Enrolment Form
VET Courses

Under the *Data Provisions Requirements 2012*, RLSSWA is required to collect personal information about you and to disclose this personal information to the National Centre for Vocational Education Research Ltd (NCVER)

Course details:

Course title:		**Date of course:**	

Personal details:

Surname: *(Family name)*				**Date of birth:**	
First name:				**Gender:** *(Tick one box only)* ☐ Male ☐ Female ☐ Other	
Second name:					
Unique Student Identifier: *From 1 January 2015, we (RLSSWA) 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.*					
Home phone:		**Mobile:**		**Work phone:**	
Email:					
Emergency contact: *(name)*		**Emergency contact:** *(phone number)*			
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.*					
Street number:		**Flat/unit details:**		**Building name:**	
Street name:				**Postcode:**	
Suburb:				**State/ Territory**	
What is your postal address? *(if different from above)*					
Building name:				**Flat/unit details:**	
Street number:				**PO Box number:**	
Street name:				**Postcode:**	
Suburb:				**State/ Territory:**	

ROYAL LIFE SAVING
WESTERN AUSTRALIA

Language and cultural diversity:

In which country were you born?

☐ Australia	☐ Other – please specify

Do you speak a language other than English at home?
(If more than one language, indicate the one that is spoken most often)

☐ No – English only	☐ Yes, other – please specify

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

Disability:

Do you consider yourself to have a disability, impairment or long-term condition?

☐ No – skip to the next question	☐ Yes – Select the area(s) in the following list: *(You may indicate more than one area)*
Please refer to the Disability supplement for an explanation of the following disabilities.	☐ Hearing/deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental illness ☐ Acquired brain impairment ☐ Vision ☐ Medical condition ☐ Other – please specify

Schooling:

What is your highest COMPLETED school level? *(Tick ONE box only)* *If you are currently enrolled in secondary education, the Highest school level completed 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 Highest school level completed is Year 9.*	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent ☐ Year 8 or below ☐ Never attended school
Are you still enrolled in secondary or senior secondary education?	☐ Yes ☐ No

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Previous qualifications achieved:

Have you SUCCESSFULLY completed any of the qualifications listed below?	☐ Yes ☐ No
If YES, tick ANY applicable boxes.	☐ Bachelor degree or higher ☐ Advanced Diploma or associate degree ☐ Diploma or associate diploma ☐ Certificate IV or advanced certificate/technician ☐ Certificate III or trade certificate ☐ Certificate II ☐ Certificate I ☐ Other education (including certificates of overseas qualifications not listed above)

Employment:

Of the following categories, which BEST describes your current employment status? *(Tick ONE box only)* *For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).*	☐ Full-time employee ☐ Part-time employee ☐ Self-employed – not employing others ☐ Self-employed – employing others ☐ Employed – unpaid worker in a family business ☐ Unemployed – seeking full-time work ☐ Unemployed – seeking part-time work ☐ Not employed – not seeking employment

Study reason:

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship. *(Tick ONE box only)*	☐ To get a job ☐ To develop my existing business ☐ To start my own business ☐ To try for a different career ☐ To get a better job or promotion ☐ It was a requirement of my job ☐ I wanted extra skills for my job ☐ To get onto another course of study ☐ For personal interest or self-development ☐ To get skills for community/voluntary work ☐ Other reasons

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NCVER Privacy collection statement:

The National Centre for Vocational Education Research Limited (NCVER) collects and manages personal information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles described in the Privacy Amendment (Enhancing Privacy Protection) Act 2012. *Please refer to the Privacy Notice:*	

Payment – Invoice of Company:

Company name:		**Purchase order:**	
Postal address:			
Email to send invoice:			

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