

FT20 ENROLMENT FORM



COURSE DETAILS	
Course Code:	Course Name:
FUNDING TYPE	
<input type="checkbox"/> N.S.W Smart & Skilled <input type="checkbox"/> A.C.T Skilled Capital <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Traineeship <input type="checkbox"/> Fee for Service	
UNIQUE STUDENT IDENTIFIER (USI) - <i>This MUST be provided to complete the enrolment process</i>	
Do you have a USI: Yes: <input type="checkbox"/> _____ No: <input type="checkbox"/> Student to register at www.usi.gov.au	
Do you give permission for OCTEC Limited to Create a USI on your behalf / View and/or Update your information, in accordance with the Privacy Statement overleaf? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
IDENTIFICATION DETAILS	
Identification Provided: (Original must be sighted and a copy attached)	<input type="checkbox"/> Drivers Licence (Australian) <input type="checkbox"/> Green Medicare Card (Current / Australian) <input type="checkbox"/> Australian Passport (current) <input type="checkbox"/> Australian Birth Certificate <input type="checkbox"/> Certificate of Registration by Descent (NSW) <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> Visa (Australian entry) <input type="checkbox"/> Immi Card <input type="checkbox"/> NewStart Card (ACT) <input type="checkbox"/> Proof of Age Card (ACT)
PERSONAL DETAILS (ALL ARE REQUIRED FIELDS) Important – the details given MUST MATCH details of the ID provided	
SURNAME: _____ FIRST NAME: _____ MIDDLE: _____	
Title: Mr / Mrs / Miss / Ms Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified Date of Birth: ____/____/____	
Residential Address: No./Street: _____	
Suburb/Town: _____ State: _____ Postcode: _____	
Postal Address : No./ Street / PO Box: _____	
As Above <input type="checkbox"/> Suburb/Town: _____ State: _____ Postcode: _____	
Home Ph: _____ Work Ph: _____ Mobile Ph: _____	
Email: _____ (At least 1 Phone and Email required)	
Alternative Email: _____	
RESIDENCY STATUS	
Are you of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you of Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Town / City of Birth: _____ If 'No', in which country? _____	
Are you an - <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident: <input type="checkbox"/> Humanitarian Refugee <input type="checkbox"/> New Zealand passport holder residing in Australia for more than 6 months	
LANGUAGE	
Which language do you mainly speak at home? <input type="checkbox"/> English <input type="checkbox"/> Other 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 <input type="checkbox"/> Not stated	

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EDUCATION

Are you still attending secondary school? Yes No

What is your highest COMPLETED school level? Year 12 Year 11 Year 10 Never attended school
 Year 9 Year 8 or lower

Since leaving school have you completed any qualifications? Yes No If 'Yes', please tick any you have completed.

- Certificate I Certificate II Certificate III Certificate IV Diploma Level
 Advanced Diploma or Associate Degree Level Bachelor Degree or Higher Degree Level Other / Miscellaneous

RECOGNITION OF PRIOR LEARNING (RPL) OR CREDIT TRANSFER

If you have prior experience or have studied similar units of this course in the past, you can apply for an exemption from a unit(s) or part of the course via an RPL assessment of credit transfer process.

Would you like to apply for RPL or Credit Transfer? Yes (if yes please complete FT18) No

DISABILITY

Do you consider yourself to have a disability, impairment or long term condition? Yes No

Please select by placing a tick in one or more of the following boxes:

- Hearing/Deaf Physical Intellectual Vision
 Learning Mental Illness Acquired brain impairment Medical condition

Other please specify: _____

Do you require special assistance because of the disability? Yes No

Please specify: _____

EMPLOYMENT

Of the following categories, which best describes your current employment status? (Please tick one only.)

- Full time employee Part time employee Self-employed – not employing others
 Employer Employed – unpaid family worker Unemployed – seeking full time work
 Unemployed – seeking part time work Not employed – not seeking employment

STUDY REASON

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

- To get a job To start my own business It was a requirement of my job
 To develop my existing business To get a better job or promotion I wanted extra skills for my job
 To try for a different career To get into another course of study For personal interest or self-development
 For other reasons

CONCESSION (Traineeship or Funded training only)

Are you dependent upon a person who holds, or do you hold any of the following concessions? (Please attach evidence)

- No, not applicable Pensioner Concession Card Health Care Card
 Repatriation Health Benefits Card issued by the department of Veterans Affairs Other, please specify

Are you dependent upon a person receiving, or do you receive any of the following allowances? (Please attach evidence)

- No, not applicable AUSTUDY or ABSTUDY Youth Allowance Jobseeker Payment
 Disability Support Pension Mature Age Allowance Other, please specify

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N.S.W SMART AND SKILLED ELIGIBILITY		
Are you 15 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live or work in NSW?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you undertaken any other Smart & Skilled qualification this calendar year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously or are you currently in out of home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you living in or on a waiting list for Social Housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a dependent of someone on the list for Social Housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously or are you currently experiencing domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If unemployed, how many weeks have you been unemployed continuously? (Please provide evidence) _____		
Are you a client of an Employment Service Provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your Job Seeker ID (JSID) name _____		
ESP Organisation _____		
STUDENT DECLARATION		
<input type="checkbox"/> I have been provided with Pre-enrolment Information and the Learner Handbook including relevant policies and procedures, and my rights and obligations prior to my enrolment. www.octec.org.au		
<input type="checkbox"/> I am an Australian Citizen / Australian Permanent Resident or on a Visa that allows study in Australia with a domestic training provider.		
<input type="checkbox"/> I give OCTEC Ltd permission for any photos/ videos of me to be taken during training to be used in marketing materials including social media <input type="checkbox"/> Yes <input type="checkbox"/> No OR, <input type="checkbox"/> for evidence of Training only <input type="checkbox"/> Yes <input type="checkbox"/> No The only exception being for auditing purposes.		
<input type="checkbox"/> I give OCTEC Ltd permission to retain a copy of my student photo identification for the purpose of authentication. Note your photo identification will not be provided to any other party, unless for auditing purposes.		
<input type="checkbox"/> I understand that the information I have provided will be used by OCTEC Ltd, the Department of Industry and the Australian Skills Quality Authority (ASQA) for the purposes of audit, verification, research, statistical analysis, program evaluation, post completion surveys and internal management purposes		
<input type="checkbox"/> I understand that OCTEC Ltd is required to assess any information I have provided to determine if a Recognition of Prior Learning process is available to me as a student in order to maximise the outcomes of my learning and assessment progress.		
<input type="checkbox"/> Where applicable, I consent to OCTEC Ltd to report my attendance &/or course progression to my Employer/ Job Active Provider. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> I have read and completed the consent to use and the disclosure of personal information.		
<input type="checkbox"/> I understand and agree to comply with fees and charges according to OCTEC Ltd Policies and Procedures and that my certificate will not be issued if there are any fees outstanding.		
<input type="checkbox"/> I give permission to OCTEC Ltd to provide my Employer/ ESP with copies of my Certificate/ Transcript or Statement of Attainment. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> I declare that I have received, signed and understood the following: <ul style="list-style-type: none"> • Learner Handbook • Student Identifiers Registrar Privacy Notice • USI Privacy Notice • National VET Data Privacy Notice • Consent to Use and Disclosure of Personal Information and the information provided is true, accurate, complete and not misleading in any way. Signature: _____ Date: ____/____/____		
Note: If under 18 years of age at the time of enrolment, then the consent of a guardian is required		
Print Full Name Of Guardian: _____		
Signature Of Guardian: _____ Date: ____/____/____		