

# Course Enrolment Form



Please ensure to answer all questions. Incomplete applications will not be processed.

Personal Details			
Title:	Mr Mrs Miss Ms Other: _____	Date of Birth:	_____
Surname (Family Name):	_____	First Name:	_____
Middle Names:	_____	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Unique Student Identifier Number (USI)	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	You can obtain a USI from: <a href="http://www.usi.gov.au/Pages/default.aspx#">http://www.usi.gov.au/Pages/default.aspx#</a>	
Mobile:	_____	Home Phone	Work Phone _____
Email:	_____		
Address:	_____		
Suburb:	_____	State:	_____ Postcode: _____
Country of Birth:	_____	Town/City of Birth:	_____
Emergency Contact	Name:	_____	Phone: _____
	Relationship:	_____	_____

Eligibility and General Information	
1	Are you living in NSW social housing or are you or your household on the NSW Housing Register? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are you being enrolled under a waiver? (see question 16) <input type="checkbox"/> Yes <input type="checkbox"/> No - Fact Sheet attached
3	Are you still at secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Select your citizenship/residency status:</b> <input type="checkbox"/> An Australian Citizen <input type="checkbox"/> On a humanitarian visa <input type="checkbox"/> An Australian permanent resident <input type="checkbox"/> Other <input type="checkbox"/> A New Zealand citizen _____ <b>→ Please provide/attach evidence of citizenship/residency status (ie: Green Medicare Card, Citizenship Certificate)</b>	
4	<input type="checkbox"/> Overseas resident Passport Number: _____ Visa Expiry Date: ____/____/____ Visa Type: Tick one <input type="checkbox"/> <input type="checkbox"/> Aus Aid or Defence <input type="checkbox"/> Higher Education <input type="checkbox"/> Independent ELICOS <input type="checkbox"/> Not Award <input type="checkbox"/> Postgraduate Research <input type="checkbox"/> Schools <input type="checkbox"/> Vocational Education & Training
5	<b>Have you achieved any qualifications since turning 17?</b> <input type="checkbox"/> Yes, while <u>still at school</u> . List qualification/s _____ Institution: _____ <input type="checkbox"/> Yes, <u>after leaving school</u> . List qualification/s _____ Institution: _____ <input type="checkbox"/> No
6	<b>Are you registered for a traineeship in NSW?</b> <input type="checkbox"/> Yes, registered <input type="checkbox"/> Yes, intending to be registered <input type="checkbox"/> No If yes, name your Apprenticeship Centre & contact person: _____

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Eligibility and General Information (cont)																			
7	<p><b>Are you of Aboriginal or Torres Strait Islander origin?</b></p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes, Aboriginal    <input type="checkbox"/> Yes, Torres Strait Islander    <input type="checkbox"/> Both</p>																		
8	<p><b>Are you enrolled, or have you undertaken a NSW Smart and Skilled subsidised qualification <u>THIS</u> calendar year. If yes, please provide details:</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, complete the following:    Name of Course: _____</p> <p>Provider Name: _____ Completion Date: _____</p>																		
9	<p><b>Do you have a disability?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>If no, go to question 10</b></p> <p>a) <b>If yes, would you like to request learning support?</b>    <input type="checkbox"/> Yes (also complete Section 13)    <input type="checkbox"/> No</p> <p>b) <b>Are you on a disability support pension?</b>    <input type="checkbox"/> Yes (also complete Section 13)    <input type="checkbox"/> No</p> <p>c) <b>Have been assessed by a specialist support professional as having a disability?</b>    <input type="checkbox"/> Yes (also complete Section 14)    <input type="checkbox"/> No</p>																		
10	<p><b>Are you a dependent child or spouse of a person in receipt of a disability support pension?</b></p> <p><input type="checkbox"/> Yes (also complete Section 14)    <input type="checkbox"/> No</p>																		
11	<p><b>Please select <u>ONE</u> option only:</b></p> <p><input type="checkbox"/> I am a job seeker (go to questions 12 - 13)    <b>OR</b>    <input type="checkbox"/> I am currently working (go to 14 for concession/scholarship/exemptions/Fee Free Scholarships)</p>																		
12	<p><b>I am with an Employment Service Provider (Job Service Provider)?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes; Name of Employment Service Provider (Job Service Provider &amp; Contact Person) _____</p> <p>Employment Service Provider Client ID (JSID) _____</p> <p><b>Were you referred to this training by your Employment Service Provider?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, Employment Service Provider Referral ID _____</p> <p><b>Have you been unemployed greater than 52 weeks?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please <u>attach evidence</u> with this application.</p>																		
13	<p><b>Employer Name:</b> _____    <b>Contact Details:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p>																		
Concessions: Appropriate evidence must be provided (Only for Government Subsidised Programs)																			
14	<p><b>I am currently receiving the following Entitlement(s):</b></p> <table border="1"> <tbody> <tr> <td><input type="checkbox"/> Age Pension</td> <td><input type="checkbox"/> Farm Household Allowance</td> <td><input type="checkbox"/> Veterans' Children Education Scheme</td> </tr> <tr> <td><input type="checkbox"/> Austudy</td> <td><input type="checkbox"/> Newstart Allowance</td> <td><input type="checkbox"/> Widow Allowance</td> </tr> <tr> <td><input type="checkbox"/> Carer Payment</td> <td><input type="checkbox"/> Parenting Payment (Single)</td> <td><input type="checkbox"/> Widow B Pension</td> </tr> <tr> <td><input type="checkbox"/> Exceptional Circumstances Relief Payment</td> <td><input type="checkbox"/> Sickness Allowance</td> <td><input type="checkbox"/> Wife Pension</td> </tr> <tr> <td><input type="checkbox"/> Family Tax Benefit Part A (maximum rate)</td> <td><input type="checkbox"/> Special Benefit</td> <td><input type="checkbox"/> Youth Allowance</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Veterans' Affairs Pensions</td> <td></td> </tr> </tbody> </table> <p><b>➔ You <u>must attach</u> suitable evidence to qualify for a concession:</b></p> <p><input type="checkbox"/> Centrelink Income Statement, or</p> <p><input type="checkbox"/> Pensioner Concession Card, or</p> <p><input type="checkbox"/> Centrelink evidence – dependent child of a specified welfare recipient, or</p> <p><input type="checkbox"/> A letter from Centrelink or Veterans' Affairs</p> <p>A NSW New Entrant Trainee on a Newstart Allowance is <b>NOT</b> eligible for a concession fee.</p>	<input type="checkbox"/> Age Pension	<input type="checkbox"/> Farm Household Allowance	<input type="checkbox"/> Veterans' Children Education Scheme	<input type="checkbox"/> Austudy	<input type="checkbox"/> Newstart Allowance	<input type="checkbox"/> Widow Allowance	<input type="checkbox"/> Carer Payment	<input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Widow B Pension	<input type="checkbox"/> Exceptional Circumstances Relief Payment	<input type="checkbox"/> Sickness Allowance	<input type="checkbox"/> Wife Pension	<input type="checkbox"/> Family Tax Benefit Part A (maximum rate)	<input type="checkbox"/> Special Benefit	<input type="checkbox"/> Youth Allowance		<input type="checkbox"/> Veterans' Affairs Pensions	
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## Exemptions: Appropriate evidence must be provided (Only for Government Subsidised Programs)

15	<input type="checkbox"/> I am an Australian Aboriginal and/or Torres Strait Islander; <b>OR</b> <input type="checkbox"/> I am currently receiving a Disability Support Pension; <b>OR</b> <input type="checkbox"/> I have a written letter/statement about my disability from an appropriate specialist or health support professional; <b>OR</b> <input type="checkbox"/> I am a dependant of Disability Support Pension recipient.	
	Please indicate dependency status: <input type="checkbox"/> Dependent Child <b>OR</b> <input type="checkbox"/> Dependent Spouse or Partner	
	<b>➔ You must attach suitable evidence to qualify for an exemption:</b>	<input type="checkbox"/> Letter from Centrelink confirming receipt of the Disability Support Pension, or <input type="checkbox"/> Letter from Centrelink indicating dependent of a recipient of a Disability Support pension, or <input type="checkbox"/> Current Disability Pensioner Concession Card, or <input type="checkbox"/> Centrelink Income Statement, or <input type="checkbox"/> Documentary evidence regarding the applicant's disability from an appropriate medical professional.

## Fee-Free Scholarships: Appropriate evidence must be provided (Only for Government Subsidised Programs)

16	Must meet Smart & Skilled eligibility criteria (see sections 2-5 of this form; & studying Certificate I-IV), and <input type="checkbox"/> Be aged between 15 & 30 years when training starts & either: <ul style="list-style-type: none"> <li><input type="radio"/> Eligible for a Smart &amp; Skilled concession fee; or</li> <li><input type="radio"/> Meet the out-of-home care criteria. <b>OR</b></li> </ul> <input type="checkbox"/> Other extenuating circumstances [no upper age limit] - Please request Smart & Skilled Fee Free Scholarships fact sheet <i>Information for Students</i> from Dynamic Learning Services	
	<b>➔ You must attach suitable evidence to qualify for a Fee-Free Scholarship:</b> <i>(Eligible students are entitled to 1 Fee-Free Scholarship per financial year, maximum of 2 from July 2015 – 30 June 2019)</i>	<input type="checkbox"/> Out-of-home care criteria 15-17 years: <ul style="list-style-type: none"> <li><input type="radio"/> Copy of expired Children's Court Care Order, or</li> <li><input type="radio"/> Confirmation of Placement letter, or</li> <li><input type="radio"/> Letter from Family &amp; Community Services or the Out-of-Home Care Designated Agency verification of statutory or supported care, or</li> <li><input type="radio"/> Any other evidence which clearly shows that you are in out-of-home care</li> </ul>
	<input type="checkbox"/> Other extenuating circumstances [no upper age limit] – Criteria available on request	

