



# CEG – Training Partnerships Enrolment Form

## Short Course / FFS Course

### SECTION 1 PARTICIPANT DETAILS

USI Number  If you do not know your USI, or do not have one, please ensure that section 5 is completed

Title:  Mr  Mrs  Miss  Ms  Other (specify)

First Name: Middle Name:

Family Name (Surname): Preferred Name:

Date of Birth: \_\_/\_\_/\_\_\_\_ Sex:  Male  Female  Other

Town of Birth: Country of Birth:

Mobile: Home Ph: Work Ph:

Email Address:

Alternate Email Address (if applicable):

Residential Address:

Suburb: State/Territory: Post Code:

Postal Address (if different from above):

Suburb: State/Territory: Post Code:

Deliver Certificate/Statement of Attainment to:  Myself  Employer  Job Active Provider (JA Provider)  
 School  Other: \_\_\_\_\_

Postal Address for Certificate/Statement of Attainment (if different from above postal address)

Address:

Suburb: State/Territory: Post Code:

### EMERGENCY CONTACT DETAILS

Name of Contact: Relationship:

Work Ph: Mobile: Home Ph:

### EMPLOYER DETAILS

Organisation Name: ABN/ACN No:

Contact Name: Position:

Address:

Suburb: State/Territory: Post Code:

Postal Address (if different from above):

Suburb: State/Territory: Post Code:

Work Ph: Mobile:

Email:

SECTION 2 TRAINING PROGRAM DETAILS	
Training Program/Qualification Name:	Qualification Code:
Start Date:	Location of Training:
Would you like to apply for Recognition of Prior Learning? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOW DID YOU HEAR ABOUT THIS TRAINING?					
<input type="checkbox"/> Employer	<input type="checkbox"/> Website	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Email	<input type="checkbox"/> Flyer	<input type="checkbox"/> Recommendation
<input type="checkbox"/> Linked In	<input type="checkbox"/> Twitter	<input type="checkbox"/> Facebook	<input type="checkbox"/> Google+	<input type="checkbox"/> Job Active Provider (JA)	

SECTION 3 ENROLMENT DETAILS	
<b>Country of Birth</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other (Please Specify):
<b>Resident Type</b>	<input type="checkbox"/> Australian Citizen or Permanent Resident <input type="checkbox"/> New Zealand Citizen living in SA <input type="checkbox"/> Overseas student or non-Australian Resident/citizen (If Visa holder, specify below) Visa Type: _____ Expiry Date: _____
<b>Indigenous Status (if Aboriginal and Torres Strait Islander tick both)</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither
<b>Main language spoken at home</b>	<input type="checkbox"/> English <input type="checkbox"/> Other (Please Specify):
<b>English Proficiency</b>	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all
<b>Do you consider yourself to have a disability, impairment or long-term condition?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify below
	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition <input type="checkbox"/> Learning <input type="checkbox"/> Other - please specify below: <input type="checkbox"/> Mental Illness
<b>Do you hold the appropriate Language, Literacy and Numeracy (LLN) skills to undertake this course?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Do you require assistance/support in participating in learning activities/undertaking the assessments?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Are you at secondary school?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – below must be completed
	Current School Level (e.g. Year 10):  Name of School:  <b>SACE ID Number:</b>
<b>Highest COMPLETED school level? (tick ONE only)</b>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Never attended school
<b>Year school completed (e.g. 1975)</b>	Year: _____

