

Student details	
Surname:	Given Names:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Rather not say
Enrolled for Semester/s: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Custom .....
Home address: No and street: _____ Suburb: _____ Postcode _____	
Home Phone:	Mobile Phone:
Email address:	
Are you a permanent Australian resident? <input type="checkbox"/> Yes Medicare number: _____ <input type="checkbox"/> No (If No, please ask about 'fee for service' options)	
Proof of residency: <input type="checkbox"/> Photo ID - Driver's Licence, Passport, concession card	
Or 2 Docs: (Driver's Licence renewal, Utilities/phone bill, housing agreement, ATO assessment) <input type="checkbox"/> 1. .... 2. ....	
How did you find out about the course? <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> Website <input type="checkbox"/> Course Guide <input type="checkbox"/> Poster <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other	

Emergency Details/Next of Kin	
Contact Name	Relationship:
Home Phone:	Mobile Phone:

Language and Cultural Diversity	
Country of birth:	Main language spoken at home:
How well do you speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all	
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	

Disability / Assistance	
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, then please tick the area/s applicable.	
<input type="checkbox"/> Hearing / deaf	<input type="checkbox"/> Learning
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired brain impairment
	<input type="checkbox"/> Vision
	<input type="checkbox"/> Medical condition
	<input type="checkbox"/> Other

What is your highest COMPLETED school level?	
<input type="checkbox"/> Completed Year 12	<input type="checkbox"/> Completed Year 11
<input type="checkbox"/> Completed Year 10	<input type="checkbox"/> Completed Year 9 or equivalent
<input type="checkbox"/> Completed Year 8 or lower	<input type="checkbox"/> Never attended school

Previous Qualifications Achieved	
Have you successfully completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or advanced certificate) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than above	_____ Enter <b>A, E or I</b> _____ Please enter one of these identifiers for any _____ applicable qualification level _____ A = Australian _____ E = Australian Equivalent _____ I = International _____ _____ _____

Employment
Please tick which BEST describes your current employment status
<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)
<input type="checkbox"/> Manager <input type="checkbox"/> Community and personal services worker <input type="checkbox"/> Clerical and administrative worker <input type="checkbox"/> Professional <input type="checkbox"/> Sales worker <input type="checkbox"/> Labourer <input type="checkbox"/> Technician or trade worker <input type="checkbox"/> Machinery operator and driver <input type="checkbox"/> Other
Please tick which BEST classification describes your current or recent area of employment.
<input type="checkbox"/> Mining <input type="checkbox"/> Electricity, Gas, Water and Waste services <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Information, Media and Telecommunications <input type="checkbox"/> Rental, Hiring and Real Estate Services <input type="checkbox"/> Administrative and Support Services <input type="checkbox"/> Education and Training <input type="checkbox"/> Arts and Recreation Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Retail trade <input type="checkbox"/> Transport, Postal and Warehousing <input type="checkbox"/> Financial and Insurance Services <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Public Administration and Safety <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Other services

Study Reason
Of the following categories, which BEST describes your main reason for undertaking this course?
<input type="checkbox"/> To get a job <input type="checkbox"/> To start my own business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try for a different career <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To get into another program of study <input type="checkbox"/> Other reasons

Victorian Student Number – To be completed by all students up to the age of 24.
Enter your VSN: _____ - No further questions
Have you attended any Victorian schools since 2009, or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011. <input type="checkbox"/> No - no further questions <input type="checkbox"/> Yes – complete next question
Most recent school, TAFE or other training Organisation:

## Victorian Government VET Student Enrolment Privacy Notice

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

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

EHillsNC provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

### 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 EHillsNC; 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. Please note that you 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 to enrol in VET and/or 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, please contact the Manger, EHillsNC, on 9700 3789.

### 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 <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

<b>Signature</b>	
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# EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

**DO NOT LEAVE ANY SECTIONS BLANK**

## SECTION A: EVIDENCE OF CITIZENSHIP AND AGE

To be completed by an authorised delegate of the Learn Local provider

**I confirm that in relation to:**  
(student's full name):

I have sighted **ONE** of the following: (tick relevant box)

- |  |   |
|--|---|
| <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"/> A proxy declaration for individuals in exceptional circumstances (attached)   | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard.  |
| <input type="checkbox"/> a <i>Referral to Government Subsidised Training - Asylum Seekers'</i> form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa. |

by either: (tick relevant box)

- viewing an original
- viewing a certified copy
- verifying through the Document Verification Service (DVS)
- viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device
- relying on evidence sighted and retained as part of a previous enrolment
- viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.

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 (or if the date of birth has not been verified through use of the DVS), I have also sighted one of the following: (tick relevant box)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> current drivers licence | <input type="checkbox"/> 'Keypass' card    | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> current learner permit  | <input type="checkbox"/> Proof of Age card |   |

**AUTHORISED DELEGATE NAME:** \_\_\_\_\_

**SIGNED:**

**DATE:**

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## SECTION B: STUDENT SCHOOL ATTENDANCE STATUS DECLARATION

To be completed by the student

### STUDENT DECLARATION

**I, (print full name):**

**In seeking to enrol in**  
*(write the code and full title of the program):*

**Declare the following to be true and accurate statements:**

- I **AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school, and I am aged:
  - over 17 years of age, or
  - under 17 years of age and have provided Evidence of Exemption by a school principal or the Department of Education and Training Regional Director.
- I acknowledge and understand that I may be contacted by the Department of Education and Training or an agent to participate in a survey, interview or other questionnaire.

**SIGNED:**

**DATE:**

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