



ENROLMENT FORM

The information requested below ensures consistent and accurate reporting of student information in line with the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS). Please complete all fields using BLOCK lettering.

Personal Details						
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
First Name						
Middle Name						
Last Name						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other			
Date of Birth	[DD/MM/YYYY]					
Contact Details						
Email Address						
Mobile Phone						
Home Phone						
Work Phone						
Next of Kin						
Full Name						
Mobile Phone						
Relationship						
Residential Address						
Street Address						
Suburb				Postcode		
Postal Address						
Same as Residential Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Street Address						
Suburb				Postcode		
Language and Cultural Diversity						
Country of Birth						
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both		
Do you speak a language other than English?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:				
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		
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"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Vision	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Medical Condition

Other (Specify)

Qualification

Course Code

Course Name

Intake Date Fee For Service (FFS) Traineeship

Employment

Company Name

Position

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee
<input type="checkbox"/> Self-employed (Not employing other)	<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	<input type="checkbox"/> Employer

Reason for study / Enrolment (Tick one box only)

<input type="checkbox"/> Get a job	<input type="checkbox"/> Develop my existing business	<input type="checkbox"/> Start my own business
<input type="checkbox"/> Get a better job or promotion	<input type="checkbox"/> Requirement of my job	<input type="checkbox"/> Wanted extra skills for my job
<input type="checkbox"/> Get into another course of study	<input type="checkbox"/> Personal interest / Self-development	<input type="checkbox"/> Other reasons

Educational Background

Highest completed school level Year 8 Year 9 Year 10 Year 11
 Year 12 Did not go to school

Year you completed school?

Have you completed any of the below qualifications? Yes No

<input type="checkbox"/> Bachelor's degree or higher degree	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Advanced Diploma or Associate degree	<input type="checkbox"/> Certificate III or Trade Certificate	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Diploma or Associated Diploma	<input type="checkbox"/> Certificates other than those listed	

Unique Student Identifier (USI)

You must have a Unique Student Identifier (USI) if you are a student undertaking nationally recognise training.

Do you have a USI Number? Yes No, you can create your USI – www.usi.gov.au **Or**

I hereby authorise Australian Institute of Career Education (AICE) to create a USI on my behalf.

--	--	--	--	--	--	--	--	--	--

Privacy Notice

Under the *Data Provision Requirements 2012*, Australian Institute of Career Education (AICE) 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), may be used, or disclosed by Australian Institute of Career Education (AICE) for statistical, regulatory and research purposes. AICE may disclose your personal information for these purposes to third parties, including

- Commonwealth and State or Territory government departments and authorised agencies;
- National Centre for Vocational Education Research Ltd (NCVER);
- Employer (if you are enrolled in training paid by your employer);
- School (if you are a secondary school student undertaking VET, including a school-based apprenticeship or traineeship);
- Organisations conducting student surveys; and researchers.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third-party contractor or other authorised agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

Student Declaration

I have received and understood relevant course information and policies and details within the Student Handbook (Available at <https://www.alice.edu.au>). I agree to abide by Australian Institute of Career Education (AICE) and acknowledge that facilities made available for my learning will be used only in accordance with the Institute's policies.

Do you give permission for classroom photographs to be uploaded to social media or other marketing? Yes No

Student Signature	Parent / Legal Guardian Signature (Only applicable for students under 18 years of age)
Print Name	Print Name
Date	Date

Office Use Only	Yes	No	Comment
Is learner support indicated?	<input type="checkbox"/>	<input type="checkbox"/>	
Received all IDs	<input type="checkbox"/>	<input type="checkbox"/>	
USI Verification	<input type="checkbox"/>	<input type="checkbox"/>	
Payment confirmation?	<input type="checkbox"/>	<input type="checkbox"/>	
Details have been entered to aXcelerate	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Name	Date		Signature