**ENROLMENT DETAILS CONTINUED**

<p><b>Have you SUCCESSFULLY completed any qualifications?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please indicate from the following:</p> <table border="0"> <tr> <td><input type="checkbox"/> Bachelor Degree or Higher</td> <td><input type="checkbox"/> Certificate III</td> </tr> <tr> <td><input type="checkbox"/> Advanced Diploma or Associate Degree</td> <td><input type="checkbox"/> Certificate II</td> </tr> <tr> <td><input type="checkbox"/> Assoc. Diploma or Diploma</td> <td><input type="checkbox"/> Certificate I</td> </tr> <tr> <td><input type="checkbox"/> Certificate IV</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Certificate III	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Assoc. Diploma or Diploma	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Other		
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<p><b>Which of the following BEST describes your current employment status (tick ONE only)</b></p>	<table border="0"> <tr> <td><input type="checkbox"/> Full-time</td> <td><input type="checkbox"/> Unemployed (Seeking full-time work)</td> </tr> <tr> <td><input type="checkbox"/> Part-time</td> <td><input type="checkbox"/> Unemployed (Seeking part-time work)</td> </tr> <tr> <td><input type="checkbox"/> Self-employed</td> <td><input type="checkbox"/> Unemployed (Not seeking work)</td> </tr> <tr> <td><input type="checkbox"/> Employer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unpaid employment</td> <td></td> </tr> </table>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Unemployed (Seeking full-time work)	<input type="checkbox"/> Part-time	<input type="checkbox"/> Unemployed (Seeking part-time work)	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed (Not seeking work)	<input type="checkbox"/> Employer		<input type="checkbox"/> Unpaid employment	
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<p><b>What is your major reason for study (tick ONE only)</b></p>	<table border="0"> <tr> <td><input type="checkbox"/> To get a job</td> <td><input type="checkbox"/> Requirement of my job</td> </tr> <tr> <td><input type="checkbox"/> Develop my existing business</td> <td><input type="checkbox"/> Extra skills for my job</td> </tr> <tr> <td><input type="checkbox"/> Start my own business</td> <td><input type="checkbox"/> Get into future courses</td> </tr> <tr> <td><input type="checkbox"/> To try a different career</td> <td><input type="checkbox"/> Self-development</td> </tr> <tr> <td><input type="checkbox"/> To get a better job or promotion</td> <td><input type="checkbox"/> Other – please specify:</td> </tr> </table>	<input type="checkbox"/> To get a job	<input type="checkbox"/> Requirement of my job	<input type="checkbox"/> Develop my existing business	<input type="checkbox"/> Extra skills for my job	<input type="checkbox"/> Start my own business	<input type="checkbox"/> Get into future courses	<input type="checkbox"/> To try a different career	<input type="checkbox"/> Self-development	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other – please specify:
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<p><b>Is this training being conducted under the Training Guarantee for SACE Students (TGSS)?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Additional paperwork is required</p>										
<p><b>Is this training school-based or being conducted under a Training Contract?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>										
<p><b>Are you registered with Centrelink for any of the following allowances?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please indicate from the following:</p> <table border="0"> <tr> <td><input type="checkbox"/> Newstart Allowance</td> <td><input type="checkbox"/> Parenting Payment (single)</td> </tr> <tr> <td><input type="checkbox"/> Youth Allowance</td> <td><input type="checkbox"/> Parenting Payment (partnered)</td> </tr> <tr> <td><input type="checkbox"/> Age Pension</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Disability Support Pension</td> <td></td> </tr> </table>	<input type="checkbox"/> Newstart Allowance	<input type="checkbox"/> Parenting Payment (single)	<input type="checkbox"/> Youth Allowance	<input type="checkbox"/> Parenting Payment (partnered)	<input type="checkbox"/> Age Pension		<input type="checkbox"/> Disability Support Pension			
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<input type="checkbox"/> Disability Support Pension											
<p><b>Do you currently hold a concession card for any of the following?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please indicate from the following</p> <p><input type="checkbox"/> Health Care Card  <input type="checkbox"/> Pensioners Concession Card  <input type="checkbox"/> Veterans Affairs Concession Card</p> <p>Concession Expiry Date: __/__/____</p> <p>***Please attach a copy of your concession card***</p>										
<p><b>If registered with Centrelink, please state your Centrelink Reference Number</b></p>	<p>CRN: _____ Expiry Date: __/__/__</p>										
<p><b>Are you registered with a Job Active Provider (JA Provider)?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please complete the below</p> <p>JSA Name: _____  Contact Person Name: _____  Contact Number: _____  Jobseeker ID Number: _____</p>										
<p><b>Are you a prisoner?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please complete the below</p> <p>Release Date: __/__/____  <small>(if unknown, use estimated course completion date)</small></p>										
<p><b>Were you/are you under the Guardianship of the Minister?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please complete the below</p> <p>Guardianship of the Minister Number: _____</p>										
<p><b>Are you currently registered with Innovative Community Action Networks (ICAN)?</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please complete the below</p> <p>ICAN Number: _____</p>										

