

2018 ENROLMENT FORM

PLEASE PRINT CLEARLY. Required or compulsory information will be highlighted in **RED TEXT** or with an asterisk (*) and **must** be provided or your enrolment may be denied. If you require assistance with completing this form, please call our office on (03) 93511068. Interstate students should call us on 1300 585 866.

SECTION A – COURSE DETAILS

The course(s) I seek training and assessment in are:

SHORT COURSES - HEALTH			
HLTAID001 – Provide CPR	<input type="checkbox"/>	HLTAID003 – Provide first aid (Level II)	<input type="checkbox"/>
		HLTAID004 – Provide an emergency first aid response in an education and care setting	<input type="checkbox"/>
SHORT COURSES – INDUSTRY RELATED COURSES			
RIIWH5202D – Enter and work safely in confined spaces	<input type="checkbox"/>	RIIWH5204D – Work safely at heights	<input type="checkbox"/>
		CPPFES2020A – Conduct routine inspection and testing of fire extinguishers and fire blankets	<input type="checkbox"/>
CERTIFICATE IV in:			
TLI41216 – Car Driving Instruction	<input type="checkbox"/>	TLI41316 – Heavy Vehicle Driving Instruction	<input type="checkbox"/>
Other:			

FOR A FULL RANGE OF OUR COURSE AND COURSE FEES, PLEASE VISIT OUR WEBSITE

Are you an existing student? YES No ITS Student Number if known: ITS _____

SECTION B – PERSONAL DETAILS

Title Mr. Mrs. Miss. Ms. Dr. Other

Given Name*		Middle Name	
Last Name (Surname)*		Date of Birth*	___ / ___ / ____

Gender* Male. Female. Not Stated. Unspecified

If possible, please provide us with a home (land line) number and a mobile number. As most of our courses have practical sessions within them, it may become important for our trainers to contact you should the need arise.

Telephone (Home)	Mobile Number*
Email Address*	Nationality

WHAT IS THE ADDRESS OF YOUR USUAL RESIDENCE? (REQUIRED FOR AVETMISS 8)

Please provide the physical address (street number and name not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's rural property addressing' or 'numbering' system as your residential street. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site. This is the address your qualification will be sent.

Building / property name / building name			
Unit Detail		Street No:*	
Street Name:*		Suburb/Town*	
State / territory*		Post Code*	

WHAT IS YOUR POSTAL ADDRESS? (Only complete this section if it is different from the above)

As above. (If yes, please move onto the next section)

Building / property name / building name			
PO BOX:			
Unit Detail		Street No:	
Street Name:		Suburb/Town	
State / territory		Post Code	

UNIQUE STUDENT IDENTIFER (USI) (Example: 9WKC867EAA)

Yes, it is: _____ Yes, but the USI is unknown No, I have never been issued with a USI*

NOTE: You **will not** need a USI to enrol or attend this course, HOWEVER, as of the 01st January 2015, Intelligent Training Solutions is not allowed to issue you with your nationally recognised VET qualification, Certificate of Completion, Statement of Attainment, or a Statement of Results if you have not supplied us with your Unique Student Identifier (USI). To view the USI privacy notice, visit the [USI website](http://www.usi.gov.au)

TO CREATE YOUR USI, PLEASE VISIT THE FOLLOWING WEBSITE: <https://www.usi.gov.au/students>

EMERGENCY CONTACT DETAILS

Who would you like us to contact in the unlikely event of an emergency? Please ensure you nominate somebody that can be contacted and knows your medical history.

Title Mr. Mrs. Miss. Ms. Dr. Other

Given Name*		Relationship to you (Example: Wife, Husband etc...)*	
Last Name (Surname)*			
Telephone (Home)		Mobile Number*	

SECTION C – AVETMISS DATA REQUIREMENT

Intelligent Training Solutions is required to collect the following information for NCVER. For more information on AVETMISS data collection please visit the NCVER website. For a quick overview on why we need to collect the following information watch the following NCVER video: <https://www.youtube.com/watch?v=hveBYeuGee4> You are entitled to view your own personal information held by Intelligent Training Solutions Pty Ltd. If you wish to view your records, please contact us.

