

Please **FILL OUT IN BLOCK LETTERS** and check and complete all details and then sign the declaration on page 5

WHAT COURSE ARE YOU ENROLLING IN?

Automotive Cisco Engineering Information Technology

PERSONAL DETAILS

Title (Mr, Mrs, Miss, Ms, etc) _____ Surname _____
 Given names _____ Previous name _____
 Date of birth ____/____/____ Gender Male Female

USUAL RESIDENTIAL ADDRESS & TELEPHONE

Number & Street _____ Suburb _____ Postcode _____
 Phone: Home _____ Work _____ Mobile _____
 Email _____

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL)

Number & Street _____ Suburb _____ Postcode _____

EMERGENCY DETAILS OR NEXT OF KIN

Contact _____ Phone _____
 Relationship _____ Mobile _____

REASON FOR STUDY?

1. Of the following categories which best describes your main reason for undertaking this course? (Tick ONE box only)

- | | |
|---|--|
| <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 for a different career |
| <input type="checkbox"/> To get a better job/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"/> Other | <input type="checkbox"/> For my personal interest or development |

HOW DID YOU HEAR ABOUT THE COURSE

1. How did you hear about this course? (Tick more than one if applicable)

- | | | | |
|------------------------------------|--|---------------------------------|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Our website | <input type="checkbox"/> Online | <input type="checkbox"/> School e.g. Career/Course Advisor |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Other | |



Course Enrolment Form - RT Ringwood Training

RINGWOOD TRAINING
REAL TRAINING | REAL RESULTS

LANGUAGE AND CULTURAL DIVERSITY

- In which country were you born? Australia Other, please specify _____
- Are you an Australian citizen Yes No
- Are you a permanent Australian resident Yes No
- Do you speak a language other than English at home? Yes No

If yes please specify _____

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

- How well do you speak English? Very well Well Not well Not at all
- How well do you understand written English? Very well Well Not well Not at all
- How well do you write in English? Very well Well Not well Not at all
- Are you of Aboriginal or Torres Strait Islander origin? Yes No
If yes, please tick relevant box Aboriginal Torres Strait Islander Both
- Are you an overseas fee paying student? Yes No

DISABILITY/MEDICAL CONDITION

In order to provide appropriate support services we invite you to give us information about any disability you have.

- Do you consider yourself to have a disability, impairment or long-term condition? Yes No
- If YES, then please indicate the area of disability, impairment or long term condition:

(You may indicate more than one area)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Learning | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Other |
- If YES, do you require special assistance? Yes No

SCHOOLING

- What is your highest COMPLETED school level? (Tick ONE box only)
 Completed Year 12 (12) Completed Year 11 (11) Completed Year 10 (10)
 Completed Year 9 or equivalent (09) Completed Year 8 or below (08) Did not go to school (02)
- Which **YEAR** did you complete your highest school level? (Eg: 2015) Year: _____ School: _____
- Are you still attending secondary school? Yes No

PREVIOUS QUALIFICATIONS ACHIEVED

- Have you successfully completed any of the following qualifications? Yes No
- If yes, please select which qualifications you have completed from the list below
 Bachelor Degree or Higher Degree (008) Certificate III (or Trade Certificate) (514)
 Advanced Diploma or Associate Degree (410) Certificate II (521)
 Diploma (or Associate Diploma) (420) Certificate I (524)
 Certificate IV (or Advanced Certificate/Technician) (511) Certificates other than those listed (990)
- If yes, please select type of qualification from the list below
 Australian Australian Equivalent International

EMPLOYMENT

- 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 (not employing others)	<input type="checkbox"/> Employer
<input type="checkbox"/> Employed (unpaid worker in family business)	<input type="checkbox"/> Unemployed (seeking full-time work)
<input type="checkbox"/> Unemployed (seeking part-time work)	<input type="checkbox"/> Not employed (not seeking employment)
- If employed, which of the following classifications BEST describes your current or recent occupation (Tick ONE box only)

<input type="checkbox"/> Agriculture, Forestry & Fishing	<input type="checkbox"/> Mining	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Electricity, Gas Water & Waste Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Transport, Postal and Warehousing
<input type="checkbox"/> Information Media & Telecommunications	<input type="checkbox"/> Financial and Insurance Services	<input type="checkbox"/> Rental, Hiring and Real Estate Services
<input type="checkbox"/> Professional, Scientific and Tech Services	<input type="checkbox"/> Administrative & Support Services	<input type="checkbox"/> Public Administration and Safety
<input type="checkbox"/> Education and Training	<input type="checkbox"/> Health Care and Social Assistance	<input type="checkbox"/> Arts and Recreation Services
<input type="checkbox"/> Other Services		
- If employed, which of the following classifications BEST describes the Industry of your current or previous Employer?

