

EDUCARE COLLEGE STUDENT ENROLMENT FORM

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|--|--|--|
| Do you consider yourself to have a disability, impairment or long-term condition? | <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Please select the area(s) that is applicable, you may refer to Annexure 1)</i> <input type="checkbox"/> <i>Hearing / Deaf (11)</i> <input type="checkbox"/> <i>Learning (14)</i> <input type="checkbox"/> <i>Vision (17)</i> <input type="checkbox"/> <i>Physical (12)</i> <input type="checkbox"/> <i>Mental Illness (15)</i> <input type="checkbox"/> <i>Medical Condition (18)</i> <input type="checkbox"/> <i>Intellectual (13)</i> <input type="checkbox"/> <i>Acquired brain impairment (16)</i> <input type="checkbox"/> <i>Other (19)</i> | |
| Identification Provided: <i>(Please provide a colour copy)</i> | <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medicare Card <input type="checkbox"/> Passport <input type="checkbox"/> Australian Citizen Certificate <input type="checkbox"/> Immicard No: _____ | |
| Do you currently hold a health care/pensioner concession card? | <input type="checkbox"/> Yes – <i>please provide us with a coloured copy</i> <input type="checkbox"/> NO | |
| EMPLOYMENT INFORMATION: | | |
| Are you currently? | <input type="checkbox"/> Full time employee <input type="checkbox"/> Casual employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self-employed, not employing others <input type="checkbox"/> Unemployed – <i>seeking full time work</i> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed – <i>seeking part time work</i> <input type="checkbox"/> Employed – unpaid worker <input type="checkbox"/> Unemployed – <i>not seeking work</i> <input type="checkbox"/> Other: _____ | |
| EDUCATION & TRAINING INFORMATON: | | |
| Are you still attending school? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>In which YEAR did you complete secondary school?</i> _____ | What was the highest level of education completed? <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/> None |
| Have you COMPLETED any previous study? | <input type="checkbox"/> No <input type="checkbox"/> Yes - Please indicate below: <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma <input type="checkbox"/> Adv. Diploma <input type="checkbox"/> Bachelor Name of Qualification/s Completed: _____ | |

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| Do you currently have a Unique Student Identifier (USI) No.? | <input type="checkbox"/> Yes - USI No. is <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| and I hereby authorise Educare College to verify my USI. | |
| <input type="checkbox"/> No - <i>You can apply for a USI by visiting - https://www.usi.gov.au/students/create-usi or fill out the USI creation authorisation form below for Educare College to apply on your behalf</i> | |

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

If you would like **Educare College** 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 _____ authorise Educare College 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.

STUDY REASON:

| | | |
|---|---|--|
| Which best describes your reason for under-taking this course. | <input type="checkbox"/> To get a job | <input type="checkbox"/> Personal interest |
| | <input type="checkbox"/> To develop my existing skills | <input type="checkbox"/> For self-development |
| | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> To change career path |
| | <input type="checkbox"/> To get a better job/promotion | <input type="checkbox"/> Other _____ |
| Are you applying for any Credit Transfer/s or Recognition of Prior Learning (RPL)? | Credit Transfer/s: for previously completed study. <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Please provide a copy of your certified transcript / certificate.</i> | Recognition of Prior Learning <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>an RPL application form with instructions will be sent to you upon completion of enrolment.</i> |
| How did you hear about this course? | <input type="checkbox"/> Internet Search / Google <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> My Skills Website <input type="checkbox"/> My Employer <input type="checkbox"/> Friend Referral <input type="checkbox"/> Referred by Employer Service Provider <input type="checkbox"/> Other – <i>please specify:</i> _____ | |

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STUDENT AGREEMENT

By accepting these Terms and Conditions, I agree that:

ENROLMENT

- I confirm that I am over 18 years of age or have provided parental/guardian consent to undertake training with Educare College.
- I understand that my Enrolment with Educare College for the qualification nominated will only be completed when this Enrolment Form and Student Agreement have been received and accepted, and the Enrolment Fee payment has been *received*, by Educare College.
- I declare that advise has been provided to me concerning expectations and rules regarding Queensland Government Funded training programs offered by Educare College.
- I acknowledge that I may no longer be eligible for Government subsidised training once I have completed the qualification.
- I declare that I am committed to the commencement and completion of the course stipulated in my Enrolment Form. I also understand that it is an unlawful offence to provide misleading or false information and confirm that, to the best of my knowledge, the information and supporting evidence supplied to Educare College by me is true and correct. I also acknowledge that if I do not provide the information and/or evidence required by Educare College, they may not be able to process my enrolment into my nominated unit(s)/course.

STUDENT HANDBOOK AND PRIVACY POLICY

- I hereby confirm that I have received a copy of Educare Colleges Student Handbook with the Student Enrolment Form. I agree that as a student of Educare College I will conduct myself in accordance with the requirements set out in the Colleges Student Handbook and, any relevant policies advised to me by Educare College, and I understand that should I breach any of these obligations I may be immediately withdrawn from my nominated course by Educare College.
- I hereby consent for Educare College provides reports relating to my attendance and progress throughout my nominated course to all relevant authorities, as well as other relevant Third Parties, who may be required to review my assessments and results.
- I understand that Educare College needs to collect personal and sometimes sensitive information about me for the purposes of processing my enrolment application into my nominated unit(s)/course(s) and, managing my participation throughout the duration of my course. I also understand that Educare College must provide this information, and other data collected, to relevant Third Parties as required, in addition to the Department of Employment, Small Business & Training and ASQA, by providing detailed reports relating to my studies and course fee payments, to relevant authorities and applicable third parties as required.
- I agree that Educare College may communicate with me via a range of methods, including by phone, mail, and email for the purpose of providing the training and assessment services, for which I am enrolling.
- I understand that I have the right to access any personal information which Educare College holds in reference to me, subject to exceptions in relevant privacy legislation.
- I understand that I can obtain further information about Educare Colleges privacy policy at any time.

All details provided by me in this form are **true** and **correct**.

I agree to notify Educare College **immediately in writing** if there are any changes to the details, I have provided within the Student Enrolment Form. I confirm that I have **read, understood and agree** with the above statements and conditions of enrolment.

| | | |
|---|--|------------------|
| Student's Name: | | Dated: / / |
| Student's Signature: | | |
| Parent/Guardian's Name: <i>(If under 18 years old)</i> | | Dated: / / |
| Parent/Guardian's Signature: <i>(If under 18 years old)</i> | | |

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Annexure 1 - 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.

'11 — 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.

'12 — 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.

'13 — 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.

'14 — 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.

'15 — 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.

'16 — 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.

'17 — 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.

'18 — 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.

'19 — 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.

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OFFICE USE ONLY:

| ELIGIBILITY CHECKS | | | |
|---|-----------------|--|--|
| Document Sighted | Document Number | Document Sighted | Document Number |
| Birth Certificate | | Concession Card Number | |
| Passport | | VISA Number: <i>(if applicable)</i> | |
| Drivers Licence | | Citizenship & Residency requirements satisfied | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medicare Card | | Age eligibility requirements satisfied | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commonwealth 'USI' | | Other Form of ID provided | |
| <input type="checkbox"/> Original document/evidence sighted, verified, copied and placed in Student's File <input type="checkbox"/> Certified copy of document/evidence received and placed in Student's File <input type="checkbox"/> Eligibility to receive Commonwealth/State funding verified and approved. | | | |

Verified by: _____

Signature: _____ Date: ____ / ____ / ____