

HLT47015 - Certificate IV in Sterilisation Services Enrolment Form.

1. Personal Details Confidential Information — please complete all details	
<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr Given Names(Legal) _____ Date of Birth: Day _____ / Month _____ / Year _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Family Name (Surname) (Legal Family Name) _____
2. Emergency Contact Details	
Emergency Contact Name: _____ Relationship: _____ Phone Number: _____	Emergency Contact Name: _____ Relationship: _____ Phone Number: _____
3. Language and Cultural Diversity	
3.1 Are you an Australian Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No 3.2 In which country were you born? Please specify _____ 3.3 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	3.4 Do you speak a language other than English at home? <input type="checkbox"/> No English only – go to Q10 <input type="checkbox"/> Yes (please specify) _____ 3.5 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 <input type="checkbox"/> Yes, Aboriginal AND Torres Strait Islander
4. Disability	
4.1 Do you consider that you have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No - Go to question 5)	
4.2 If yes, please indicate the areas of disability, impairment or long term condition: (You may indicate more than one area) Where Vostro cannot meet individual's needs and believes it cannot offer them the best service possible, it will refer the applicant to another training provider.	
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other: _____	
5. Schooling & Previous Qualifications Achieved	
5.1 What is your highest COMPLETED school level? (Tick ONE box only): <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	
5.2 In which YEAR did you complete that school level? _____	5.3 Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Previous Qualifications Achieved			
6.1 Have you SUCCESSFULLY completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No - Go to Question 18)			
6.2 If yes, then tick ANY applicable boxes	<u>Australian Education</u>	<u>Australian Equivalent</u>	<u>International</u>
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates other than the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Employment Status - Of the following categories, which BEST describes your current employment status? (Tick ONE box only)			
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Casual employee <input type="checkbox"/> Employer <input type="checkbox"/> Unemployed – seeking part-time work			
<input type="checkbox"/> Self-employed - not employing others <input type="checkbox"/> Unemployed – seeking full-time work			
<input type="checkbox"/> Not employed – not seeking employment <input type="checkbox"/> Employed – unpaid worker in a family business			
If employed , tick your Occupation Identifier			
<input type="checkbox"/> Managers <input type="checkbox"/> Professionals <input type="checkbox"/> Technicians & Trades Workers <input type="checkbox"/> Community and Personal Services Workers			
<input type="checkbox"/> Sales Workers <input type="checkbox"/> Labourers <input type="checkbox"/> Clerical and Administrative <input type="checkbox"/> Workers Machine Operators and Drivers			
<input type="checkbox"/> Other			
If employed , tick your Industry of Employment			
<input type="checkbox"/> Agriculture, Forestry and Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing			
<input type="checkbox"/> Electricity, Gas, Water and Waste Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade			
<input type="checkbox"/> Retail Trade <input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Transport, Postal and Warehousing			
<input type="checkbox"/> Information Media and telecommunications <input type="checkbox"/> Financial and Insurance Services <input type="checkbox"/> Rental, Hiring and real Estate Services			
<input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Administrative and Support Services <input type="checkbox"/> Public Administration and Safety			
<input type="checkbox"/> Education and Training <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts and recreation Services			
<input type="checkbox"/> Other Services			
8. Study Reason - Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)			
<input type="checkbox"/> To get a job <input type="checkbox"/> To try a different career <input type="checkbox"/> For personal interest/self-development			
<input type="checkbox"/> To get into another course of study <input type="checkbox"/> To develop my existing business <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"/> It was a requirement of my job <input type="checkbox"/> Other reasons			
9. Victorian Student Number (To be completed by students aged below 25)			
Enter your Victorian Student Number (VSN) _____			
If you have not provided a VSN, you will need to complete the questions below. Have you attended any Victorian school 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 – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. (No more questions if you answer No above)			
<input type="checkbox"/> Yes – I have attended a Victorian school since 2009. Most recent Victorian school attended is: _____ and/or			
<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011. List below the most recent training organisations with which you have participated in training in Victoria since 2011. (List up to 3 training organisations)			
1. _____ 2. _____ 3. _____			
10. Unique Student Identifier (USI)			
Do you have USI? <input type="checkbox"/> Yes _____			
<input type="checkbox"/> No, I will get later and send to info@vostro.vic.edu.au			
<input type="checkbox"/> No, I authorize Vostro Institute to create the USI on my behalf. (Applicant should fill out and sign the <i>Privacy Notice to Students</i>)			

11. Vostro Institute of Training Australia Pty Ltd - Terms and Conditions - Must be completed and signed by the Student**1. In signing this document, I acknowledge that I have read and consent to the collection, use and disclosure of my personal information in accordance with the above privacy notice;**

