



Queensland School Student Enrolment Form

Information contained in this document is utilised in accordance with Smartskill Pty Ltd Privacy Policy

Please complete the following form in full and return.

If you have any questions please contact Administration on admin@smartskill.com.au or 1300 650 378

Post: PO Box 6337, YATALA DC. 4207
 Email: admin@smartskill.com.au
 Fax: 3807 9010

Section 1 – Personal Details (Please choose by placing an X in the boxes that apply to you)

Surname:			
Given Names:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:
Mobile number:		School Email Address:	
	Required for post schooling contact	*Personal Email Address:	

Section 2 – Identification

Have you completed a Course with Smartskill Pty Ltd previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
Previous Course Name		

Unique Student Identifier USI and Learner Unique Identifier

Smartskill Pty Ltd is required by law to verify your **USI and LUI number** before we can issue certification.

Do you have a USI?	<input type="checkbox"/> Yes	Your USI No.											
Obtaining your USI	<input type="checkbox"/> I authorise Smartskill Pty Ltd to obtain a USI on my behalf. I have attached one form of ID.												
Do you have a LUI?	<input type="checkbox"/> Yes	Your LUI No.											

Provide at least TWO forms of Identification (e.g. Drivers Licence, Medicare Card, Australian Passport, Birth Certificate)
(Administration Staff will need to copy your ID front and back for Medicare and Drivers Licence)

ID Type:	1.	2.
ID Number:		
ID copied		
ID Type:	3.	4.
ID Number:		
ID copied		

Section 3 – Qualification / Course Details

I wish to enrol in the following course:

Qualification / Course Name:			
Delivery Mode & Commencement :	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Online <input type="checkbox"/> Apprenticeship / Traineeship <input type="checkbox"/> Workplace – Based <input type="checkbox"/> School – Based <input type="checkbox"/> Assessment Only (RPL)	Date:	
		Time:	
		Location:	

Section 4 – Contact Details

Personal Contacts

Phone: (Home)		Mobile:	
Email:			
Street Address:			
Address:			
Suburb:		State:	
		Postcode:	
Postal Address: (Complete if different from street address)			
Address:			
Suburb:		State:	
		Postcode:	
Next of Kin :			
Name:		Relationship:	
Contact Tel :		Mobile No:	

Section 5 - Payment

Fee Type :	<input type="checkbox"/> Fee For Service (FFS) <i>Note: An Invoice will be sent to the School for the collection of FFS fees</i>	<input type="checkbox"/> Government Subsidy / Concession: Type : VETis
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Section 6 – Personal Information

A. Employment Status (Please choose by placing an X in the boxes that apply to you)

<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in Family Business
<input type="checkbox"/>	Part-Time Employee	<input type="checkbox"/>	Unemployed – Seeking Full-Time Work
<input type="checkbox"/>	Self-Employed (Not Employing Others)	<input type="checkbox"/>	Unemployed – Seeking Part-Time Work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not Employed – Not Seeking Employment

B. Education (Please choose by placing an X in the boxes that apply to you)				
What is your highest level of education COMPLETED?			When was it completed? :	
<input type="checkbox"/>	Did not go to school		<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below		<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent		<input type="checkbox"/>	Completed Year 12 or Equivalent
Year / Month Completed :	/	School:		
C. Training (Please choose by placing an X in the boxes that apply to you)				
Have you completed any other courses / qualifications? (Specify Below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualification Level	Discipline /Subject Area		Qualification Level	Discipline /Subject Area
<input type="checkbox"/>	Certificate I		<input type="checkbox"/>	Diploma/Adv Diploma
<input type="checkbox"/>	Certificate II		<input type="checkbox"/>	Bachelor
<input type="checkbox"/>	Certificate III		<input type="checkbox"/>	Post Grad
<input type="checkbox"/>	Certificate IV		<input type="checkbox"/>	Masters/Doctorate
D. Reason for Study (Please choose by placing an X in the boxes that apply to you)				
Which of the following statements best describes your reason for enrolling in this course?	<input type="checkbox"/> To gain a qualification <input type="checkbox"/> Personal Interest <input type="checkbox"/> To get a job <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> Requirement of my job		<input type="checkbox"/> To start my own business <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try another career <input type="checkbox"/> Meet CPD / license / vocational requirements <input type="checkbox"/> Other: (Please identify)	
E. Language and Literacy (Please choose by placing X in the boxes that apply to you)				
What is your country of Birth?				
Is English your first language?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, what language do you usually speak?				
How well do you speak English?			<input type="checkbox"/> Very Well	<input type="checkbox"/> Minimal
			<input type="checkbox"/> Well	<input type="checkbox"/> Not at all
F. Disability Status (Please choose by placing an X in the boxes that apply to you)				
Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Disability, Impairment or Long-Term Condition:				
<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Physical		<input type="checkbox"/> Medical Condition	
<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual		<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Learning		<input type="checkbox"/> Not Specified	
<input type="checkbox"/> Other :				
Do you need any additional support?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specify support required :	
G. Indigenous Status (Please choose by placing an X in the boxes that apply to you)	
<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander
<input type="checkbox"/> No, Neither Aboriginal or Torres Strait Islander	
Section 7 – Client Enrolment and Policy acceptance Declaration	
<p>I, _____, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Smartskill Pty Ltd to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information. I have approved that assistance may have been given in the completion of this enrolment form by a staff member from Smartskill Pty Ltd.</p>	
I declare that I have read, understood and agree with the following:	Initial
All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.	
<p>VET DATA</p> <p>Under the Data Provision Requirements 2012 and National VET Data Policy (which includes the National VET Provider Collection Data Requirements Policy), Registered Training Organisations are required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Recognised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER), and may be used and disclosed for the a number of purposes. 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).</p>	
<p>PRIVACY</p> <p>The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website or contact the Director Smartskill Pty Ltd.</p>	
<p>PHOTOGRAPHIC CONSENT</p> <p>I, the undersigned person agree to and provide permission for the photographic, video, audio or any other form of electronic recording of me to be collected by Smartskill Pty Ltd. I authorise the use or reproduction of any image/recording referred to above for the purposes of assessment evidence or publishing materials related to the activities, programs without acknowledgment and without being entitled to remuneration or compensation. The image/recording may appear in print, electronic, or video media, and may be available to a global audience through the internet.</p>	



REFUND POLICY Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit our website www.smartskill.com.au or contact us.		
QCAA LEARNER ACCOUNT ACCESS I, the undersigned person give permission for the Smartskill Schools Coordinator to access my QCAA Learner Account to check on previous Vocational Education programs that I may have completed at School or with another Registered Training Organisation.		
Client Name:		
Client Signature:		Date: / /
Smartskill Staff Name:		
Smartskill Signature:		Date: / /