RECOGNITION OF PRIOR LEARNING (RPL) or MUTUAL RECOGNITION – AVETMISS 8 REQUIREMENT

Have you enrolled in a similar course elsewhere?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been employed in the area covered by the course you are applying for?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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* NOTE: If you answered YES to any of the above questions, you may be eligible for Mutual Recognition or RPL. Contact us for additional information

LANGUAGE AND CULTURAL DIVERSITY – AVETMISS 8 REQUIREMENT

In which country were you born?*		What was the name of the town you were born in?*	
Do you speak a language other than English at home?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please specify:	Are you a permanent Australian Resident?*
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		
Are you of an Aboriginal or Torres Strait Islander origin?*	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Not Stated		

DISABILITY – AVETMISS 8 REQUIREMENT

Do you consider yourself to have a disability, impairment or long-term condition?*

Yes | No (if No, go to Employment Status)

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)

Hearing/deaf	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Acquired brain impairment	<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>	Other	<input type="checkbox"/>						

Do you require special assistance because of your disability? Yes | No

EMPLOYMENT STATUS – AVETMISS 8 REQUIREMENT

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)*

Full-time employee	<input type="checkbox"/>	Self-employed – not employing others	<input type="checkbox"/>
Part-time employee	<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"/>
If unemployed, are you registered as a 'Jobseeker'?	<input type="checkbox"/>		

Of the following categories, which best describes your Occupation (VICTORIAN ENROLMENTS ONLY)

Manager	<input type="checkbox"/>	Professional	<input type="checkbox"/>
Technicians or Trade Workers	<input type="checkbox"/>	Community and Personal Service Workers	<input type="checkbox"/>
Clerical and Administration Workers	<input type="checkbox"/>	Sales Workers	<input type="checkbox"/>
Machinery Operators and Drivers	<input type="checkbox"/>	Labourers	<input type="checkbox"/>
Other:			

Industry or Employment (VICTORIAN ENROLMENTS ONLY)

Agriculture, Forestry and Fishing	<input type="checkbox"/>	Electricity, Gas, Water and Waste Services	<input type="checkbox"/>	Mining	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	Accommodation and Food Services	<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>
Transport, Postal and Warehousing	<input type="checkbox"/>	Financial and Insurance Services	<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>
Information Media and Telecommunications	<input type="checkbox"/>	Administrative and Support Services	<input type="checkbox"/>	Construction	<input type="checkbox"/>
Retail, Hiring and Real Estate Services	<input type="checkbox"/>	Public Administration and Safety	<input type="checkbox"/>	Arts and Recreation Services	<input type="checkbox"/>
Professional, Scientific and Technical Services	<input type="checkbox"/>	Health Care and Social Assistance	<input type="checkbox"/>	Education and Training	
Other:					

SCHOOL AND EDUCATION HISTORY – AVETMISS 8 REQUIREMENT

Are you still attending secondary school?*

Yes | No

What is your highest COMPLETED school level? (Tick ONE box only)*

Year 12 or equivalent	<input type="checkbox"/>	Year 11 or equivalent	<input type="checkbox"/>	Year 10 or equivalent	<input type="checkbox"/>	Year 9 or equivalent	<input type="checkbox"/>
Year 8 or below	<input type="checkbox"/>	Never attended school	<input type="checkbox"/>	In which YEAR did you complete that school level: _____			

PREVIOUS QUALIFICATIONS ACHIEVED – AVETMISS 8 REQUIREMENT

Have you **SUCCESSFULLY** completed any of the following qualifications in **AUSTRALIA**?*

Yes | No

If **YES**, then tick ANY applicable boxes.

