

WHICH QUALIFICATION DO YOU WISH TO ENROL IN? (PLEASE TICK):

<input type="checkbox"/> CPC30220 Certificate III in Carpentry	<input type="checkbox"/> MSF30322 Certificate III in Cabinet Making and Timber Technology
<input type="checkbox"/> CPC50220 Diploma of Building and Construction (Building)	<input type="checkbox"/> RII60520 Advanced Diploma of Civil Construction Design
<input type="checkbox"/> BSB40320 Certificate IV in Entrepreneurship and New Business	<input type="checkbox"/> BSB50120 Diploma of Business
<input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management	<input type="checkbox"/> ICT50220 Diploma of Information Technology
<input type="checkbox"/> ICT60220 Advanced Diploma of Information Technology	<input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning)

PERSONAL & CONTACT DETAILS

Given Name: <input type="text"/>	Middle Name: <input type="text"/>	Surname: <input type="text"/>
Date of Birth: <input type="text"/>	Nationality: <input type="text"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Email: <input type="text"/>	Home Phone: <input type="text"/>	Mobile: <input type="text"/>
Unit Number: <input type="text"/>	Street Number: <input type="text"/>	Street Name: <input type="text"/>
Suburb: <input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>

OVERSEAS DETAILS

Email: <input type="text"/>	Home Phone: <input type="text"/>	Mobile: <input type="text"/>
Unit Number: <input type="text"/>	Street Number: <input type="text"/>	Street Name: <input type="text"/>
Suburb: <input type="text"/>	State: <input type="text"/>	Country: <input type="text"/>
Postcode: <input type="text"/>		

NEXT OF KIN/EMERGENCY CONTACT

Name: <input type="text"/>	Relationship: <input type="text"/>	Phone: <input type="text"/>
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AUSTRALIAN RESIDENCY STATUS

Country of Birth: <input type="text"/>	City of Birth: <input type="text"/>	<input type="checkbox"/> Australian Citizen
If on visa/temp permit provide code / description: <input type="text"/>		<input type="checkbox"/> Australian Resident
		<input type="checkbox"/> Visa/temp Permit

PASSPORT DETAILS

Passport status:	Issued <input type="checkbox"/> Pending <input type="checkbox"/>	Passport issued by:	<input type="text"/>
Passport Number:	<input type="text"/>	Passport expiry date:	<input type="text"/>

ATSI STATUS

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No Yes, Aboriginal Yes, Torres Strait Islander

INTAKE PREFERENCE

Please indicate the preferred intake month and year :

MONTH	YEAR
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DISABILITY

DO YOU HAVE A DISABILITY OR IMPAIRMENT? (WHETHER SHORT TERM OR LONG)

Yes No (Go To Next Question)

If Yes, Please indicate the areas of disability, impairment: (Indicate As many as necessary)

Vision Hearing/Deaf Physical Intellectual
 Mental Illness Acquired Brain Impairment Medical Condition Learning Other

Please Indicate Any Special Needs/Assistance You May Require Due to Your Disability.

(if more space is required please attach a separate signed and dated page)

LANGUAGE

DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH AT HOME? (Please Tick)

NO If YES, which other language/s: 1. 2.

HOW WELL DO YOU SPEAK ENGLISH?

Very Well Well Not Well Not at All

EMPLOYMENT STATUS

Which of following categories best describes your current employment status? (Tick One Box Only)

- | | | |
|---|---|--|
| <input type="checkbox"/> Full Time Employee | <input type="checkbox"/> Part Time Employee | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Not employed – Not Seeking Employment Employer | |
| <input type="checkbox"/> Unemployed-Seeking full time work | <input type="checkbox"/> Unemployed - Seeking part time work | |
| <input type="checkbox"/> Self-employed - not employing others | <input type="checkbox"/> Employed- Unpaid worker in family Business | |
| <input type="checkbox"/> Other (please specify) | | |

If employed, please provide the Title and Industry your employed within:
(Example: Carer, In the Disability sector OR Shop assistant, at coles.)

OCCUPATION IDENTIFIER (VIC): (Tick One Box Only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Technicians and Trades Workers | <input type="checkbox"/> Labourers |
| <input type="checkbox"/> Community and Personal Service Workers | <input type="checkbox"/> Clerical and Administrative Workers | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Machinery Operators and Drivers | <input type="checkbox"/> Professionals | <input type="checkbox"/> Other |

INDUSTRY OF EMPLOYMENT (VIC): (TICK ONE BOX ONLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Mining | <input type="checkbox"/> Electricity, Gas, Water and Waste Services |
| <input type="checkbox"/> Financial and Insurance Services | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Accommodation and Feed Services |
| <input type="checkbox"/> Transport, Postal and Warehousing | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Information Media and telecommunications |
| <input type="checkbox"/> Rental, Hiring and real Estate Services | <input type="checkbox"/> Education and Training | <input type="checkbox"/> Professional, Scientific and Technical Services |
| <input type="checkbox"/> Administrative and Support Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Public Administration and Safety |
| <input type="checkbox"/> Health Care and Social Assistance | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Arts and recreation Services |
| <input type="checkbox"/> Other Services | | |

VICTORIAN STUDENT NUMBER (VSN):

If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number:

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Are you new to the Victorian Education system or do not have your Victorian Student Number?

