



Application Form

Please use BLOCK LETTERS when filling out this form and ensure that all sections are completed and appropriate tick boxes marked as applicable. Information collected on this form is confidential and will not affect you as an individual in your studies.

Please note: Application form fees is not refundable.

Section 1: Personal Details (including full legal name)			
Title (Mr, Miss, Ms, Mrs, Other)			
Gender (Tick ONE box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Family name (Surname)			
(if Single Name only, enter here)			
First Name			
Middle Name(s)			
Preferred Name:			
Date of Birth			
Country of Birth			
Postal Address			
Mobile Phone:		Work Phone:	
Email Address			
Preferred Contact Method: (please tick one)	<input type="checkbox"/> Mobile Phone <input type="checkbox"/> Email		



Section 2: Your Emergency Contact

Full Name:			
Name:			
Relationship:			
Mobile Phone:		Work Phone:	

Section 3: Residential Address

Flat/unit details/ lot number (e.g. 205 or Lot 118) -			
Street name -		Suburb	
State		Postcode	
Postal Address (if same as residential address, write same as above)			
Flat/unit details/ lot number (e.g. 205 or Lot 118) -			
Street name -		Suburb	
State		Postcode	

Section 4: Visa & Overseas Student Health Cover (OSHC)

Current Visa Type		
Do you currently hold Overseas Student Health Cover (OSHC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes



If yes, provide Company details

Section 5: Language and Cultural Diversity

Are you of Aboriginal/Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Aboriginal & T.S. Islander
Do you speak a language other than English at home?	<input type="checkbox"/> No (English only)	<input type="checkbox"/> Yes (please specify below)
If you speak a language other than English 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

Section 6: Unique Student Identifier (USI)

From 1 January 2015, we RTO can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Enter your USI

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If you want that RTO will create a USI on your behalf, then go to point 9 and complete the information.

USI application through your RTO (if you do not already have one)

Application for Unique Student Identifier (USI)

If you would like us [VAT] to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME]authorise VAT to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

☐ I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.



Town/City of Birth _____

(please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

Please provide details for one of the forms of identity below (numbered 1 to 8).

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.		
Australian Driver's Licence	State: _____	Licence Number: _____
Medicare Card	Medicare card number: _____ Card colour: (select which applies) Green <input type="checkbox"/> Expiry date ____/____/____ Yellow <input type="checkbox"/> Expiry date ____/____/____ Blue <input type="checkbox"/> Expiry date ____/____/____	
Immicard	Immicard Number _____	
Certificate of Registration by Descent	Acquisition date _____	
Australian Birth Certificate	State/Territory _____	
Non-Australian Passport (with Australian Visa)	Passport number _____	Country of issue _____
Australian Passport	Passport number _____	
Citizenship Certificate	Stock number _____	Acquisition date _____

In accordance with section 11 of the *Student Identifiers Act 2014*, RTO will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.



Section 7: Education Details

Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, If yes please mention name of school
What is your highest COMPLETED school level? (Not inclusive of higher education) 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 Yr. 9 or equivalent <input type="checkbox"/> Completed Yr. 8 or lower <input type="checkbox"/> Never attended school
In which year did you complete this school level?		

Section 8: Previous Qualifications/Education

Have you successfully COMPLETED any of the following qualifications?	
Yes	No
If yes, please tick ONE applicable box relating to your prior education at ANY applicable Level as follows: A = Australian Qualification E = Australian Equivalent* I = International	
<input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma or Associate Diploma Other (Please specify):.....

Section 9: Employment Status

Which of the following categories Best Describe your current employment statuses?
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<input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Not employed – not seeking employment	<input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Employer
Which of the following classifications BEST describes your current (or recent) occupation?	
<input type="checkbox"/> Managers <input type="checkbox"/> Professionals <input type="checkbox"/> Technicians & Trade Workers <input type="checkbox"/> Community and Personal Service Workers <input type="checkbox"/> Clerical & Administrative Workers	<input type="checkbox"/> Sales Workers <input type="checkbox"/> Machinery Operators & Drivers <input type="checkbox"/> Labourers <input type="checkbox"/> Other

Section 10: WORKPLACE EMPLOYER DETAILS (if applicable)			
Trading Name -			
Supervisor Name:			
Employer email		Phone	
How many employees are at your current employer?	<input type="checkbox"/> Up to 20	<input type="checkbox"/> Over 20	

Section 11: Industry of Employment	
Which of the following classifications BEST describes the Industry of your current (or recent) Employer?	
<input type="checkbox"/> Agriculture, Forestry and Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Public Administration and Safety <input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Electricity, Gas, Water & Waste Services <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Education & Training <input type="checkbox"/> Arts and Recreation Services
<input type="checkbox"/> Retail Trade <input type="checkbox"/> Accommodation & Feed Services	<input type="checkbox"/> Financial & Insurance Services <input type="checkbox"/> Rental, Hiring & Real Estate Services



<input type="checkbox"/> Transport, Postal & Warehousing	<input type="checkbox"/> Professional, Scientific & Technical Svc's
<input type="checkbox"/> Information Media & Telecommunications	<input type="checkbox"/> Administrative Support Services
<input type="checkbox"/> Information Media & Telecommunications	<input type="checkbox"/> Other Services

Section 12: Disability	
Do you consider yourself to have a disability, impairment or long term condition?	
Yes	No
If yes, please indicate the areas of disability, impairment or long term condition. You may indicate more than one.	
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision	<input type="checkbox"/> Physical <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Learning <input type="checkbox"/> Medical condition Other (Please specify):.....

Section 13: Training Product(s) to be enrolled in:		
Please tick	Course Code:	Course Name:
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Section 14: Intake applying for



Section 15: Credit Transfer / Recognition of Prior Learning (RPL)

As part of the enrolment process, students may apply for Credit Transfer (CT) or Recognition of Prior Learning (RPL).

