

Enrolment Form for VET Courses

EMAIL: ENROLMENTS@ITS.EDU.AU | CALL: 1300 585 866 | WEB: WWW.ITS.EDU.AU

PROGRAM INFORMATION

Before completing this form, please check the application method, closing date, entry requirements and extra requirements for your preferred program. This information can all be found at: www.its.edu.au
When completing this form, please print clearly. If you require assistance with completing this form, please call our office on (03) 5415 0209. Interstate students should call us on 1300 585 866.

SECTION A – PREVIOUS APPLICATIONS AND/OR ENROLMENTS

Have you previously applied to, or been enrolled at I.T.S	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state your I.T.S Student ID number (if known)	
Has your name changed since your last enrolment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, previous name:	

If **Yes**, you **must** provide documentary evidence (Marriage Certificate or Statutory Declaration) to support the change

SECTION B PERSONAL DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:			
First Name				
Middle Name				
Family Name				
Date of Birth	___ / ___ / ____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify)			

Your first **legal** given name

Your other legal name

Your **legal** family name / surname

CONTACT DETAILS

Telephone: Home		<input type="checkbox"/> Preferred
Telephone: Mobile		<input type="checkbox"/> Preferred
Email Address		

Please tick your preferred contact number

WHAT IS YOUR CITIZENSHIP STATUS?

Australian Citizen	<input type="checkbox"/>	New Zealand Citizen	<input type="checkbox"/>	Overseas Resident	<input type="checkbox"/>
Permanent Humanitarian Visa	<input type="checkbox"/>	Permanent Non-Humanitarian Visa	<input type="checkbox"/>	Permanent Visa Holder	<input type="checkbox"/>

Please tick one box only

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

Building/Property			
Unit Number		Street Number	
Street Name			
Suburb / Town			
State / Territory		Post Code*	

Please provide the **physical address** of where you usually reside – street number and name, **not a post office box**. **Do not** provide 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.

MAILING (POSTAL) ADDRESS

Building/Property			
Unit Number		Street Number	
Street Name			
PO Box or Roadside Delivery (RSD) Box Number			
Suburb / Town			
State / Territory		Post Code*	

If different from your home address above

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

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

EMERGENCY CONTACT DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:	
First Name		
Family Name		
Relationship		
Contact Number		

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.

How is this person is related to you?

Best contact number

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SECTION C – AVETMISS DATA REQUIREMENT includes Pre-Training Review Data (PTR)

Intelligent Training Solutions is required to collect the following information for NCVET. For more information on AVETMISS data collection please visit the NCVET website. For a quick overview on why we need to collect the following information watch the following NCVET 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 – (PTR)

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

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 – (PTR)

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
Are you a permanent Australian Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both

If yes, please specify

If yes, please specify

DISABILITY – AVETMISS 8 REQUIREMENT (PTR)

Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If NO, go to employment section

Hearing	<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"/>

If you indicated the presence of a disability, please select (tick) the area(s) in the table

Do you require special assistance because of your disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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STUDENTS WITH A DISABILITY OR CHRONIC MEDICAL CONDITION

Intelligent Training Solutions provides advice and assistance for students with accessibility and/or medical requirements. This may be a short-term condition like a broken hand, or something more permanent like a hearing or vision impairment. Students are assessed on an individual basis for appropriate support services. Support services may include alternative assessment arrangements, special equipment or assistive technology

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EMPLOYMENT STATUS – AVETMISS 8 REQUIREMENT – (PTR)

Full-time employee	<input type="checkbox"/>	Part-time employee	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Unemployed – seeking PT work	<input type="checkbox"/>	Unemployed – seeking FT work	<input type="checkbox"/>	Employed – unpaid in a family business	<input type="checkbox"/>	Unemployed – not seeking work	<input type="checkbox"/>

Of the following categories, which **best** describes your current employment status?

If unemployed, are you registered as a Jobseeker? Yes No

VICTORIAN ENROLMENTS ONLY

Manager	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Technician or Trade Worker	<input type="checkbox"/>	Labourer	<input type="checkbox"/>
Clerical & Administration Worker	<input type="checkbox"/>	Community & Personal Service Worker	<input type="checkbox"/>	Machinery Operator or Driver	<input type="checkbox"/>	Sales Worker	<input type="checkbox"/>

Of the following categories, which **best** describes your occupation?

Other _____

If yes, please specify

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	<input type="checkbox"/>
Other:	_____				

Of the following categories, which **best** describes your occupation?

