

ENROLMENT FORM 2018

STUDENT DETAILS						
First Name		Surname		Mr / Mrs / Ms / Miss <small>Please circle</small>		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth . . . / . . . /		Other names		
Home Address:				City		Postcode
Telephone		Mobile		Email		
Postal Address (If different from above):				City		Postcode
EMERGENCY CONTACT INFORMATION						
Emergency Contact Person Name:			Relationship to you		Phone Number	
PHOTO PERMISSION						
Do you give permission to allow North Melbourne Language and Learning to use your photo in promotional materials (in print or online)?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
COUNTRY OF BIRTH						
<input type="checkbox"/> Australia		<input type="checkbox"/> Other: Please specifyCity/Town:				
CITIZENSHIP						
<input type="checkbox"/> Australian Citizen		<input type="checkbox"/> Citizen of Country other than Australia or New Zealand with Australian permanent residence				
<input type="checkbox"/> New Zealand Citizen, or New Zealand Citizen with Australian Permanent residency		Country of Citizenship				
		Type of Visa				
LANGUAGE SPOKEN AT HOME						
<input type="checkbox"/> English		<input type="checkbox"/> Other: Please specify			<input type="checkbox"/> Not Stated	
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
EMPLOYMENT AND EDUCATION DETAILS						
What is your HIGHEST completed school level? (please tick one box)						
<input type="checkbox"/> Year 8 or lower		<input type="checkbox"/> Year 9		<input type="checkbox"/> Year 10		
<input type="checkbox"/> Year 11		<input type="checkbox"/> Year 12		<input type="checkbox"/> Did not go to school		
What year did you complete this level?						
Are you still attending secondary school?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If Yes, What year are you in?						
Have you SUCCESSFULLY completed any of the following qualifications?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated		
A = Australian; E=Australian Equivalent; I = International				<small>(For multiple qualifications, use priority order 1-Aust., 2-E Aust. Equivalent, 3-International)</small>		
A	E	I		A	E	I
			Bachelor Degree or Higher Degree			
			Advanced Diploma or Associate Degree			
			Diploma or (Associate Diploma)			
			Certificate IV (or Advanced Certificate/Technician)			
						Certificate III (or Trade Certificate)
						Certificate II
						Certificate I
						Certificates other than the above

VICTORIAN STUDENT NUMBER			
Do you have a Victorian Student number (VSN)?			
<input type="checkbox"/> Yes – Please specify		<input type="checkbox"/> Yes – but VSN is unknown	<input type="checkbox"/> No – I have never been issued a VSN
UNIQUE STUDENT IDENTIFIER			
Do you have a Unique Student Identifier (USI)?			
<input type="checkbox"/> Yes – Please specify		<input type="checkbox"/> No – I authorise NMLL to obtain USI on my behalf and have signed the Privacy Notice & USI Application Authorisation	
Of the following categories, which BEST describes your current employment status? (please tick one box)			
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – seeking part time work	
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Not employed – not seeking employment	
<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Unemployed – seeking full-time work		
Which of the following classifications BEST describes your current or recent occupation? Tick one box only. If unemployed, go to next question.			
<input type="checkbox"/> 1. Managers	<input type="checkbox"/> 4. Community and Personal Service Workers	<input type="checkbox"/> 7. Machinery Operators and Drivers	
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 5. Clerical and Administrative Workers	<input type="checkbox"/> 8. Labourers	
<input type="checkbox"/> 3. Technicians and Trade Workers	<input type="checkbox"/> 6. Sales Workers	<input type="checkbox"/> 9. Other	
Which of the following classifications BEST describes the Industry of your current or previous employer? Tick one box only. If unemployed, go to next question.			
<input type="checkbox"/> A. Agriculture, Forestry & Fishing	<input type="checkbox"/> H. Accommodation and Feed Services	<input type="checkbox"/> M. Professional, Scientific and Technical Services	
<input type="checkbox"/> B. Mining	<input type="checkbox"/> I. Transport, Postal and Warehousing	<input type="checkbox"/> N. Administrative and Support Services	
<input type="checkbox"/> C. Manufacturing	<input type="checkbox"/> J. Information Media and Telecommunications	<input type="checkbox"/> O. Public Administration and Safety	
<input type="checkbox"/> D. Electricity, Gas, Water and Waste Services	<input type="checkbox"/> K. Financial and Insurance Services	<input type="checkbox"/> P. Education and Training	
<input type="checkbox"/> E. Construction	<input type="checkbox"/> L. Rental, Hiring and Real Estate Services	<input type="checkbox"/> Q. Health Care and Social Assistance	
<input type="checkbox"/> F. Wholesale Trade			<input type="checkbox"/> R. Arts and Recreation Services
<input type="checkbox"/> G. Retail Trade			<input type="checkbox"/> S. Other Services
DISABILITY			
Do you consider yourself to have a disability, impairment or long term condition?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Stated	
<input type="checkbox"/> Hearing / deaf	<input type="checkbox"/> Learning	<input type="checkbox"/> Vision	
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Medical condition	
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Other	
INDIGENOUS STATUS			
<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander	<input type="checkbox"/> Aboriginal		
<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander		
CONCESSION			
Do you receive a government benefit?		<input type="checkbox"/> Yes	
If Yes, indicate below and provide the original for photocopying as proof.		<input type="checkbox"/> No	
<input type="checkbox"/> Health Care Card (H)	<input type="checkbox"/> Job seeker and concession card holder (J)		
<input type="checkbox"/> Pensioner Concession Card (P)	<input type="checkbox"/> Job seeker <u>and not holding</u> concession card		

JOB SERVICE AGENCY REGISTRATION

Are you registered with a Job Active Provider?

- Yes
 No

Name of Provider: Job Seeker Number

Job Seeker Consultant Name: Consultant Phone Number

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course? Tick the ONE that best describes your main reason for enrolling in this course.

- | | | |
|--|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> I wanted extra skills for my job | |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get into another course of study | |

Other relevant information (including limitations to study, family circumstances, travel plans etc.)

HOW DID YOU HEAR ABOUT THIS COURSE?

- Local paper Brochure School newsletter Website Centrelink Someone I know _____
 Community Agency Employment Agency Community Learning Champion _____ Other

NMLL to Complete

COURSE Enrolment

Accredited Courses	Course Placement (Timetable)	Pre-Accredited Courses
<input type="checkbox"/> 10361 NAT Course in Preliminary Spoken and Written English	<input type="checkbox"/> CSWE Preliminary	<input type="checkbox"/> 18AGEESLAS1 General English A1
<input type="checkbox"/> 10362 NAT Certificate I in Spoken and Written English	<input type="checkbox"/> CSWE I	<input type="checkbox"/> 18AGEESLAS2 General English A2
<input type="checkbox"/> 10363 NAT Certificate II in Spoken and Written English	<input type="checkbox"/> CSWE II	<input type="checkbox"/> 18AGEESLBS1 General English B1
<input type="checkbox"/> 10364 NAT Certificate III in Spoken and Written English	<input type="checkbox"/> CSWE III	<input type="checkbox"/> 18AGEESLBS2 General English B2
<input type="checkbox"/> 10365 NAT Certificate IV in Spoken and Written English (Further Studies)	<input type="checkbox"/> CSWE IV	<input type="checkbox"/> 18AESLRWAS1 Reading and Writing A1
<input type="checkbox"/> 10366 NAT Certificate IV in Spoken and Written English (Employment)	<input type="checkbox"/> CSWE IV	<input type="checkbox"/> 18AESLRWAS2 Reading and Writing A2
		<input type="checkbox"/> 18ESLRWBS1 Reading and Writing B1
		<input type="checkbox"/> 18ESLRWBS2 Reading and Writing B2
		<input type="checkbox"/> 18ADIGLITAS1 Digital Literacy A1
		<input type="checkbox"/> 18ADIGLITAS2 Digital Literacy A2
		<input type="checkbox"/> 18ADIGLITBS1 Digital Literacy B1
		<input type="checkbox"/> 18ADIGLITBS2 Digital Literacy B2
		<input type="checkbox"/> 18EDIGLITCS1 Digital Literacy C1
		<input type="checkbox"/> 18EDIGLITCS2 Digital Literacy C2
		<input type="checkbox"/> 18EMicrobus Everybody's Business v2
		<input type="checkbox"/> 18EVOLCLC CLC Community Learning Champions
		<input type="checkbox"/> 18EVoPath Volunteering A Pathway to employment
		<input type="checkbox"/> 18VJOBINTS1 English skills – Preparing for a job interview 1
		<input type="checkbox"/> 18VJOBINTS2 English skills – Preparing for a job interview 2
		<input type="checkbox"/> 18AVOLONE One to One Volunteer Tutor Program
		<input type="checkbox"/> ACL18FOW2 Foods of the World
		<input type="checkbox"/>

STUDENT AGREEMENT

Student Declaration

In signing the NMLL 2018 Enrolment form,

- I declare that the information provided in this form is to the best of my knowledge true, correct and complete at the time of enrolment.
- I acknowledge that providing any false/misleading information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an enrolment form may result in the withdrawal of any course offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of NMLL.
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorise NMLL to check all available records to confirm that information is correct, particularly information pertaining to my eligibility for government subsidised training, concession rates and any other special status as a student at NMLL.
- I am aware of the conditions that relate to my enrolment and agree to pay all fees for which I am liable.
- I understand that timetables and class schedules are subject to changes and to minimum enrolment numbers.
- I confirm that I understand the terms and conditions of enrolment and agree to be bound by them.

Student Enrolment Privacy Notice

I understand that:

North Melbourne Language & Learning (NMLL) is required to provide the Victorian Government, through the Department of Education and Training, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires North Melbourne Language & Learning to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

NMLL is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. NMLL will disclose this information to the Commonwealth Department of Education and Training (DET) for those purposes. DET will store the information securely in the Higher Education Information Management System. DET may disclose the information to the Australian Taxation Office. NMLL and DET will not otherwise disclose the information without my consent unless required or authorised by law.

For more information in relation to how student information may be used or disclosed please contact NMLL on 03 9326 7447 or email enquiries@nml.org.au.

I acknowledge and agree to the terms described in the above Student declaration and Privacy Statement.

I agree to pay enrolment fees of \$ if applicable and as per the NMLL fees schedule and acknowledge that my enrolment will only be confirmed upon receipt of payment.

I have received a copy of the NMLL Student handbook and I agree to act in accordance with NMLL Policies and Code of Conduct. I confirm that I have read and understood NMLL's Refund Policy as per the NMLL Student Handbook.

Student's name:

Student signature:

Date:

OFFICE USE ONLY

Enrolment date		Interviewed by	
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Concession Entitlement	<input type="checkbox"/> Healthcare Card	<input type="checkbox"/> Pension Card	<input type="checkbox"/> Hardship Claim	<input type="checkbox"/> None
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PROCESSING

Funding Provider	<input type="checkbox"/> HESG - DET	<input type="checkbox"/> ACFE	<input type="checkbox"/> AMEP	<input type="checkbox"/> Fee for Service
Fees	<input type="checkbox"/> Paid by student	<input type="checkbox"/> Paid by JSA	<input type="checkbox"/> No fees – AMEP	<input type="checkbox"/> No fees – Hardship form attached
WiseNET	<input type="checkbox"/> Add new client <input type="checkbox"/> AVETMISS <input type="checkbox"/> Add course enrolment <input type="checkbox"/> Add unit offers	<input type="checkbox"/> Add to timetable/s <input type="checkbox"/> Edit unit outcome & concession codes <input type="checkbox"/> Sync to Xero	<input type="checkbox"/> AMEP eligibility recorded <input type="checkbox"/> Files <input type="checkbox"/> Training Plan <input type="checkbox"/> Spreadsheet	
ARMS (AMEP)	<input type="checkbox"/> AMEP Registration Form Required Yes/No <input type="checkbox"/> Entered/Updated <input type="checkbox"/> Added to LA's	<input type="checkbox"/> Childcare Required Yes/No <input type="checkbox"/> Childcare application sent	<input type="checkbox"/> AMEP Client ID: <input type="checkbox"/> Hours remaining:	
JSA	<input type="checkbox"/> Referral form completed	<input type="checkbox"/> Agency/consultant details entered in WiseNet	<input type="checkbox"/> Invoice sent	

SKILLS FIRST PROGRAM

2018 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A - To be completed by an authorised delegate of the Training Provider

Evidence of citizenship/residency and age

I confirm that in relation to _____
(Student's full name)

I have sighted: an original; or a certified copy; or I have verified through use of a document verification service (where it is possible to do so) **one** of the following:

- | | |
|---|---|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> a current Australian Passport |
| <input type="checkbox"/> a current New Zealand Passport | <input type="checkbox"/> a naturalisation certificate |
| <input type="checkbox"/> a current <u>green</u> Medicare Card | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 –2.20 of these Guidelines |
| <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence | <input type="checkbox"/> an Australian citizenship by descent extract |

OR if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 17 of Schedule 1 of the VET Funding Contract, I have sighted:

- a Referral Letter from the Asylum Seeker Resource Centre or the Australian Red Cross, or
 for TAFE Institutes and Learn Locals organisations only, an electronic or printed record demonstrating that the student holds a current valid Bridging Visa Class E (BVE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV) as verified via the Commonwealth's *Visa Entitlement Verification Online* (VEVO).

AND I have retained:

- a copy of the original or certified copy, or
 the certified copy, or
 secure login access to the administrative function of a document verification service whereby a record can be viewed or extracted that confirms that the individual's name and date of birth were verified to match a valid document number;

AND if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth, I have also sighted and retained a copy of:

- a current drivers licence, or a current learner permit, or a Proof of Age card, or a 'Keypass' card

NB: The Training Provider must retain a copy of all documentation used in Section A, as per Section 2 of these Guidelines.

Section B - To be completed by the student

Education history

Q1. The highest qualification I have *completed* is:

.....
(Include full title of qualification, eg. Certificate III in Aged Care)

Q2. Not including the course/s you are seeking to enrol in now, how many other government funded courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

0 1 2 3 4+ (circle number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government funded courses are you undertaking training in at the moment?

0 1 2 3 4+ (circle number)

Q4. In your lifetime, how many government funded courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

0 1 2 3 4+ (circle number)

Student declaration

I _____, in seeking to enrol in
(Student's full name)

.....
(Include full title of qualification/s in which you are seeking to enrol)

Declare the following to be true and accurate statements:

- a. I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. (circle appropriate response)
- b. I AM / AM NOT enrolled in the Commonwealth Government's *Skills for Education and Employment* program. (circle appropriate response):
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the *Skills First* Program. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the *Skills First* Program.
- d. I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed: _____ Date: _____

Section C - To be completed by an authorised delegate of the Training Provider

Number of courses student is currently eligible for: 1 2

Training Provider declaration

Based on discussion with the student, the above evidence I have sighted (and retained a copy of) in Section A, and the information provided to me by the student in Section B of this form I believe that the above individual satisfies the Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skill First Program for the following qualification/s

I have also sighted and retained (where applicable) relevant evidence required to grant an exemption from eligibility requirements or other limitations pursuant to any initiatives in Part C of Schedule 1 of the VET Funding Contract and as specified in Section 3.2 of the Guidelines About Determining Student Eligibility and Supporting Evidence:

(Include full title of qualification/s in which the student is seeking to enrol)

Authorised Training Provider delegate:

Name: _____

Position: _____

Signed: _____ Date: _____

Notes Use this section to record additional, relevant eligibility information, including information used by the Training Provider to verify the individual's eligibility that is not captured in Sections A, B or C.