- I have been provided the Statement of Fees/Course Information either electronically or in hard copy format and have read and understood the information;
- I am a domestic student who is an Australian Citizen / Australian Permanent Resident or on a Visa that allows study in Australia with a domestic training provider;
- I have completed all questions on this application form; the information supplied is true and correct at the time of completion;
- A Vostro Institute representative has explained the content of the Pre-Training Review
- I will notify Vostro Institute in writing of any changes to personal information eg legal name, contact details, citizenship/residency status.
- I am aware of the Vostro Institute Student Refund Policy, Complaints and Appeals Policy and Academic and Non-Academic Grievance Policy and Procedure
- I have been informed of the fees applicable to my study program and understand Vostro Institute will not collect more than \$1500 in advance before the agreed services have been provided;
- I acknowledge that whilst I am a student, I must abide by the conditions and expectations of Vostro Institute as outlined in the Student Handbook and the Code of Conduct Policy which can be accessed on the Vostro Institute website <https://www.vostro.vic.edu.au/>
- I am aware that I may need a Police Check or Working With Children's Check if my study program has a Placement component;
- I have provided my USI or have provided my identification details and given permission for Vostro Institute to create a USI on my behalf by completing the applicable sections on this application
- If I have applied for the USI and have not yet provided it to Vostro Institute I must do so prior to the commencement of study
- I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey
- I am aware that from time to time Vostro Institute may vary, amalgamate or cancel classes should it be deemed necessary;
- I have been informed that Vostro Institute will withhold my academic results until such time as all outstanding fees have been paid in full and any property belonging to Vostro Institute has been returned
- I acknowledge that I have read and consent to the collection, use and disclosure of my personal information in accordance with the above privacy notice;

Privacy Statement

I understand that:

Under the Data Provision Requirements 2012, Vostro Institute 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 application form) may be used or disclosed by Vostro Institute for statistical, administrative, regulatory and research purposes. Vostro Institute may disclose your personal information for these purposes:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

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).**Collection of student data**

As a mandatory regulatory reporting requirement, Vostro Institute is required to collect and submit training student and training activity data to the National Centre for Vocational Education Research (NCVER) for inclusion in the National VET Provider collection. This includes personal information collected in the Vostro Institute enrolment form and unique identifiers such as the Commonwealth's Unique Student Identifier (USI).

Use of student data

The student and training data including personal information, is used 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 Vostro Institute; 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 student data

As necessary and where lawful, the Department of Education and Training 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 collection and handling of enrolment data is in keeping with the Privacy Principles under the Privacy Act 1988 and relevant legislative laws. The collection and handling of USIs is in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

I may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to my training.

Please note I may opt out of the NCVER survey at the time of being contacted.

USI Storage and Security

Storage and security of the student's USI is in keeping with all relevant privacy and legislative laws. Collection, use and disclosure of an individual's student identifier without the individual's consent is prohibited, unless authorised by the Student Identifier's Act 2014.

Student Progress Reports

For students participating in a traineeship, monthly contact including progress reports is provided to the supervisor.

For students participating in employer-based training (non-traineeship) progress reports are provided to the employer upon request.

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 Vostro Institute’s Privacy Officer in the first instance by phone 1300 656 669 or email info@vostro.vic.edu.au

For further information about Unique Student Identifiers, including access, correction and complaints, go to: <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

I acknowledge and agree to the terms described in this privacy statement, as well as the terms and conditions listed above.

I acknowledge and agree to pay the Enrolment Fee \$ _____

I understand that, if there is an enrolment fee involved, I will receive the invoice and I need to pay at least 25% of the Enrolment Fee before the class starts. Failure to do so would give Vostro the option not to accept me in class.

Refunds: Vostro will refund tuition and/or other fees invoiced in accordance with Vostro Refund Policy.

For full details of applicable refunds, please request a copy of Vostro’s Refund Policy.

_____	_____	_____
Participant’s/Student’s Name	Participant’s/Student’s Signature	Date
_____	_____	_____
Parent’s/Guardian’s Name (if participant is under 18 years of age)	Parent’s/Guardian’s Signature	Date

Vostro use only – Final eligibility check to be completed by Senior Staff

Tuition Fee waivers/exemptions. Yes No **SVTS** Yes No **Are copies of evidence attached** Yes No

Is the applicant eligible for VET Funding Yes No **Eligibility Exemption – Granted – need to apply to Commission** Yes No

The below section **MUST** be completed by the enrolling staff member. Please tick (✓) each box as completed to ensure that implementation of training can occur.

Enrolment Details

Training model allocated:	<input type="checkbox"/> Traineeship	<input type="checkbox"/> Distance	<input type="checkbox"/> Classroom: Location _____	<input type="checkbox"/> Employer based
Application form completed in full:	<input type="checkbox"/> Yes	<input type="checkbox"/> No – follow up immediately		
ID documents provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No – follow up immediately		
Pre-training process completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No – follow up immediately		
RPL documents sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No – follow up immediately	<input type="checkbox"/> Not Applicable	Date sent: _____
Credit transfer evidence supplied:	<input type="checkbox"/> Yes	<input type="checkbox"/> No – follow up immediately	<input type="checkbox"/> Not Applicable	
Pre-requisites: evidence attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – follow up immediately	<input type="checkbox"/> Not Applicable	
Occurrence Created for Pre Req’s:	<input type="checkbox"/> Yes	<input type="checkbox"/> No – follow up immediately	<input type="checkbox"/> Not Applicable	Occurrence ID: _____

Staff Name: _____	Position: _____
Signature: _____	Date: _____