

Website: www.pca.edu.au Email: info@pca.edu.au Phone: 02 8252 9963

PCA ENROLMENT FORM

Before completing this form, please ensure that you have read, and understand Student Handbook and the policies and procedures on our website: www.pca.edu.au.If you need assistance with this form, or further details regarding enrolling with us, please contact: (02) 8252 9963 or: info@pca.edu.au.

Course Title	:					
<u>-</u>						
Title (Mr, Mrs, Ms etc):		Surname (Family Name):				
First Name(s):		Other Name(s):				
Date of Birth:		Email address:				
Gender:	□Male	Female		☐Intersex	☐Not stated	
Phone:			Mobile			
Emergency Contact Name:		Emergency Contact Phone:				
accessible record of your accredited training available at any time. To enrol in any of our nationally recognised and accredited qualifications or training you must have a valid USI. We are not able to enrol you or issue any qualification or Statement of Attainment until we have received and verified your USI. If you already have a USI, please record it below for verification. If not, it only takes a few moments to create one by going to the following website http://www.usi.gov.au/Pages/default.aspx and follow the prompts. Please record your USI number in the box below. (If you are unable to create a USI yourself, please contact info@pac.edu.au so we can assist you) Your USI is a combination of 10 letters and digits. Please enter your USI here:						
Address: Please provide the physical address (street number and name, not post office box) where you						
usually resid		,			. , .	
Building nan	ne (if applicable):			Flat/Un	it Number:	
Street or Lot	t Number:	Street Name:				
Suburb/Loca	ality/Town:					
State:			Postco	de:		
Postal Addr	ess: <mark>(only fill out if diff</mark> e	erent from your s	treet ado	lress)		
Building Nar	me (if applicable):			Flat/Un	it Number:	
Street or Lot	t Number:	Street Name:				
Suburb/Loca	ality/Town:					
State:			Postco	de:		



Which of the following categories, BOX ONLY)	which BEST describes your curre	nt employment status? (TICK <u>ONE</u>		
☐Full Time Employee	□Employer	☐Unemployed – seeking part		
штин типе стирюуее	шетрюуег	time work		
Part time employee	☐Employed – unpaid worker	□Not employed – not seeking		
En art time employee	in a family business	employment		
Self-employed-not employing	☐Unemployed – seeking full			
others	time work			
Are you still attending school?	□Yes □No			
What is your highest COMPLETED	school level (Tick <u>one</u> box only)			
☐Year 12 or equivalent	Year 10 or equivalent	☐Year 8 or below		
☐Year 11 or equivalent	☐Year 9 or equivalent	☐ Never attended school		
In which year did you complete this	school level?			
Have you SUCCESSFULLY COMPLE	ETED any of the following qualification	ations?		
\square Yes - If yes, please tick the appl	icable boxes below			
Bachelor Degree or higher	☐ Certificate IV (or advanced	☐ Certificate I		
	certificate/technician)			
Advanced Diploma	☐Certificate III (or trade	Certificates other than the above		
	certificate)			
□Diploma	☐Certificate II			
Did you complete this qualification while at school, or after?				



In which country were you born?	☐Australia ☐Other: which country were you born in?						
Do you speak a language other than English at home? (if more than 1 other language, please specify which language is spoken most often)							
□No, English only □Yes, other − Please specify							
If you do speak another language at home, other than English, how well do you speak English?							
□Very Well □Not well □Well □Not at All							
Are you of Aboriginal or Torres Strait Islander origin?							
□No □Yes, Aboriginal □Yes, Torres Strait Islander							
Are you an Australian or New Zealand citizen?							
If you answered Neither, are you a p	permanent resident?	□No					
Do you consider yourself to have a	disability, impairment or long term	condition?					
If you answered Yes to the above q	uestion, please select the area(s) in	the following list					
☐ Hearing/deaf	Learning	□Vision					
Physical	Mental Illness	Medical condition					
☐Intellectual	Acquired brain injury	Other, please specify					
Of the following categories, which one, BEST describes your main reason for undertaking this course (tick one box only)							
☐To get a job	☐To try for a different career	☐I wanted extra skills for my job					
☐To develop my existing business	☐To get a better job or promotion	☐ To get into another course of study					
☐To start my own business	☐ It was a requirement for my job	For personal interest or self-development					
Other							
Are you receiving or have you been	assessed to receive Disability Supp	oort Pension for above disability /					
disabilities? □Yes □No							
If No, are you the child or the spouse of someone who is receiving the Disability Support Pension? Yes No							



Are you seeking credit for previous training (Credit Transfer, Recognition of Prior Learning or Recognition of Current Competency)?
□Yes □No
If you answered yes, please provide us with more information:
Are there any individual needs you have that we should be aware of, so we can take these into account when planning your training?
□Yes □No
If you answered yes, please provide us with more information:



Student Identification					
You are required to provide identification evidence for enrolment verification. For students attending out fulltime classroom based courses, you will be asked to bring photo id to your course interview. For students studying online, please attach a current copy of either of the following and submit with your completed enrolment form:					
Driver's Licence – please list licence number and card number:	School Student Card – please record number	Identity card – please record number/details			
☐ Photo page of current passport: ☐ Other					
the Patrick's College Australia's Privac	s required to facilitate your enrolment ar y and Personal Information Procedure. P ve provided on this form in order to asses				
I hereby apply for enrolment at Patrick's College Australia, and I declare that the information contained in this application is complete and true. I understand that information about me and the study I undertake may be disclosed as described in the Privacy policy or otherwise as required by law.					
I have been given, or been advised of procedures, PRIOR to my enrolment.	of where I can locate the Student Handboo	ok and /or the relevant policies and			
I am over 18 years old (please	tick if appropriate)				
I am under 18 years old and ha person fill out the details below	ve requested a parent/guardian (please ti ')	ck if appropriate and have the			
Parent/Guardian full name					
Parent Guardian address:					
Parent/Guardian contact number Email Email					
I have been given specific informat assessed for competency in all units.	ion regarding my course, how it is structu	red/scheduled, and how I will be			
1	or recognition (Credit, Recognition of Curr forms are available on the Patrick's Coll				
I understand my rights and responsibilities (as per the Student Handbook and Policies and Procedures) and agree to abide by these.					
I have read and understand the policies and procedures, and agree to abide by these.					
\square I have been issued with any relevant information regarding fees, charges, and agree to the terms and conditions.					



I understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance or sensitive personal information (including my ethnicity or health information) (together Personal Information) collected by Patrick's College Australia may be disclosed to the Department of Education .The Department of Education may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales. The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or of any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.
I consent to the collection, use and disclosure of my Personal Information in the manner above.
I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with Patrick's College Australia for the purpose of evaluating and assessing my subsidised training(if undertaking funded study)
Name:
Signature: Date:
The Australian Skills Quality Authority (ASQA) is entitled to collect the information on this form for use by the relevant Commonwealth Department that regulates vocational education and training. This information is collected for the purpose of auditing participation and the monitoring and reporting of training outcomes. The information you provide may be accessed by officers of these two departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.
If you access Commonwealth Assistance (VET Student Loan) while enrolled with Patrick's College Australia, information about you and the study that you undertake will be provided to the Australian Taxation Office.
Under NSW Smart and Skilled funding, the Department of Industry may disclose your Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales. The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or fan any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.
required by law.
required by law.
Office use only: