

ENROLMENT FORM 2025

STUDENT DETAILS						
First Name		Family Name		Mr / Mrs / Ms / Miss <small>Please circle</small>		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified <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 specify City/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	
<small>A = Australian; E=Australian Equivalent; I = International (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 NMLL 2025	
<input type="checkbox"/> Yes, but I do not know it and I authorised NMLL to search for it on my behalf and have signed the Privacy Notice & USI Application Authorisation NMLL 2025			
Would you describe yourself as belonging to any of the following cohorts? (Tick all that apply)			
<input type="checkbox"/> AS – Asylum seeker	<input type="checkbox"/> FS – Learner facing financial stress	<input type="checkbox"/> HS – Head start apprentice/trainee	<input type="checkbox"/> JV – Jobs Workforce Australia client
<input type="checkbox"/> LN – A learner with literacy, numeracy, and digital literacy needs	<input type="checkbox"/> RW – Retrenched worker	<input type="checkbox"/> RC – Reconnect program student	<input type="checkbox"/> VT – Veteran
<input type="checkbox"/> WR – Woman returning to work	<input type="checkbox"/> NNNNNN – No specific cohort		
Of the following categories, which BEST describes your current employment status? (please tick one box)			
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Employer
<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Unemployed – seeking full-time work	<input type="checkbox"/> Unemployed – seeking part time work	<input type="checkbox"/> Not employed – not seeking employment
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. Manager	<input type="checkbox"/> 2. Professional	<input type="checkbox"/> 3. Technicians and Trade Worker	<input type="checkbox"/> 4. Community and Personal Service Worker
<input type="checkbox"/> 5. Clerical and Administrative Worker	<input type="checkbox"/> 6. Sales Worker	<input type="checkbox"/> 7. Machinery Operator and Driver	<input type="checkbox"/> 8. Labourer
<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"/> B. Mining	<input type="checkbox"/> C. Manufacturing	<input type="checkbox"/> D. Electricity, Gas, Water and Waste Services
<input type="checkbox"/> E. Construction	<input type="checkbox"/> F. Wholesale Trade	<input type="checkbox"/> G. Retail Trade	<input type="checkbox"/> H. Accommodation and Feed Services
<input type="checkbox"/> I. Transport, Postal and Warehousing	<input type="checkbox"/> J. Information Media and Telecommunications	<input type="checkbox"/> K. Financial and Insurance Services	<input type="checkbox"/> L. Rental, Hiring and Real Estate Services
<input type="checkbox"/> M. Professional, Scientific and Technical Services	<input type="checkbox"/> N. Administrative and Support Services	<input type="checkbox"/> O. Public Administration and Safety	<input type="checkbox"/> P. Education and Training
<input type="checkbox"/> Q. Health Care and Social Assistance	<input type="checkbox"/> R. Arts and Recreation Services	<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
Please indicate which apply			
<input type="checkbox"/> Hearing / deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical condition
<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		<input type="checkbox"/> No	
If Yes, indicate below and provide the original for photocopying as proof.			
<input type="checkbox"/> Health Care Card (H)	<input type="checkbox"/> Pensioner Concession Card (P)	<input type="checkbox"/> Veteran's Gold Card	<input type="checkbox"/> Client under the Asylum Seeker VET Program

DIGITAL LITERACY			
1. Do you have an internet connection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Do you have a device that can connect to the internet?	<input type="checkbox"/> Yes – Please specify.....	<input type="checkbox"/> No	
3. What activities do you use your device for?	<input type="checkbox"/> Social media	<input type="checkbox"/> Email	<input type="checkbox"/> Internet search <input type="checkbox"/> Other

WORKFORCE AUSTRALIA REGISTRATION	
Are you registered with a Workforce Australia provider?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> 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"/> To gain skills in community/volunteer work
<input type="checkbox"/> To start my own business	<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> Other reasons
<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?
<input type="checkbox"/> Local paper <input type="checkbox"/> Brochure <input type="checkbox"/> School newsletter <input type="checkbox"/> NMLL website <input type="checkbox"/> Centrelink
<input type="checkbox"/> Someone I know (<input type="checkbox"/> NMLL student / <input type="checkbox"/> not a student)
<input type="checkbox"/> Community Agency <input type="checkbox"/> Employment Agency <input type="checkbox"/> My Community _____
<input type="checkbox"/> NMLL events <input type="checkbox"/> Social media <input type="checkbox"/> Other _____

