional Consulting, the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy Access, correction and complaints. You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact Sunraysia Regional Consulting Executive Officer in the first instance by phone 03 5023 7612 or email mwilson@sunraysiarc.com.au.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE* _____ DATE _____

*Parental/guardian consent is required for all students under the age of 18.

ADMINISTRATION USE ONLY

Course Code: _____ Course Title: _____

Course Start Date: ____/____/____ Course End Date: ____/____/____

Copy of Green Medicare Card Copy of Concession Card (if applicable)

Enrolment entered into Social Planet Date ____/____/____

Staff Member Signature: _____

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