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/technician)	<input type="checkbox"/>	Certificate III (or trade certificate)	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>	Certificates other than the above	<input type="checkbox"/>		

What is the FULL title of the qualification you hold:*	
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REASON FOR STUDY – AVETMISS 8 REQUIREMENT

Of the following categories, which **BEST** describes your main reason for undertaking this course? (Tick **ONE** box only)

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 was a requirement of my job	<input type="checkbox"/>
I wanted 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:					

SECTION D – TERMS AND CONDITIONS

For our enrolment terms and conditions, click or enter the following link to view you Intelligent Training Solutions terms and conditions for enrolment. (VISIT: <https://www.its.vic.edu.au/enrolment-terms/>)

SECTION E – THIRD PART FUNDED COURSES

Please complete this section if your workplace, school or another organisation will be paying for your course. Be sure to provide us with as much information as possible to ensure that our staff can successfully invoice the third party.

Is this course being paid for by a third party such as your employer, school, employment agency or other organisation?*

Yes | No

(If Yes, please completed the details below)

Company / School / Organisation Name:			
Company ABN			
Contact Person		Phone Number	
Company Address		Suburb/Town	
State / territory		Post Code	
Please list an email address where we can send the invoice:			

SECTION F – HOW DID YOU FIND US

Google search	<input type="checkbox"/>	Newspaper advertisement	<input type="checkbox"/>	Referred by another RTO	<input type="checkbox"/>
Google advertisement	<input type="checkbox"/>	Facebook advertisement	<input type="checkbox"/>	Referred by a friend or family member	<input type="checkbox"/>
Local Neighbourhood House:	<input type="checkbox"/>	Other:			

SECTION G – PRIVACY NOTICE AND STUDENT DECLARATION

PRIVACY NOTICE

Under the Data Provision Requirements 2012, Intelligent Training Solutions 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 Intelligent Training Solutions for statistical, regulatory and research purposes. Intelligent Training Solutions 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 administrated 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).

Please read the following information carefully and tick ALL of the following statements, if left blank your enrolment will not be accepted

- I declare that the information I have provided, to the best of my knowledge, is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I understand the terms and conditions of this written agreement including the refund procedures. I have been fully advised of the fees and refund conditions of enrolment and agree to be a student at Intelligent Training Solutions Pty Ltd (RTO: 22570).
- I agree to pay all fees and charges related to this enrolment as stated on the ITS website. I understand that if I nominated a third party to make payment for this enrolment, I remain liable for all enrolment fees until such time as the nominated third party has settled the account.
- I agree to give ITS Pty Ltd 7 days' notice if I do not intend to attend a course I have been enrolled into and agree that should I fail to give such notice than I am liable for the FULL course fee to be invoiced to me. Failure to officially withdraw from a course (as stated in our refund clause) will result in a vacant position within the course and will deprive ITS and the course from the revenue it would provide.
- I give permission for Intelligent Training Solutions to apply or search for my Unique Student Identifier on my behalf if I do not provide one myself within this Enrolment Form and I understand that by providing my USI to Intelligent Training Solutions I give permission for Intelligent Training Solutions to view the course records contained in my USI account.
- I understand that I can view my own records held by Intelligent Training Solutions by contacting the administration office.

Your Full Name*		Today's Date*	
Course Suitability	I have made my own enquiries and believe that this training course is suitable for my personal and/or career purposes. I consider that, based on my educational attainment, capabilities, aspirations and interests, this training is appropriate for me.		
Your Signature*			

ADMINISTRATION USE ONLY

I have verified and checked the following:

Identification Sighted? YES

Two forms of identification are required:*

Medicare Card Passport (<2 years expired) Birth Certificate Australian Drivers Licence

Name and DOB verified? YES

I have checked the application of this student and consider the training course to be suitable for his/her purpose? YES

I have checked the following:

LLN capability YES

Reason for study YES

General communication skills YES

Application Form YES

The applicant's enrolment is:

Acceptable

Not acceptable

* For short courses, ID may be sighted on the day of training.

ENROLLING OFFICER SIGNATURE