SCHOOL AND EDUCATION HISTORY – AVETMISS 8 REQUIREMENT – (PTR)

Are you still attending secondary school? Yes No

Victorian Student Number (VSN) VSN: _____

If yes, then **please** provide us with your Victorian Student Number

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

If yes, please tell us which year level you are currently in or completed

PREVIOUS QUALIFICATIONS ACHIEVED – AVETMISS 8 REQUIREMENT – (PTR)

Have you **SUCCESSFULLY** completed any of the following qualifications in AUSTRALIA? Yes No

If yes, then **tick** any applicable boxes on the following page

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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"/>	Other:	

What is the FULL title of the qualification you hold?	
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REASON FOR STUDY – AVETMISS 8 REQUIREMENT – (PTR)

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:					

Of the following categories, which **best** describes your main reason for undertaking this course?

TICK ONE BOX ONLY

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

Is this course being paid for by a third party such as your employer, school, employment agency or other organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please complete the details below

Company / School / Organisation Name:			
Company ABN			
Contact Person		Phone Number	
Company Address		State / Territory	
Suburb / Town		Post Code	

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.

Email address where we can send the invoice:	
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Please supply us with the **best** email address for your employer / job agency etc...

COURSE | PROGRAM INFORMATION

Course Name:	
Date of commencement	

Please write down the name of the course you wish to be enrolled into and the intended start date.

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SECTION F – PRIVACY NOTICE AND STUDENT DECLARATION

PRIVACY NOTICE (VERSION 2) - Last Updated January 2020

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) may be used or disclosed by Intelligent Training Solutions for statistical, administrative, regulatory and research purposes. Intelligent Training Solutions 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 an 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). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>

STUDENT DECLARATION

Please read the following information carefully **BEFORE** signing, 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 Statement	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.		
Applicant's Signature			

Please return this completed enrolment form by mail or email to the following addresses.
Alternatively, deliver it in person to the I.T.S Training Centre: Building 7, 16A Keilor Park Drive, East Keilor, VIC 3033

EMAIL
TELEPHONE

enrolment@its.edu.au
1300 585 866

POST:

PO BOX 322
Riddells Creek, Victoria 3431

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ADMINISTRATION USE ONLY PRE-TRAINING REVIEW DISCUSSION AND OUTCOME

I HAVE VERIFIED & CHECKED THE FOLLOWING

The student's original Identification has been sighted by me or an ITS approved trainer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ To be completed by the administration officer entering this information into Wise.Net								
The following two forms of identification have been sighted: (NOTE: For short courses, student ID may be sighted on the day of training)	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Medicare Card</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;">Passport – Less than 2 years expired</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%;">Birth Certificate</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%;">Australian Drivers Licence - Current</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	Medicare Card	<input type="checkbox"/>	Passport – Less than 2 years expired	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Australian Drivers Licence - Current	<input type="checkbox"/>		▷ Indicate the ID verified with a tick
Medicare Card	<input type="checkbox"/>	Passport – Less than 2 years expired	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Australian Drivers Licence - Current	<input type="checkbox"/>			
The student's name and date of birth have been verified? NOTE: This can be completed via the USI	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ Please tick								
I have checked the application of this student and consider the training course to be suitable for his/her purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ Please tick								
The student has the appropriate LLN skill level for this course? (refer to Q11, 12, 13 or LLN Assessment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ Please tick								
The proposed course of study meets the applicant's learning style and, if relevant, career aspirations? (Refer to Q17)	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ Please tick								
Is the student interested in pursuing a higher-level qualification after completing this course? (Refer to course PDS, not relevant for short courses such as first aid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ Please tick								
The student has sufficient digital capability for this course (not relevant if alternative course options have been provided)	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ Please tick								
RPL / MR / Credit Transfer (DCT) has been discussed with the student (Refer to Q1, Q2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ Please tick								
All entry requirements for this course have been met	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ Please tick								

Based on the information provided within this enrolment form and other enrolment documents such as the product disclosure statement (PDS), if relevant, is the intended enrolment eligible to proceed?

YES, the enrolment is acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No	▷ Please select ONE
NO, additional information will be required as well as a meeting with the Training Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ENROLLING OFFICER SIGNATURE

Enrolling Officers Name		▷ Enrolling officer to complete this section prior to scanning or filing
Enrolling Officers Signature		
Date Processed		

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