Credit Transfer (CT): If you have previously completed units of competency that are equivalent to units in your chosen course, you may be eligible for Credit Transfer. You must provide certified copies of transcripts/Statements of Attainment issued by a recognised RTO in Australia.

Recognition of Prior Learning (RPL): If you have gained skills and knowledge through work experience, formal training, or life experience, you may apply for RPL. You will need to provide evidence such as work samples, references, or other documentation.

Please indicate if you are applying for either option:

☐ **Yes, I am applying for Credit Transfer**

If yes, please attach certified copies of transcripts/Statements of Attainment.

☐ **Yes, I am applying for Recognition of Prior Learning (RPL)**

If yes, please attach supporting documents/evidence of prior experience or qualifications.

☐ **No, I am not applying for Credit Transfer or RPL at this time.**

Section 16: Study Reason

Which Of the following reasons, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship?

☐ To get a job

☐ To develop my existing business

☐ To start my own business

☐ To try for a different career

☐ To get a better job or promotion

☐ It was a requirement of my job

☐ I wanted extra skills for my job

☐ To get into another course of study

☐ For personal interest or self-development

☐ To get skills for community/voluntary work

☐ Other Reasons

Section 17: Referral Source

How did you find out about the course you are enrolling in?



<input type="checkbox"/> Job Services	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Staff Member	<input type="checkbox"/> Social Media (e.g. Facebook)
<input type="checkbox"/> Current/Past Student	<input type="checkbox"/> Apprentice Centre
<input type="checkbox"/> Flyer	<input type="checkbox"/> Newspapers
<input type="checkbox"/> Website	<input type="checkbox"/> Workplace
<input type="checkbox"/> Radio advertising	<input type="checkbox"/> Other (please specify)

Important Note

- Please be advised that submission of this application form is only the first step of the enrolment process and does not guarantee confirmation of enrolment.

As part of the admission requirements:

- A Pre-Training Review (PTR) will be conducted to assess suitability for the chosen course.
- An LLND assessment (Language, Literacy, Numeracy, and Digital skills test) will also be conducted to determine the support needs of the applicant.

Enrolment will only be confirmed once these steps have been successfully completed, and all entry requirements have been met.

Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, RTO 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 RTO for statistical, administrative, regulatory and research purposes. RTO may disclose your personal information for these purposes to:

- 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).

Consent for publication of photographs and student work

✚ RTO occasionally takes photos of students participating in classes for publicity purposes. These photos may be displayed on our website. The names and details of the people in the photos are not released or published. Staff will always identify when they are taking photos so students who don't wish to have their photo taken can be excluded from the photo. If at any time your photo is published on the website and you would like it removed, we will do so within 24 hours of receiving a written request to remove it.

✚ Do you consent to the use of your photo under these conditions?

Please circle one: Yes ☐ No ☐

✚ If you indicated NO please ensure you advise the staff member at the time the photo is being taken to ensure you are excluded from the photo.

Consent/authority to release information and view documents

✚ Please be assured that any discussions held with this representative will be for the purposes of your assessment and for your skills development.

✚ During the process we do not plan to discuss your evidence or work practices with other trainees, unless we have your written permission to do so.

✚ You are required to give permission in writing for any of these discussions or viewing of evidence to occur.

✚ I will be required to participate in the completion of a National Students Outcomes Survey [NCVER], during the course of my training program.

Section 18: Student Declaration

In signing or emailing this form I acknowledge and declare that;

✚ The information I have provided in this application is true, correct, and complete to the best of my knowledge.

✚ I have read and understood the course information, including entry requirements and any work placement obligations (where applicable).

✚ I understand the work placement requirements for my course and acknowledge that if any costs are associated with arranging or completing the placement, I will be responsible for incurring those costs.

✚ I have read and understood the Student Handbook (RTO Information for Learners Handbook) and am aware of my rights and responsibilities as a student of Vocational Augment Training.



- ☐ I have reviewed the information available on the Vocational Augment Training website, including but not limited to course duration, location, mode of delivery, fees, refunds, complaints, withdrawals, and work placement (if applicable).
- ☐ I understand that this application form does not guarantee admission and that I must also meet visa requirements set by the Department of Home Affairs.
- ☐ I acknowledge that a Pre-Training Review (PTR) and an LLND (Language, Literacy, Numeracy and Digital skills) assessment will be conducted as part of the enrolment process, and my enrolment will only be confirmed once all requirements are met.
- ☐ I have been informed about Credit Transfer and Recognition of Prior Learning (RPL) processes available to me.
- ☐ I agree to comply with the rules, policies, regulations, Student Code of Conduct, and disciplinary procedures of Vocational Augment Training while I remain enrolled.
- ☐ I understand that my participation in this course is subject to the right of the RTO to cancel or amalgamate courses or classes if necessary.
- ☐ I consent to the collection, use, and disclosure of my personal information in accordance with the Privacy Notice.
- ☐ I have read, understood, and consent to the Privacy Notice, and I confirm that I have completed all questions and details on the enrolment forms.
- ☐ I have made arrangements to pay all fees and charges applicable to this enrolment, and I understand that my academic results may be withheld until all debts are paid in full and any property belonging to the RTO has been returned.
- ☐ I authorise Vocational Augment Training (or its agent), in the event of illness or accident during any RTO-organised activity, and if my emergency contact cannot be reached within a reasonable time, to seek ambulance, medical, or surgical treatment at my cost.
- ☐ I acknowledge that from time to time, Vocational Augment Training may send me information about course opportunities and promotional offers, and that I may opt out at any time.

Signed (Student)	Date:
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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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.