

ENROLMENT FORM

Please PRINT Clearly

First Name: _____ Last Name: _____

Residential Address: _____

Suburb: _____ Postcode: _____ Gender: Male Female

Date of Birth: ____ / ____ / ____ Telephone No: _____ or _____

Birth Country: Australia Other (specify): _____

Email Address: (Only used for contact between you and PTEP) _____

Victorian Student Number: _____

Emergency Contact

Name: _____ Relationship: _____

Contact Number: _____ Mobile Number: _____

Course Name/Code: _____

Where did you hear about this course? _____

Course funded by Self or Other (specify): _____

Concession Card Holder? No Yes: (CRN Number) _____

Do you speak a language other than English at home?

No, English only Yes, Other (please specify): _____

How well do you speak English?

Very Well Well Not Well Not at all

Are you of Aboriginal or Torres Strait Islander origin?

No Yes (specify): Aboriginal Torres Strait Islander

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

No Yes (specify):

Hearing/Deaf Acquired Brain Impairment Medical Condition Vision

Intellectual Physical Learning Mental Illness

Other: _____

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

Year 12 Year 11 Year 10 Year 9 or Equivalent Year 8 or Lower

Did not go to high school

Are you still attending secondary school? Yes No: **What YEAR completed above school level?** _____

Please continue onto next page ▶

ENROLMENT FORM (CONTINUED)

Tick **ONE** employment category that best describes you:

- | | |
|--|---|
| <input type="checkbox"/> Full-Time Employee | <input type="checkbox"/> Part-Time Employee |
| <input type="checkbox"/> Employed (unpaid in family business) | <input type="checkbox"/> Self-Employed (not employing others) |
| <input type="checkbox"/> Unemployed (seeking part-time work) | <input type="checkbox"/> Unemployed (seeking full-time work) |
| <input type="checkbox"/> Not Employed (not seeking employment) | <input type="checkbox"/> Employer |

Tick **ANY** qualifications you have successfully completed:

- | | |
|---|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Advanced Diploma or Associate Degree |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate IV (or Advanced Certificate) |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | |
| <input type="checkbox"/> Other Certificate: _____ | |

Why do you want to do this course? (Tick **ANY** relevant reason)

- | | | |
|--|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To try a different career | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It is a requirement of my job |
| <input type="checkbox"/> To get into another course or study | <input type="checkbox"/> For personal interest or self development | |
| <input type="checkbox"/> I wanted extra skills for my job | | |
| <input type="checkbox"/> Other reasons: _____ | | |

Privacy Statement / Declaration

I understand that:

Peninsula Training and Employment Program Inc (PTEP) is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data).

Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires PTEP inc. to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact PTEP's Privacy Officer on phone 03 5986 4623 or email admin@ptep.com.au

I declare that the information provided to the RTO in application for study, including evidence to confirm my date of birth, is to the best of my knowledge true, correct and complete at the time of my enrolment/application.

I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/enrolment form may result in the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of my Registered Training Organisation.

I understand that it is my responsibility to provide all relevant and required documentation.

I authorise my Registered Training Organisation to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for the Victoria Training Guarantee.

I declare that I am an Australian Citizen; or a holder of a permanent visa; or a holder of a Special Category Visa (sub-class 444, New Zealand); or and East Timorese Asylum Seeker; or a holder of a Temporary Protection Visa; or a holder of a referral form from the Australian Red Cross confirming me as a "Victim of Human Trafficking".

I declare that to the best of my knowledge and after consultation with my Registered Training Organisation that I meet the Victoria Training Guarantee eligibility criteria.



Signature: _____

Date: ____ / ____ / ____

As the parent/guardian of the application identified above, I confirm that all information provided to confirm eligibility for government subsidised training is to the best of my knowledge true, correct and accurate.

Parent/Guardian's Name: _____

Signature: _____

Date: ____ / ____ / ____

Contact Details: _____