NMLL to complete	
Course Enrolment	
Accredited Courses	Pre-Accredited Courses
<input type="checkbox"/> 22636VIC Course in Initial EAL	<input type="checkbox"/> 25LAN169018 General Pre-Accredited – Language: Reading and Writing Course
	<input type="checkbox"/> 25EMP169012 Pathway Support
<input type="checkbox"/> 22637VIC Course in EAL	<input type="checkbox"/> 25LAN169009 General Pre-Accredited – Language General EA
	<input type="checkbox"/> 25LAN169001 General Pre-Accredited - Language General EB
<input type="checkbox"/> 22638VIC Certificate I in EAL (Access)	<input type="checkbox"/> 25EMP169013 General Pre-Accredited - Numeracy Essentials for Employment
	<input type="checkbox"/> 25NUM169011 General Pre-Accredited – Literacy and Numeracy (Working with numbers: Numeracy Essentials for Everyday Needs)
<input type="checkbox"/> 22639VIC Certificate II in EAL (Access)	<input type="checkbox"/> 25LANSPEAKLI General Pre-Accredited – Language: Speaking and Listening
	<input type="checkbox"/> 25ENGMOVACE Learner Engagement A-Frame Program: Moving on from ACE
<input type="checkbox"/> 22640VIC Certificate III in EAL (Access)	<input type="checkbox"/> 25ENGBASCOOK Learner Engagement A-Frame Program: Basic Cooking
	<input type="checkbox"/> 25ENGMULCOOK Learner Engagement A-Frame Program: Multicultural Cooking
	<input type="checkbox"/> 25ENGHOR Learner Engagement A-Frame Program: Introduction to Horticulture
	<input type="checkbox"/> 25SBDLIT028 General Pre-Accredited - Literacy: Job Readiness
	<input type="checkbox"/> 25LANCONNM General Pre-Accredited – Language: Conversation at NMLL
	<input type="checkbox"/> 25SBDDLE002 Digital Essentials Level 1 Central Curriculum
	<input type="checkbox"/> 25SBDDLE003 Digital Essentials Level 2 Central Curriculum

Student Enrolment Privacy Notice

Under the *Data Provision Requirements 2012*, **NMLL** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by **NMLL** for statistical, regulatory and research purposes. **NMLL** 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 a Statement 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 program administration, regulation, monitoring and evaluation.

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 - NMLL is required to provide the Department with student and training activity data. This includes personal information collected in the NMLL enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

NMLL provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available <https://www.vic.gov.au/training-data-collection>.

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 USI may be used for specific VET purposes including the verification of student data provided by **NMLL**; 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. You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988 (Cth)*, the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). 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, contact NMLL's Administration team in the first instance by phone on 03 93267447 or email enquiries@nml.org.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> .
For further information about Unique Student Identifiers, including access, correction and complaints, go to <https://www.usi.gov.au/about-us/privacy>.

Student Declaration and Consent

- I acknowledge that I have read the *Victorian Government's VET Student Enrolment Privacy Notice and Student Declaration*.
- 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 this policy.

STUDENT SIGNATURE **DATE**.....

*For students under the age of 18, parent/guardian consent is required

STUDENT AGREEMENT

Student Declaration

In signing the NMLL 2025 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.

