

DOMESTIC STUDENT ENROLMENT FORM

USI Number

Type of Course (Please specify the course you want to undertake)

Certificate II Certificate III Certificate IV
 Diploma Advanced Diploma

Qualification Name

Qualification Code

Any other unit of competency

Title (Please tick ONE box only)

Mr Miss Mrs Ms

Other (Please specify)

First Name

Last Name

Gender (Please tick ONE box only) Male Female

Date of birth (DD/MM/YYYY)

Address details (Current residential address)

Building/Property name

Flat/Unit number Street number

Street name

Suburb

State / Territory

Post Code

Postal Address (leave blank if same as previous)

PO Box or Roadside Delivery Box

Suburb

State / Territory Post Code

Home Work

Mobile

Email

Employer Details

If you do not live in South Australia, do you work in South Australia? If YES

Employer name

Address

Suburb

Post Code

Email

Emergency contact

Name

Relationship to enrollee

Address

Suburb Post Code

Phone

Part A: Eligibility

1. Residency details *(Attach copy of proof of identity)*

In which country were you born?

- Australia
- Other *(Please specify)*

Resident Type

- Australian Citizen
- Permanent Australian resident
- New Zealand citizen living in South Australia
- Visa type - check (Go to 2)

2. Visa type *(if applicable)*

- Skilled – Regional Sponsored**
Visa, subclass 475 and subclass 487
- Skilled – Regional (Provisional)**
Visa, subclass 489
- Skilled Independent – Regional (Provisional)**
Visa, subclass 495
- Business Owner/ Senior Executive/ Investor (Provisional)**
Visa, subclass 160, 161 and 162
- State/Territory Sponsored Business Owner, Senior Executive or Investor (provisional)
Visa, subclass 163, 164 and 165
- Business Innovation and Investment (Provisional)
Visa, subclass 188

3. Are you currently enrolled in secondary school?

- Yes No (Go to 4)

If yes which of the following applies:

SACE Number

School ID Number

- School Based Apprenticeship, Training contract
- Training Guarantee for SACE Students
- Exemption from attending school
- FLO Student

4. Highest level of education

Have you SUCCESSFULLY completed any of the following qualifications? If yes tick any applicable boxes below

- Bachelor Degree or Higher Degree level
- Advanced Diploma or Associate Degree level
- Diploma or Associate Diploma
- Certificate IV (or Advanced Certificate/ Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificates other than the above
- No post school qualifications

5. Are you registered with Centrelink for these allowances

- Yes No (Go to 6)
- Newstart allowance
- Youth allowance
- Age pension
- Disability support pension
- Parenting payment (single)
- Parenting payment (partnered)

6. Concession

Do you hold any of the following concession cards?

- Health Care Card
- Pensioners Concession Card
- Veterans Affairs Concession Card
- None

(Attach copy of Centrelink concession card with declaration required.)

7. Please state: Centrelink customer reference number (CRN)

8. Centrelink benefit expiry date

Part B: Demographic - Mandatory information for AVETMISS reporting

All of these questions must be answered by the student

9. Schooling

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

- | | |
|--|--|
| <input type="checkbox"/> 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 |

In which YEAR did you complete that school level?

10. Employment Information

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

- | | |
|--|---|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Employer |
| <input type="checkbox"/> not employing others | |
| <input type="checkbox"/> Employed - unpaid worker in a family business | |
| <input type="checkbox"/> Unemployed – | <input type="checkbox"/> Unemployed – |
| <input type="checkbox"/> seeking full-time work | <input type="checkbox"/> seeking part-time work |
| <input type="checkbox"/> Not employed – not seeking employment | |

11. What is your job title?

12. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

- | | |
|---|---|
| <input type="checkbox"/> No, English only | <input type="checkbox"/> Yes, if yes Please specify |
|---|---|

13. 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 |

14. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal AND Torres Strait Islander origin, mark both boxes 'Yes!')

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Aboriginal |
| <input type="checkbox"/> Yes, Torres Strait Islander | |

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

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, then please indicate the area(s) of disability, impairment, or long-term condition. (You may indicate more than one area.)

- | | |
|---|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Other (Please specify) | <input type="text"/> |

16. Your major reason for study (Tick ONE box only)

- | | |
|--|--|
| <input type="checkbox"/> 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 | |

Other reasons

Note for student: You will find all pre-enrollment information on our website as well as student handbook. You will be offered a letter of offer based on the assessment of this application which will list all terms and conditions of enrolment as well as detailed fees associated as per the course you apply for (information also available on website under skills for all). You will be required to sign an acceptance letter before the enrolment is finalised. You can discuss your mode of training as well as training plans with the trainer at any time before enrolment in the course over the phone or at the college or at the time of acceptance of offer.

Eligibility Procedure

Training Contract

- Not enrolled at school may be under 16
- Approved Training Contract
- Course nominated same as Training Contract
- Approved on VETA

School based

- Enrolled at school & may be under 16
- Approved Training Contract school based

TGSS

- VET within SACE
- 16 years or older
- TGSS approved course.
- Form A received
- Form B received

Flo Student

- ICAN case Manager

Salford College

- Letter of Offer
- Acceptance
- LLN

Student Declaration

First Name

Surname

Privacy Notice

Salford College will collect and use your personal information for the purpose of, if applicable, aspects of enrolment, administration and delivery of the approved course that we are required by law to collect, use and/ or disclose to Government agencies or others authorized or required by law. Salford College may also disclose your personal information to the relevant Commonwealth or State Government authorities, for the purpose of informing them that you have enrolled in an approved course, of your completion, non-completion or withdrawal from an approved course, monitoring the service given by us to you and your satisfaction with our training.

Authorisation and Acknowledgement

I hereby authorise Salford College to:

Use the information provided for statistical, research, programs evaluation and internal management purposes

- Release information concerning my training record to any relevant government department, to traineeship authorities and my employer if I am undertaking traineeship studies.
- Permission given to Salford College to use any photographic images for use in its marketing campaigns while maintaining confidentiality of my personal information.
- Have access to the information contained in my Training Contract and Salford College enrolment form. I understand that Salford College will ensure the confidentiality of the information provided.

Salford College representative has also supplied and explained the content of the employer and Trainee Information handbook for the purpose of commencing training, and enhancing my learning experience.

I have read and understand the Privacy Notice, code of practice and Authorization as explained above. I declare that to the best of my knowledge and belief, that the information on this form is correct and complete.

I have received and read the content of pre-enrolment information.

Signature

(If student is under 18, parent or legal guardian must sign this form for student)

Date

Document Checklist

Photo ID (should be as current as last 2 years)

Passport, Drivers Licenses, School ID card, proof of age card (issued by services SA)

Any previous academic documents

Centrelink card (if registered)