- No, I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.
- Yes, I have attended a Victorian school since 2009. Most recent Victorian school attended
- And/or
- Yes, I have participated in training at a TAFE or other training organization since the beginning of 2011
- List the most recent training organisations with which you have participated in training in Victoria since 2011
(List up to three (3) training organisations)

UNIQUE STUDENT IDENTIFIER (USI)

As of January 1st 2015, all candidates undertaking VET training in Australia must have a Unique Student Identifier (USI).

Do you have or have your ever been issued a USI?

- Yes,

--	--	--	--	--	--	--	--	--	--	--	--

 Yes, but I don't know No/Not sure

If you answered "No/Not sure" above, you must complete the details of "STUDENT CONSENT Form" in order for RTO to apply for a USI on your behalf.

Student Consent Form

- I,, hereby acknowledge that AIP has advised me of the following:
Purpose of having my consent
My right to withdraw consent at any time
AIP's Privacy and Confidentiality Policy.
My right to access personal information
- I hereby accord my consent to AIP for the following:
 - Usage of my name/my company name, feedback, comments and pictures obtained during the program for AIP future promotional activities, unless I direct otherwise in writing prior to the commencement of the program.
 - If any scholarships or discounts in fees given to students are commercial information in confidence, AIP.
 - or viewing my 'Unique Student Identifier'
 - I am aware of, and understand that, the Student Welfare Service of AIP may need to collect and disclose my personal information to third parties (as required) in order to provide me an improved level of service. I therefore give my consent to collect, keep and, disclose my personal information to any third parties (as required) for the above purpose.
- I understand that the organisation/s to whom my information has been disclosed to, must comply with relevant privacy laws. I will contact the organisation/s immediately if I feel that these laws have been breached.

Personal particulars of the Student:

Name of Student: Date of Birth:
Town/City of Birth: Signature: Date:

Office Use

Name: Position:
Signature: Date:

SCHOOLING DETAILS

ARE YOU STILL ATTENDING SECONDARY SCHOOL? (Please Indicate) Yes No

If yes Provide details:.....

WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? (Please Tick)

- | | | |
|--|--|---|
| <input type="checkbox"/> Never attended school | <input type="checkbox"/> Year 8 or lower | <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Completed Year 10 | <input type="checkbox"/> Completed Year 11 | <input type="checkbox"/> Completed Year 12 |

IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?

(e.g. if you finished school when you were 15, add 15 to the year you were born, 15+1968 = 1983)

PRIOR EDUCATION

HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS? (Please Tick)

- NO (GO TO NEXT QUESTION)
- YES, Year of completion:
- | | |
|--|---|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Diploma (or Associate Diploma) |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Advanced Diploma or Associate Degree |
| <input type="checkbox"/> Certificate III | <input type="checkbox"/> Bachelor Degree or Higher Degree |
| <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Certificates other than the above |

Name(s) of the Qualification:

Please note: That any Qualification gained outside of Australia will REQUIRE YOU to show a formal recognition obtained within Australia which meets the Australian Quality Framework (AQF) standards for us to acknowledge the Qualification.

REASON FOR ENROLLING IN THIS COURSE OF STUDY

PLEASE TICK WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE/TRAINEESHIP/APPRENTICESHIP. (Please Tick One Box Only)

- | | |
|--|--|
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get a job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> I want 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"/> To try for a different career | <input type="checkbox"/> Other reason, please specify |

Use of your data

The Department uses student and training Information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student Information provided by Victorian International Academy; 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). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

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.

Access, correction and complaints

You have the right to access your personal information, to check its accuracy and make corrections. You also have the right to complain if you feel that your information is not being treated in accordance with the law's which govern your Information.

• For further information, please contact AIP in the first instance by post to:

Australian Institute of Professionals (AIP)
42B Synnot Street Werribee VIC 3030.

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>.

• For further information about Unique Student Identifiers, including access, correction and complaints, go to: <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge and agree to the terms described in the Student Enrolment Privacy Notice

STUDENT DECLARATION

- I confirm that the information I have provided within this form is true and correct, and I have been provided by AIP, all information regarding the course/Module that I am enrolling in.
- I understand and have been provided information by AIP in relation to Credit Transfer and Recognition of Prior Learning (RPL)
- I agree to act in accordance with AIP regulations, code of conducts and I understand the disciplinary procedures of AIP.
- I have read and understood the Statement of Fees, Application Procedure and Refund Policy.
- I have received and understood minimum entrance requirements.
- I have read and understand the Complaints and Appeal Policy.
- I understand the requirement of me to attend and carry out hours of Work Placement.
- I understand the units I will be enrolled in, and the course title I am to be enrolled in.
- I understand it is my responsibility to read and understand the contents of the student handbook.

(If you are under the age of 18 Please have a Parent or Guardian sign below.)

.....
Student Name

.....
Parent/guardian Name

.....
Signature

.....
Date

.....
Signature

.....
Date

Checklist (OFFICE USE ONLY)

- I have gathered all the required evidence and copies of the evidence supplied are collated
- LLN completed.
- I am satisfied that the applicant meets the enrolment requirements for the qualification.
- Information has been entered to database

Administration Officer Name:

Administration Officer Signature:

Date: