

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.

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| Course Title: |
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|--------------------------|-------------------------------|---------------------------------|-----------------------------------|-------------------------------------|
| Title (Mr, Mrs, Ms etc): | Surname (Family Name): | | | |
| First Name(s): | Other Name(s): | | | |
| Date of Birth: | Email address: | | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Intersex | <input type="checkbox"/> Not stated |
| Phone: | | Mobile: | | |
| Emergency Contact Name: | | | Emergency Contact Phone: | |

Unique Student Identifier (USI): A Unique Student Identifier (USI) means that any qualification or nationally recognised units of competency you successfully complete will be recorded in a national database, so you have an 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@pca.edu.au so we can assist you)

Your USI is a combination of 10 letters and digits.

Please enter your USI here: _ _ _ _ _ _ _ _ _ _ (please print your USI clearly)

Address: Please provide the physical address (street number and name, not post office box) where you usually reside.

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| Building name (if applicable): | | Flat/Unit Number: |
| Street or Lot Number: | Street Name: | |
| Suburb/Locality/Town: | | |
| State: | Postcode: | |

Postal Address: (only fill out if different from your street address)

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|--------------------------------|--------------|-------------------|
| Building Name (if applicable): | | Flat/Unit Number: |
| Street or Lot Number: | Street Name: | |
| Suburb/Locality/Town: | | |
| State: | Postcode: | |

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| Which of the following categories, which BEST describes your current employment status? (TICK <u>ONE</u> BOX ONLY) | | |
| <input type="checkbox"/> Full Time Employee | <input type="checkbox"/> Employer | <input type="checkbox"/> Unemployed – seeking part time work |
| <input type="checkbox"/> Part time employee | <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Not employed – not seeking employment |
| <input type="checkbox"/> Self-employed–not employing others | <input type="checkbox"/> Unemployed – seeking full time work | |

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| Are you still attending school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What is your highest COMPLETED school level (Tick <u>one</u> box only) | | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 8 or below |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Never attended school |
| In which year did you complete this school level? _____ | | |
| Have you SUCCESSFULLY COMPLETED any of the following qualifications? | | |
| <input type="checkbox"/> Yes - If yes, please tick the applicable boxes below <input type="checkbox"/> No | | |
| <input type="checkbox"/> Bachelor Degree or higher | <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Certificates other than the above |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Certificate II | |
| Did you complete this qualification while at school, or after? <input type="checkbox"/> At school <input type="checkbox"/> After | | |



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| In which country were you born? | <input type="checkbox"/> Australia <input type="checkbox"/> 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) | |
| <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – Please specify _____ | |
| If you do speak another language at home, other than English, how well do you speak English? | |
| <input type="checkbox"/> Very Well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at All | |

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| Are you of Aboriginal or Torres Strait Islander origin? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander | | |
| Are you an Australian or New Zealand citizen? <input type="checkbox"/> Australian <input type="checkbox"/> New Zealand <input type="checkbox"/> Neither | | |
| If you answered Neither, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you consider yourself to have a disability, impairment or long term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If you answered Yes to the above question, please select the area(s) in the following list | | |
| <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 injury | <input type="checkbox"/> Other, please specify |
| Of the following categories, which one, BEST describes your main reason for undertaking this course (tick one box only) | | |
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To try for a different career | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> It was a requirement for my job | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> Other | | |
| Are you receiving or have you been assessed to receive Disability Support Pension for above disability / disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If No, are you the child or the spouse of someone who is receiving the Disability Support Pension? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | |
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| <p>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.</p> <p>For students studying online, please attach a current copy of either of the following and submit with your completed enrolment form:</p> | | |
| <input type="checkbox"/> Driver's Licence – please list licence number and card number: _____ | <input type="checkbox"/> School Student Card – please record number _____ | <input type="checkbox"/> Identity card – please record number/details _____ |
| <input type="checkbox"/> Photo page of current passport: <input type="checkbox"/> Other | | |

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| <p>The information collected in this form is required to facilitate your enrolment and will be handled and stored in line with the Patrick's College Australia's Privacy and Personal Information Procedure. Patrick's College Australia reserves the right to verify any of the details you have provided on this form in order to assess your application.</p> |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> I have been given, or been advised of where I can locate the Student Handbook and /or the relevant policies and procedures, PRIOR to my enrolment. <ul style="list-style-type: none"> <input type="radio"/> I am over 18 years old (please tick if appropriate) <input type="radio"/> I am under 18 years old and have requested a parent/guardian (please tick if appropriate and have the person fill out the details below) <p>Parent/Guardian full name _____</p> <p>Parent Guardian address: _____</p> <p>Parent/Guardian contact number _____ Email _____</p> |
| <input type="checkbox"/> I have been given specific information regarding my course, how it is structured/scheduled, and how I will be assessed for competency in all units. |
| <input type="checkbox"/> I understand that if I wish to apply for recognition (Credit, Recognition of Current Competency or Recognition of Prior Learning) that the policy, procedure and forms are available on the Patrick's College Australia website www.pca.edu.au |
| <input type="checkbox"/> I understand my rights and responsibilities (as per the Student Handbook and Policies and Procedures) and agree to abide by these. <input type="checkbox"/> I have read and understand the policies and procedures, and agree to abide by these. <input type="checkbox"/> 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 for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

Office use only:

Deposit: _____ Date: _____

Staff member: _____

Signed: _____