**Enrolment Form**

**COMPLETE ALL QUESTIONS IN FULL**

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| **Course to be undertaken** | **Delivery Method** | | | |
|  | Face-to-Face | | Online | In-House (School or Organisation) | |
| **Location (Town/Suburb)** |  | **Start Date** | | |
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| **Single name only** (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the ‘Family name section). | | | | | | | |
| **First Given Name** | | **Second Given Name (middle)** | | | | **Family Name (surname)** | |
| Elliot | |  | | | | Sarah | |
| **Preferred Name** | **Previous Surname** | | | **USI No**. (If you have one already) | | | **QLD LUI** (If applicable) |
| Sarah |  | |  | | CMMK9OP78H | |  |
| **Date of Birth** (Day/Month/Year) | **Organisation/ School (if applicable)** | | | | | | **Position** |
| 5/7/2002 |  | | | | | |  |

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| **Contact details** |  | |  |
| Work Phone | Mobile Phone 0466 112 963 | | Home Phone ( ) |
| Email address: Selliot@gmail.com | | Alternate email (optional) | |

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| **Postal Address** | Check if same as Street Address | | | | | **Street Address** | | | | |
| Bldg/Property name | | |  | | | Bldg/Property name | |  | | |
| Flat/Unit Details | | | 19 | | | Flat/Unit Details | |  | | |
| Street No. | 102 | | | | | Street No. |  | | | |
| Street Name | Old Bowen Street | | | | | Street Name |  | | | |
| PO Box details |  | | | | |  | | | | |
| Suburb | Camp Hill | | | | | Suburb |  | | | |
| State | | QLD | | Postcode | 4145 | State |  | | Postcode |  |

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| **Gender** | **Country of Birth** | | **City of Birth** |
| Male  Female  Other | Australia | | Brisbane |
| **Are you of Aboriginal or Torres Strait Islander origin?**  (For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes) | | No  Yes, Aboriginal  Yes, Torres Strait Islander | |
| **Of the following categories, which BEST describes your current employment status?** (Tick ONE box only)  For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week). | | Full-time employee  Part-time employee  Self employed – not employing others  Self employed – employing others  Employed – unpaid worker in a family business  Unemployed – seeking full-time work  Unemployed – seeking part-time work  Not employed – not seeking employment | |

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| **Do you speak a language other than English at home?**  (If more than one language, indicate the one that is spoken most often) | No, English only  Yes, other – please specify |

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| **Are you still enrolled in secondary or senior secondary education?** | Yes  No |

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| **What is your highest COMPLETED school level?** (Tick ONE box only)  If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10, the Highest school level completed is Year 9. | Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  Year 9 or equivalent  Year 8 or below  Never attended school  Never completed any primary or secondary level education  Highest school level completed identifier |

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| **Do you consider yourself to have a disability, impairment or long-term condition?** | | Yes  No | |
| **If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**  (You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities. | Hearing/deaf | | Acquired brain impairment |
| Physical | | Vision |
| Intellectual | | Medical condition |
| Learning | | Other |
| Mental illness | |

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| **Have you SUCCESSFULLY completed any other qualifications?** | | Yes  No | | |
| **If YES, tick ANY applicable boxes.** | | |  | |
| Bachelor degree or higher degree | Certificate IV (or advanced certificate/technician) | | | Certificate I | |
| Advanced diploma or associate degree | Certificate III (or trade certificate) | | | Other education (including certificates or overseas qualifications not listed above) | |
| Diploma (or associate diploma) | Certificate II | | |

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| **Emergency Contact Details** | | |
| Name: Barbara Elliot | Contact Number: (07) 3224 7879 | Relationship: Mother |

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| **How did you hear about us?** | | | |
| Employer (inc. Teachers) | Google Reviews | Referral | Website - BrainstormRTO |
| Expo | LinkedIn | Return Customer | Website - Other |
| Facebook | Marketing Email | School (inc students) |  |

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| **Of the following categories, select the one which BEST describes the main reason you are undertaking this course** (Tick ONE box only) | To get a job | I wanted extra skills for my job |
| To develop my existing business | To get into another course of study |
| To start my own business | For personal interest or self-development |
| To try for a different career | To get skills for community/voluntary work |
| To get a better job or promotion | Other reasons |
| It was a requirement of my job |

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| **Payment** | | | |
| Are you paying for the course yourself? | Yes (details on how to pay will be on the invoice)  No (Please complete the fields below) | If you are paying yourself, do you require a payment plan? | Yes  No |

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| **Details of who we are sending the invoice to:** | | | |
| **Organisation Name** | | **Organisation Address** | |
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| **Payer Name:** | **Payer Phone Number:** | | **Payer Email Address:** |
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**Disability supplement**

**Introduction**

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question on the enrolment form.