## SECTION 4 PAYMENT DETAILS

Who is responsible for program payment?  Self – please complete payment details below  
 Employer A fee payment agreement is required, please contact CEG  
 WorkReady funding A gap fee may be required for some WorkReady courses  
 Other funding - please specify: e.g. CITB

Cost of Training Program Please contact your CEG training representative for training course costs FFS \$ or Gap Fee \$

NOTE: Should the above specified person/entity not make a payment within the agreed terms you (the student) will be responsible for the payment of any outstanding fees

Payment Method:  Invoice  Credit/Debit Card (complete the below section)  EFT payment (instructions below)

Visa  MasterCard Amount: \$

Cardholder Name: Expiry Date (Month/Year): /

Card Number:

To make a payment via EFT, please use the following details:

BSB: 325-185

Account Number: 01903472

Quote ref number:

(Quote Ref number is Invoice number)

## CITB FUNDING

If you hold a current CITB Training Card you may be eligible for a discounted fee for selected training. Contact your CEG - Training Partnerships representative for training course costs. Enter your CITB number below to apply for your discount

CITB Number: \_\_\_\_\_

CITB subsidised training refers to a reduced rate on training costs for selected construction-related courses at selected Registered Training Organisations (RTOs) in South Australia. CITB subsidised training is only available from RTOs and for courses that are endorsed by the CITB.

To receive CITB subsidised training the participant is required to have a valid CITB number before commencement of training. The participant should present their CITB number to the RTO to find out how much the training will cost. CITB subsidised training is passed onto the participant in the form of a reduced rate, the RTO claims the subsidised training rate directly from CITB after the training has completed.

This CITB subsidised training rate is only applicable if the training applied for is completed successfully by the participant. This presents a significant financial risk to CEG – Training Partnerships as this discount is applied to a participant's training before their training begins

**Therefore, it is a condition of your enrolment that if you do not successfully complete your training on the allocated end date, you will be required to pay the course fees in full.**

## SECTION 5 UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, CEG – Training Partnerships 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). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI office for assistance.

If you would like CEG – Training Partnerships to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. You must also provide some additional information as noted below so that we can apply for a USI on your behalf.

**PLEASE SELECT** your USI option from the list provided below:

### I ALREADY HAVE A USI

I have entered my USI in the appropriate field in Section 1

or

I have forgotten/do not know my USI, I authorise CEG - Training Partnerships to locate this for me on the USI registry using the details I have provided in my enrolment form

### I DO NOT HAVE A USI

I.....<sup>insert name here</sup>authorise CEG - Training Partnerships to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

Please provide details for one of the forms of identity below - alternatively, a copy of the document can be provided

**Please ensure that the name written in Section one is exactly the same as written on the document you provide below**

**Australian Driver Licence**  
State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

**Medicare Card**  
Medicare Card Number: \_\_\_\_\_  
Name exactly as written on card: \_\_\_\_\_  
Individual reference number (next to your name on Medicare card): \_\_\_\_\_  
Card Colour (Select which applies):  Green  Yellow  Blue  
Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day/month/year)

**Australian Birth Certificate**  
Copy must be supplied

**Australian Passport**  
Copy must be supplied

**Non-Australian Passport (With Australian Visa)**  
Copy must be supplied

**Immicard**  
Copy must be supplied

## SECTION 6 STUDENT DECLARATION

### Privacy Notice

Under the Data Provision Requirements 2012, CEG – Training Partnerships 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 CEG – Training Partnerships for statistical, regulatory and research purposes. CEG – Training Partnerships 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 NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

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](http://www.ncver.edu.au)).

### Student Declaration and Consent

By signing the below, 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.
- I consent to my photo being taken for card production (if applicable) required for some tickets and my photo will be securely stored with my files, in strict accordance with the Privacy Act.
- If a medical concern is identified that may directly impact or affect me or my peers as a prospective student in the training environment, I authorise notification to my trainer or Job Active Provider or his/her company delegate of this concern so a contingency plan and/or treatment can take place, should this become necessary.
- I have read CEG – Training Partnerships student handbook located on the CEG website [www.ceg.net.au](http://www.ceg.net.au) and understand the terms and conditions.
- I have read the Student Code of Behaviour located on the website and understand my rights and CEG's expectations.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (If Under 18): \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

RTO Internal ID:

Entered by

Signature

Date