

Student Enrolment Form

Please complete and return this form to P-E Handley-Walker Training

Email: training@pehw.net.au

Fax: (03) 9775 4607

Post: P-E Handley-Walker Training Pty Ltd

P.O. Box 681 Mornington VIC 3931

General Information

Course Details

Course: _____ Start Date: _____
Course: _____ Start Date: _____

Your Details

Mr Mrs Ms

First Name _____ Middle Name _____ Family Name _____

Have you ever changed your name?

Former First Name _____ Former Family Name _____

Date of Birth: _____ Gender: Male Female

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____ Mobile: _____

Fax: _____ E-Mail: _____

Postal Address (if different from above): _____

Suburb: _____ State: _____ Postcode: _____

Once we receive your completed enrolment form, we may need to send you some documentation for your course. Where would you like this sent?

To my residential address To my postal address

Emergency Contact – who can we contact in case of an emergency?

Name _____ Phone Number: _____

Address: _____

What is this person's relationship to you? _____

Are you an Australian Citizen or a permanent resident? Yes No Were you born in Australia? Yes No

If no, what country were you born in? _____

Are you of Aboriginal origin? Yes No Are you of Torres Strait Islander origin? Yes No Do you speak a language other than English at home? Yes No

(If more than one language, indicate the one that is spoken most often)

How well do you speak English?

 Very Well Well Not Well Not at allAre you registered with a Job Network? Yes No

Job Network Name:

Location:

Job Seeker ID Number:

Do you hold any of the following? (Tick all that apply)

Heath Care Card Pensioner Concession Card Veterans Gold Card *If you ticked any of the above, please attach a copy of the card to this enrolment form.***Learning Needs**

This section is optional, but will assist us in helping you study with us.

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

If you ticked yes, please tick the boxes below that are applicable.

 Visual / Sight / Hearing Hearing / Deaf Physical Learning Intellectual Mental Illness Acquired Brain Impairment Medical Condition Other (specify below)

Other: _____

Education History

Are you still attending secondary school? Yes No

What is your highest completed school level?

Completed Year 12

Completed Year 11

Completed Year 10

Completed Year 9 or equivalent

Completed Year 8 or lower

I did not go to school

In which year did you complete that school level?

Have you successfully completed any qualifications? Yes No

If yes, than tick the relevant qualifications

- Certificate I (1)
- Certificate II (2)
- Certificate III (3)
- Certificate IV (4)
- Diploma or Associate Diploma
- Advanced Diploma or Higher Degree
- Certificates other than the above

List the names of all the qualifications you have completed:

In the past two years, have you commenced a:

Australian Apprenticeship Yes No

Australian Traineeship Yes No

Australian Apprenticeship Access Program (NAAP/AAAP) Yes No

Of the following categories, which one BEST describes your current employment status?

- Full Time Employee Part Time Employee
- Self employed, not employing others Employer
- Employed – unpaid worker in a family business Not employed & seeking work
- Unemployed - seeking full time work Unemployed - seeking part-time work
- Casual

Of the following categories, which BEST describes your main reason for 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 into another course of study
- For personal interest or self-development
- Other reasons

Recognition of Prior Learning & Recognition of Current Competency

If you have completed study in the same area as the course you are about to enroll in, you may be eligible to have that study recognized as part of this course.

Would you like more information about RPL or RCC? Yes No

Employment Details (Do not complete if studying independently of Employer)

Workplace Name _____

Industry _____

Address _____

Suburb _____

State _____

Postcode _____

Phone No _____

Fax _____

Workplace Supervisor _____

Contact No _____

Supervisor Email _____

Enter your **Victorian Student Number (VSN)**

A Victorian Student Number (VSN) will be allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

If you have not provided a VSN, is this because:

- I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria.

Leave both the VSN and the above tick box blank if you HAVE previously attended a Victorian school, TAFE or vocational education and training provider.

APPLICATION CHECKLIST - Attach to your application:

- Certified true copies of all relevant certificates, academic transcripts or marks sheets (giving a complete list of the subjects studied and the results obtained for any programs you have completed or are currently enrolled in). If incomplete, include official documentation stating when you will finish your study and the name of the qualification(s) you will be awarded.
- Documentary evidence of any professional qualifications.
- Documentary evidence of vocational competence summarising relevant work experience related to OH&S (e.g. CV, resume).
- Documentary evidence of any English language qualifications.
- Documentary evidence of any scholarship.
- Official translations of any document not in English.
- All these documents must be originals, or certified copies of original documents, supplied by the institution issuing them.
- If you have changed your name and your documents are in your former name, you must provide evidence of your name change

Declaration, Consent and Agreement

Please read these declarations carefully and tick the four boxes below before signing this application.
By signing these declarations you declare that you understand and agree to these terms.