<input type="checkbox"/> Manager	<input type="checkbox"/> Technicians & Trade Workers	<input type="checkbox"/> Community & Personal Service Workers
<input type="checkbox"/> Clerical & Administrative Workers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Machinery Operators & Drivers
<input type="checkbox"/> Professionals	<input type="checkbox"/> Labourers	<input type="checkbox"/> Other

VICTORIAN STUDENT NUMBER, UNIQUE STUDENT IDENTIFIER (USI)

- Do you have a Unique Student Identifier?** Yes Provide number

Go to Concession section if provided USI number
- Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) Registered Training Organisation or Adult & Community Education provider in Victoria since 2011?**

No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011

Yes – I have attended a Victorian school since 2009: Most recent Victorian school attended _____ **and/or**

Yes – I have participated in training at a TAFE or other training organization since the beginning of 2011
List the most recent training organisations with which you have participated in training in Victoria since 2011
(List up to 3 training organisations) _____
- Do you have a Victorian Student Number Yes Yes (but the VSN is unknown) No
- If yes, please specify** _____

CONCESSION

- Are you dependent upon a person who holds, or do you hold any of the following concessions **(Note: original must be sighted)**

No not applicable Pensioner Concession Card Health Care Card

Repatriation Health Benefits Card issued by the Department of Veterans' Affairs
- Are you dependent upon a person in receipt of, or do you receive any of the following allowances?

No not applicable Pensioner Concession Card Health Care Card



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RECOGNITION OF PRIOR LEARNING (RPL) OR CREDIT TRANSFER

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

Would you like to apply for RPL or Credit Transfer? Yes No

REFUND POLICY

Withdrawing from course

Any student wishing to withdraw from a training program must notify Ringwood Training in writing. Refunds will be granted as follows:

Before commencement of training	After commencement of training
deposit less \$100 will be refunded	No refund

APPRENTICESHIPS & TRAINEESHIPS COMPLETE THIS SECTION

1. Apprenticeship Centre

Name of the Australian Apprenticeship Centre that signed you up for this Apprenticeship or Traineeship?

Apps Matter MEGT Other please state: _____

2. Employer Name & Address Details

Employer Business Name: _____ ABN: _____

Employer Contact Name: _____ Position: _____

Employer Address: _____

3. Employer contact details

Work Phone: _____ Fax: _____ Mobile: _____

Email: _____ Student employment start date: ____/____/____

PRIVACY STATEMENT

Ringwood Training (RT) is required to provide the Department with student and training activity data. This includes personal information collected in the Ringwood Training enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). Ringwood Training provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines available at

www.education.vic.gov.au/training/rto/pages/datacollection.aspx. Higher Education Skills Group may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Higher Education Skills Group may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organizations.

The Education and Training Reform ACT 2006 requires Ringwood Training (RT) 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 Ringwood Training on 03 9845 7560 or info@rttf.vic.edu.au

FOR FURTHER INFORMATION PLEASE CONSULT THE STUDENT HANDBOOK

I have been advised that I can access the Student Handbook on the RT website, on the learning platform or through my trainer. The handbook advises me of:

- Complaints and appeals process
- Student support services
- Training and assessment
- Student responsibilities
- Fees and refunds policy
- Privacy and Freedom of Information

I acknowledge that the following has been fully explained to me:

- Qualifications, course and assessment
- Units of competence
- Duration of training

DECLARATION

Declaration:

1. I have read and understand the privacy statement and completed all questions and details on the enrolment form
2. I declare that the information provided in the enrolment application is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in my removal from the course and render me ineligible to receive the stated qualification.
3. I will make arrangements to pay all fees and charges applicable to this enrolment
4. I authorize Ringwood Training (RT) or its agent, in the event of illness or accident during any Ringwood Training (RT) organised activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.

Student Name _____

Student signature _____

Date ____/____/____

Parent/Guardian Print Name _____

(If under the age of 18)

Parent/Guardian signature _____

Date ____/____/____