**If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

‘11 — Hearing/deaf’

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

‘12 — Physical’

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

‘13 — Intellectual’

In general, the term ‘intellectual disability’ is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

‘14 — Learning’

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

‘15 — Mental illness’

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person’s usual pattern and level of functioning.

‘16 — Acquired brain impairment’

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

‘17 — Vision’

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

‘18 — Medical condition’

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn’s disease, cystic fibrosis, asthma or diabetes.

‘19 — Other’

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

**Privacy Notice**

**Why we collect your personal information**

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. In accordance with APP 5.2(e), failure to provide the requested information may prohibit us from effectively processing the enrolment, or to properly investigate or resolve an individual’s query.

**How we use your personal information**

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

**How we disclose your personal information**

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

Your information may be processed by our Administration Team located in the Philippines.

**How the NCVER and other bodies handle your personal information**

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DEWR), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

* administration of VET, including program administration, regulation, monitoring and evaluation
* facilitation of statistics and research relating to education, including surveys and data linkage
* understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER’s behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER’s Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy) .

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>

**Surveys**

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

**Contact information**

At any time, you may contact BrainstormRTO to:

* request access to your personal information
* correct your personal information
* make a complaint about how your personal information has been handled
* ask a question about this Privacy Notice

**Student Declaration**

**Media Release:**

* I consent to my image (in both still or video format) being used by BrainstormRTO for Social Media, Internal Advertising, Website and any other general Media  YES  NO

**USI:**

* A USI (Unique Student Identifier) is your individual education number for life. It also gives you an online record of your VET training undertaken in Australia.
* I am aware a USI must be provided before any certification can be released. If I do not have one, I can obtain one via [www.usi.gov.au](http://www.usi.gov.au)

**Refund Policy:**

* I am aware that if I withdraw from a course after confirmation of booking, the following fees apply:

1. **$195** enrolment fee is not refundable.
2. **75%** of the course cost (minus enrolment fee) is refunded if the student withdraws more than 5 days prior to the commencement date.
3. **50%** of the course cost (minus enrolment fee) is refunded if the student withdraws less than 5 days prior to the commencement date.
4. **NO REFUND** applies once the course has commenced or if the student does not show up for training without contacting us beforehand.
5. **$195** will be charged to change the course date.

* I am aware that BrainstormRTO may approve transfer of my payment to another course.
* I am aware that if BrainstormRTO cancel the course, my payment will be refunded in full.

**Declaration:**

* I am aware there are policies available on the BrainstormRTO website, including but not limited to:

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| * Fee Schedule * Access & Equity * Antidiscrimination & Harassment * Privacy & Confidentiality | * Training Fees & Refunds * Workplace Health & Safety * Grievances & Appeals * Student Handbook |

* I have received the relevant information and documents that detail the course and I agree to abide by the conditions of BrainstormRTO and associated partners.
* I understand that the final assessment will not be undertaken by BrainstormRTO if full payment has not been received and this could result in my not receiving certification.
* I give BrainstormRTO permission to access my qualifications via the USI Organisational Portal and any other relevant portals.
* I consent to BrainstormRTO verifying documents and qualifications submitted as part of my enrolment.
* I expressly authorise issuing institutions and authorities, including private RTO’s, TAFE institutions, colleges and universities to provide verification to BrainstormRTO of any qualifications, statements of attainment or other certification issued to me.
* I confirm that all information supplied by me is true and correct.

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| **STUDENT SIGNATURE**  (or electronic acknowledgement) |  |
| **DATE** |  |

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| --- | --- |
| **PARENT/GUARDIAN SIGNATURE**  (or electronic acknowledgement) |  |
| **DATE** |  |