

Enrolment Form

The following questions have been designed to ensure consistent interpretation of data collected from clients via enrolment forms. Information collected from clients is confidential and will not affect you as an individual in your studies. **All sections must be completed.**

Course ID	Course name	EQ Employee ID (if held)													
		USI Number (You must provide this to the RTO)													

Personal details														
Surname				Given name/s										
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> DMiss	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	____/____/____					
Age at 1/1/2012	<input type="checkbox"/> 15-19	<input type="checkbox"/> 20-24	<input type="checkbox"/> 25+	Proof of age evidence sighted	<input type="checkbox"/> Licence	<input type="checkbox"/> Other (please specify) _____								

Residential address (this is not to be a PO Box)													
Address													
City/Town						State		Postcode					
Mailing/postal address (if different to residential address)													
Address													
City/Town						State		Postcode					

Contact details													
Home phone				Mobile									
Email													

Your emergency contact													
Name													
Relationship		<input type="checkbox"/> Friend	<input type="checkbox"/> Guardian	<input type="checkbox"/> Parent	<input type="checkbox"/> Relation	<input type="checkbox"/> Spouse/partner							
Home phone				Mobile				Work phone					

Language and cultural diversity													
Are you of Aboriginal/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				<input type="checkbox"/> Notstated					
In which country were you born?				<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify) _____								
Do you speak a language other than English at home?				<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify) _____								
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			

Education details													
Are you still attending secondary school?				<input type="checkbox"/> Yes <input type="checkbox"/> No									
What is your highest COMPLETED school level?				<input type="checkbox"/> Completed Year 12				<input type="checkbox"/> Completed VCE					
								<input type="checkbox"/> Completed VCAL Certificate - Senior					
								<input type="checkbox"/> Completed VCAL Certificate - Intermediate					
				<input type="checkbox"/> Completed Year 11				<input type="checkbox"/> Completed Year 8 or lower					
<input type="checkbox"/> Completed Year 10				<input type="checkbox"/> Did not go to high school									
<input type="checkbox"/> Completed Year 9 or equivalent													

Employment status			
Of the following categories, which best describes your current employment status?	<input type="checkbox"/> Full time employee	<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> JSA provider _____
	<input type="checkbox"/> Part time employee	<input type="checkbox"/> Employed – unpaid worker in family business	<input type="checkbox"/> Unemployed – seeking full time work
	<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – not seeking employment	<input type="checkbox"/> Unemployed – seeking part time

Disability			
Do you consider yourself to have a disability, impairment or long-term condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify the areas of disability, impairment or long-term condition:	<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical condition
	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Other _____

Previous qualifications			
Have you successfully COMPLETED any of the following qualifications?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please tick ANY applicable boxes	<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	
	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Certificate I
	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Other _____

Study reason (tick ONE box only)			
Of the following reasons, which BEST describes your main reason for this course / traineeship / apprenticeship?	<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job	
	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job	
	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study	
	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self development	
	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other _____	

Student handbook			
The student handbook outlines the following:	<ul style="list-style-type: none"> • Student fees and charges • Refund policy • Code of conduct 	<ul style="list-style-type: none"> • Complaints procedure • Appeals procedure • Assessment guidelines 	<ul style="list-style-type: none"> • Student welfare and support services • Recognition of current competencies / prior learning
Did Maroon OEC supply you with the student information booklet or reference to it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please notify your trainer.

Australian citizenship status			
<input type="checkbox"/> Australian citizen	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Temporary resident	<input type="checkbox"/> International student

Privacy Statement

I understand that:

Under the *Data Provision Requirements 2012*, **Maroon Outdoor Education Centre (MOEC)** 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 **MOEC** for statistical, administrative, regulatory and research purposes. **MOEC** 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).

Student declaration

I declare that the information I have provided at time of enrolment is correct and accurate and understand that falsifying my information may affect my eligibility to obtain government funding.

Student signature		Date	___/___/___
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