I, _____ (print name in full)

Am participating in P-E Handley-Walker's program/course and give my full permission and consent for any staff representative of P-E Handley-Walker to do the following:-

- Exchange information about me with other RTOs (Registered Training Organisations), TAFEs and Universities for the purposes of organising training on my behalf and reporting on my progress as required
- Give information to government bodies, including Centrelink, Skills Victoria and DEEWR (Department of Education, Employment and Workplace Relations) about my participation in P-E Handley-Walker Training programs
- Show my work to other Trainers/Assessors for assessment purposes if necessary
- Make my file notes, assessments and all other forms available for auditing from Government agencies as required
- Contact the Police, Ambulance or other emergency Health Services in the event that my behaviour or health directly threatens the safety of staff or other participants, or myself.

I understand and agree that:

- that giving false or misleading information is a serious offence under the Criminal Code of the Commonwealth Government of Australia and Victorian Government
- P-E Handley-Walker may vary or cancel any decision it makes if the information I have given is incorrect or incomplete
- P-E Handley-Walker may obtain official records from any educational institution I have previously attended
- all documents submitted become the property of the P-E Handley-Walker and will not be returned
- to comply with the rules on admission and enrolment of P-E Handley-Walker and its RTO Policies including Student Discipline and Plagiarism, which are available on its website at www.p-handley-walker.net.au or by email request to info@p-handley-walker.net.au or written requested mailed to P.O. Box 681 Mornington, VIC 3931 Australia
- to tell P-E Handley-Walker immediately if there is any change to the information I have given in this application.

PRIVACY STATEMENT:

I understand that:

P-E Handley-Walker Training Pty Ltd is required to provide the Australian Government, through ASQA (Australian Skills Quality Authority) and the Victorian Government, through Skills Victoria, 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.skills.vic.gov.au/corporate/providers/data-collection>). Skills Victoria may use the information provided to it to shape policy, monitor VET activity, evaluate initiatives and plan for the future. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisors, other Government agencies, professional bodies and/or organisations.

The Education and Training Reform Act 2006 requires P-E Handley-Walker Training Pty Ltd 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.

For students eligible for VET Fee Help, the following privacy statement also applies.

P-E Handley-Walker 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.

P-E Handley-Walker Training Pty Ltd will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for those purposes. DEEWR will store the information securely in the Higher Education Information Management System. DEEWR may disclose the information to the Australian Taxation Office. P-E Handley-Walker Training Pty Ltd and DEEWR 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 P-E Handley-Walker Training Pty Ltd's Privacy Officer on phone 613 9708 8809 or email info@p-handley-walker.net.au .

I acknowledge and agree to the terms described in this privacy statement, and declare that the information I have given in this application is true and correct.

Signed by the student:

Print your name:

Date:

Signed by a representative of

P-E Handley-Walker Training Pty Ltd

Print name here:

Date:

Unsigned applications will not be processed.

Applications must be signed by the applicant personally.

Third parties must not sign on the applicants behalf.

Mail completed and signed applications, together with accompanying evidence to:

RTO Manager, P-E Handley-Walker Training Pty Ltd,

P.O. Box 681, Mornington, VIC 3931 AUSTRALIA

Contact details for further information:

training@p-handley-walker.net.au Ph: 03 9708 8809

This form is only for the purpose of certifying that the eligibility evidence has been sighted and that an applicant has stated their qualifications. It is not intended to constitute the sole process for assessing an individual's eligibility for the Victorian Training Guarantee.

SKILLS FOR VICTORIA VICTORIAN TRAINING GUARANTEE EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A To be completed by an authorised delegate of the Registered Training Organisation.

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

I have sighted the following original, or a certified photocopy of the original, documents:

- an Australian Birth Certificate; or
- a current Australian Passport; or
- a current New Zealand Passport; or
- a naturalisation certificate; or
- a Temporary Protection Visa; or
- a green Medicare Card; or
- formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence; or
- a signed declaration by a relevant referee.

And if the individual is deemed an Eligible Individual under clause 1.4 a and 1.4 b, and the original document produced from the list above does not include a date of birth:

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

Authorised RTO Delegate:

Name: _____

Position: _____

Signature: _____

Date: _____

Section B To be completed by the student (if relevant to the student's eligibility)

Name

I declare that the highest qualification that I currently hold is:

_____ *(include full title of qualification, eg. Certificate IV in Frontline Management, Intermediate VCAL, Year 10)*

Signature: _____

Date: _____