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 name:

Student signature: **Date:**

OFFICE USE ONLY

Enrolment date		Interviewed by	
Concession Entitlement	<input type="checkbox"/> Healthcare Card <input type="checkbox"/> Pension Card <input type="checkbox"/> Veterans Gold Card <input type="checkbox"/> Other* <small>*as per 3.8 of Guidelines about Fees</small>		
Fee Waiver	<input type="checkbox"/> Hardship Claim		

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"/> 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"/> Client file <input type="checkbox"/> ARMS and ARF <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:	
Workforce Australia	<input type="checkbox"/> Referral form completed	<input type="checkbox"/> Invoice sent – if applicable	<input type="checkbox"/> Agency/consultant details entered in WiseNet	

Section A – evidence of citizenship/residency

To be completed by an authorised delegate of the training provider – **do not leave any section blank.**

I confirm that for: (student's full name)	
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I have sighted ONE of the following:

- | | |
|---|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract)
<input type="checkbox"/> current Australian Passport
<input type="checkbox"/> current New Zealand Passport
<input type="checkbox"/> Australian Citizenship Certificate
<input type="checkbox"/> current green Medicare card
<input type="checkbox"/> Australian Certificate of Registration by Descent | <input type="checkbox"/> New Zealand Birth Certificate
<input type="checkbox"/> New Zealand Citizenship Certificate
<input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.14 – 2.18 of the Guidelines About Eligibility
<input type="checkbox"/> confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student's foreign passport or ImmiCard
<input type="checkbox"/> confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program. |
|---|--|

By either:

- viewing an original; or
- viewing a certified copy; or
- verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.5(c) of the Guidelines About Eligibility]; or
- viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device [in accordance with Clause 2.5(d) of the Guidelines About Eligibility]; or
- relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Guidelines About Eligibility]; or
- verifying through VEVO, and viewing supporting evidence, if required [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility].

And I have retained ONE of the following:

- a copy of the original or certified copy; OR
- the certified copy; OR
- evidence as set out in Clause 2.5(c) of the Guidelines About Eligibility [where verified through the DVS]; OR
- declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility];
- evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; or
- declaration of sighting a document where a student has objected to their document being retained [as set out in clause 2.6 of the Guidelines About Eligibility].

Section B – student declaration

To be completed by the student – **don't leave any question blank unless you are asked to skip a question or go to the declaration. Please ask your training provider for help if you don't understand a question.**

Q1 Write the name of the course/s you're applying for

Q2 Are you doing, or have you done any other Skills First training in 2025? Tick your response.

- No
- Yes - write the course name(s) below. Include training you haven't started yet.

Q3 Are you enrolled in a school, including government, non-government, independent, Catholic or home school?

- No
- Yes

Q4 Are you enrolled in the Commonwealth Government's Skills for Education and Employment program?

- No
- Yes

Student declaration – read and complete the declaration below.

- I understand that my enrolment may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may affect my eligibility for more Skills First training.
- I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.
- I declare the information in this form is true and accurate.

Name:	
Signature:	
Date:	

Section C – training provider declaration

To be completed by the training provider – **do not leave any sections blank**

Program(s) the student is seeking to enrol in (include program code and name):

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Based on:

- the evidence I have sighted and retained in Section A;
- the information the student has provided, including in Section B; and
- any additional information I acquired and recorded in the ‘notes’ section below;

I confirm the student is eligible for Skills First funding for the program/s listed above because they:

- are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker VET Program;
- are not enrolled in a school (except if they are doing a School Based Apprenticeship or Traineeship);
- will not be:
 - commencing more than 2 Skills First AQF qualifications in the same year
 - commencing more than 2 Skills First Skills Sets in the same year
 - doing more than 2 Skills First programs at the same time; and
- (if applicable) are enrolling in a Foundation Skills Program, and they:
 - do not currently hold a qualification at AQF level 5 (Diploma) or higher,
 - are not enrolled in the Commonwealth Government’s ‘Skills for Education and Employment’ (SEE) program.

Authorised training provider declaration

By signing this declaration, I acknowledge that:

- I am responsible for ensuring that all parts of this form are complete.
- I have reviewed Sections A and B and have confirmed they have been completed in full.

Name:	
Position:	
Signature:	
Date:	

Notes

<p>Record additional details or eligibility information, including information you used to verify the student’s eligibility that is not captured in Sections A or B.</p> <p>If there are no notes, write N/A</p>
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