



Enrolment Form

ALL fields of this enrolment form are mandatory

Course Details				
Course Details				
Course Name				
(UoC or qualifica	tion)			
Start Date & Loc	ation			
Personal Details				
Family Name	Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.			
Given Name/s				
Date of Birth	Male Female Other			
Unique Student Identifier:	To register for your Unique student ID number; please visit: http://usi.gov.au			
Contact Details				
Residential	Building/property name			
Address Please provide the	Flat/unit details			
physical address (street number and	Street number			
name not post office box) where you usually reside rather than any	Street name			
temporary address at which you reside for	Suburb, locality or town			
training, work or other purposes before returning to your	State identifier			
home.	Postcode			
Postal Address (If different from above)	Building/property name			
	Flat/unit details			
	Street number			
	Street name			
	Postal Delivery Box			
	Suburb, locality or town			
	State identifier			
	Postcode			
Telephone No.				
E-mail:				

Employment	
Occupation:	
Employer:	
In what county were you born?	
Australia Other –	
Do you speak a language other than English at home? If more than one language, indicate the one that is spoken	Are you still enrolled in secondary or senior secondary
most often	education?
No, English only	Yes
	☐ No
Yes Please specify:	
Are you of Aboriginal or Torres Strait Islander origin? (tick one box only): For persons of both Aboriginal and	Have you successfully completed any of the following qualifications? Please tick all appropriate. Bachelor Degree or Higher
Torres Strait Islander origin, mark both 'Yes' boxes	Advanced Diploma or Associate Degree
3 /	Diploma (or Associate Diploma)
□ No	Certificate IV (or Advanced Certificate/Technician)
Yes, Aboriginal	Certificate III (or Trade Certificate)
Yes, Torres Strait Islander	Certificate II
Tes, forres strait islander	Certificate I
Do you consider yourself to have a disability, impairment or long term condition?	Certificates other than the above
Yes	Of the following categories, which BEST describes your
	current employment status? (tick one box only)
∐ No	Full-Time employee
	Part-Time employee
If YES, please indicate the areas of disability	Self-employed – not employing others
impairment or long term condition.	Self employed – employing others
Hearing/Deaf	Employed – unpaid worker in a family business
Physical	Unemployed – seeking full time work
Intellectual	Unemployed – seeking part time work
Learning	☐ Unemployed – not seeking employment
Mental Illness	
Acquired brain impairment	Of the following categories, which BEST describes your
Vision	main reason for undertaking this training program?
Medical condition	(tick one box only)
Other:	☐ To get a job
	To develop my existing business
What is your highest COMPLETED school year?	To start my own business
Completed Year 12	To try for a different career
Completed Year 12 Completed Year 11	To get a better job or promotion
Completed Year 10	It was a requirement for my job
Completed Year 9	I wanted extra skills for my job
Completed Year 8 or lower	To get into another course of study
Never attended school	For personal interest or self-development
INEVEL ATTENIAGE SCHOOL	Other reasons:

Additional Information				
Do you have any other nationally recognised Qualifications or Statements of	Attainme	ent? Yes No		
If YES, please provide copies				
Are you currently on a student visa?		Yes No		
If YES, please indicate which visa;				
Comments:				
Privacy Statement & Student Declaration				
Under the <i>Data Provision Requirements 2012</i> , Trainwest is required to collect disclose that personal information to the National Centre for Vocational Education Your personal information (including the personal information contained on the personal contained on t	tion Rese	earch Ltd (NCVER).		
activity data) may be used or disclosed by Trainwest for statistical, regulatory and research purposes. Trainwest may disclose your personal information for these purposes to third parties, including:				
 School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship; Employer – if you are enrolled in training paid by your employer; 				
 Commonwealth and State or Territory government departments and authorised agencies; NCVER; 				
 Organisations conducting student surveys; and Researchers. 				
Personal information disclosed to NCVER may be used or disclosed for the following purposes:				
 Issuing statements of attainment or 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 programme administration, regulation, monitoring and evaluation. 				
You may receive an NCVER student survey which may be administered by an N contractor. You may opt out of the survey at the time of being contacted.	CVER em	iployee, agent or third party		
NCVER will collect, hold, use and disclose your personal information in accordance with the <i>Privacy Act 1988</i> (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).				
Student Declaration and Consent 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 accordance with the Privacy Notice above.				
Signature	Date			
PARENT/GUARDIAN				
*Parental/guardian consent is required for all students under the age of 18	Date			

Student Handbook Verification

	After you have finished reading this Handbook, please complete the section below, sign your name and return this page to Trainwest.
	I, (print full name), have received a copy of the Trainwest
II	Student Handbook. I acknowledge it is my responsibility to read, understand and follow the
	terms and conditions it sets out. I understand this does not cancel my rights as applicable according to state and/or federal law. I give permission for a copy of my completed qualification/statement of attainment to be forwarded to my employer/the training
	organisation that delivered my training.
	Student name:
	Student signature:
	USI: Date:

Please make sure you read and understand all parts of this Student Handbook. If there is any

aspect with which you are unsure, please contact Trainwest for clarification.