## Course Information

17	Qualification: _____	
	Please indicate if you have a planned training start date and/or completion date: Planned Training Start Date: _____ Planned Training End date: _____	
	<b>Delivery Method</b> <input type="checkbox"/> Classroom Preferred Location: _____ <input type="checkbox"/> Traineeship <input type="checkbox"/> Work-based Training and Assessment	<input type="checkbox"/> Self-Directed Learning <input type="checkbox"/> Blended (a mix of delivery methods) <input type="checkbox"/> RPL (Recognition of Prior Learning) <input type="checkbox"/> Assessment Only
18	<b>Are you wishing to apply for credit transfer or RPL?</b> <b>Credit Transfer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you <b>must attach</b> relevant evidence (transcripts, resume, etc.) <b>RPL</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Education/ Work History/ Course Reasons

List any qualifications and/or courses you have successfully completed (attach copies of results/ certificates).

Please indicate if any of these courses were completed whilst in **High School** or **Overseas**.

Qualification/Course Name	Training Provider	Year Completed	Overseas Y/N	School Based Y/N

# Course Enrolment Form

## Fees and Charges

- 19 Please tick one of the funding options below:
- NSW Government funding - *Smart and Skilled subsidy (eligibility criteria apply)*
  - Fee for Service (*payment plans available, see below*)

## Payment of course fee

- 20 Select from the list below:
- I, the applicant, will be paying the full course fee or approved concession fee (see payment options below)
  - My Employer / JA / DSA / Jobsearch will be paying the course fee:  
Contact Person: \_\_\_\_\_  
Phone or Email: \_\_\_\_\_  
Purchase Order # \_\_\_\_\_
  - I am applying for a scholarship/full exemption of the course fee (attach required evidence)

### Payment Options upon receipt of invoice:

- By direct deposit & email the transaction receipt
- By credit card & will contact Dynamic Learning Services with the details
- 20% deposit and the balance by direct instalments.

## Privacy Notice

Under the *Data Provision Requirements 2012*, **Dynamic Learning Services** 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 and your training activity data) may be used or disclosed by **Dynamic Learning Services** for statistical, regulatory and research purposes. **Dynamic Learning Services** may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- 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 an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

# Course Enrolment Form



The following information is for The Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) data collection. This information is required for the collection and analysis of vocational education and training throughout Australia.

<b>Highest completed School Level:</b>	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 8 or below
<b>What year did you complete this level:</b>	<b>List the postcode of your residence during that year</b>				
<b>Current Employment Status:</b>	<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 <input type="checkbox"/> Other reason		
<b>Do you speak a language other than English at home:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language:	<b>How well do you speak English</b>	<input type="checkbox"/> Very Well <input type="checkbox"/> Not Well <input type="checkbox"/> Well <input type="checkbox"/> Not at all		
<b>Do you identify yourself as having a disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, Acquired Brain Impairment <input type="checkbox"/> Yes, Hearing/Deaf <input type="checkbox"/> Yes, Intellectual <input type="checkbox"/> Yes, Learning <input type="checkbox"/> Yes, Medical condition		<input type="checkbox"/> Yes, Mental Illness <input type="checkbox"/> Yes, Other <input type="checkbox"/> Yes, Physical <input type="checkbox"/> Unspecified <input type="checkbox"/> Vision		<b>If Yes, please describe:</b>
<b>If Yes to previous question, would you like to receive advice on support services which may assist you?</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you successfully completed any of the following:</b>	<input type="checkbox"/> No <input type="checkbox"/> Advanced Diploma & Associate Degree Level <input type="checkbox"/> Bachelor Degree or Higher Degree Level <input type="checkbox"/> Certificate I		<input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma Level <input type="checkbox"/> Miscellaneous Education		
<b>Please indicate how you were referred to Dynamic Learning Services</b>	<input type="checkbox"/> Apprenticeship Centre <input type="checkbox"/> Employment Service Provider (ESP) <input type="checkbox"/> My Employer		<input type="checkbox"/> Disability Employment Service (DES) <input type="checkbox"/> Industry Training and Advisory Board (ITAB)		<input type="checkbox"/> State Training Services <input type="checkbox"/> Another Training Provider (RTO) <input type="checkbox"/> Other _____
	ESP Name:		Job Seeker Identification Number:		
<b>Which best describes your main reason for doing this course (select ONE only):</b>	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion		<input type="checkbox"/> It is a requirement of my job <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons		

# Course Enrolment Form



## Declaration and Consent:

<input type="checkbox"/>	I have been provided with Pre-enrolment Information or the Student Handbook including relevant policies and procedures, and my rights and obligations prior to my enrolment.
<input type="checkbox"/>	I am an Australian Citizen / Australian Permanent Resident or on a Visa that allows study in Australia with a domestic training provider.
<input type="checkbox"/>	I give Dynamic Learning Services permission for any photos of me to be taken during training to be used in marketing materials including social media. The only exception being for auditing purposes.
<input type="checkbox"/>	I give Dynamic Learning Services permission to retain a copy of my student photo identification for the purpose of authentication. Note your photo identification will not be provided to any other party, unless for auditing purposes.
<input type="checkbox"/>	I understand that the information I have provided will be used by Dynamic Learning Services, the Department of Education and Communities and the Australian Skills Quality Authority for the purposes of audit, verification, research, statistical analysis, program evaluation, post completion surveys and internal management purposes
<input type="checkbox"/>	I understand that Dynamic Learning Services is required to assess any information I have provided to determine if a Recognition of Prior Learning process is available to me as a student in order to maximise the outcomes of your learning and assessment progress.
<input type="checkbox"/>	Where applicable, I consent to Dynamic Learning Services to report my attendance &/or course progression to my Employer/ESP.
<input type="checkbox"/>	I have read and completed the consent to use and the disclosure of personal information.
<input type="checkbox"/>	I understand and agree to comply with fees and charges according to Dynamic Learning Services Policies and Procedures.

By signing this form, I declare that the information provided is true, accurate, complete, correct and not misleading in any way and provide consent for this information to be used by the parties listed above and in accordance with the Privacy Notice (page 4). I further certify that I have read the student handbook and been provided sufficient information about my rights and obligations to make an informed decision about enrolment and I agree to the fee/s for the services being provided.

<b>Full Name:</b>			
<b>Signature:</b>		<b>Date:</b>	/ /

**NOTE: If applicant is under 18 years of age at the time of giving consent, then the consent of a guardian is required.**

<b>Guardian Full Name:</b>			
<b>Guardian Signature:</b>		<b>Date:</b>	/ /

OFFICE USE ONLY			
<b>Student ID: VETtrak</b>		<b>Entered by: (Initials)</b>	
<b>Course Code (if applicable)</b>		<b>Date:</b>	

# Course Enrolment Form



## → Please complete if you want to apply for NSW Government Subsidised Funding for Student Fees or Exemptions

Consent to use and disclosure of personal information to the Department of Education and Communities and other government agencies – NSW GOVERNMENT SMART & SKILLED FUNDING APPLICANTS ONLY

I \_\_\_\_\_  
(First, middle and surname)

Of \_\_\_\_\_  
(Current residential address)

With date of birth \_\_\_\_\_

Understand and agree that personal information collected from me, my parent or guardian, such as my name, Unique Student identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity and health information) collected by Dynamic Learning Services may be disclosed to the Department of Education and Communities (the Department).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with Dynamic Learning Services for the purposes of evaluating and assessing my subsidised training.

→ FULL NAME: \_\_\_\_\_

→ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE:** If applicant is under 18 years of age at the time of giving consent, then the consent of a guardian is required.

GUARDIAN FULL NAME: \_\_\_\_\_

GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## → Applicant Declaration – ALL APPLICANTS TO COMPLETE

For the purposes of this application:

- I verify that all information has been completed by me personally and this information is true and correct.
- I provide consent for this information to be used by Dynamic Learning Services, the National VET Regulator and the Department of Education and Communities (the Department) for enrolment and auditing purposes – see below for detailed consent (NSW Government funding applicants, including New Entrant Trainees).
- I am aware of the Notification of Enrolment Process and consent to Dynamic Learning Services submitting my information to the Department.
- I consent / authorise Dynamic Learning Services to apply/verify my Unique Student Identifier.
- I have been provided with all relevant pre-enrolment information prior to my application.
- I am aware of the Dynamic Learning Services Consumer Protection Policy.
- I am aware of the Dynamic Learning Services Policy on Withdrawal and Deferment of Studies.
- I am aware of the mandatory fees and charges associated with this program and agree to pay all fees within the terms of conditions outlined in Dynamic Learning Services' Fees and Charges Policy and Procedure.
- I have been made aware of how to locate Dynamic Learning Services student-related policies and procedures.
- I understand that if my application is incomplete it will not be processed.
- I understand that this application does not guarantee a place in a course.

→ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_