Knox Learning Alliance	CCH Upper Ferntree Gully ☐	Ferntree Gully ☐	ORANA Wantirna South ☐	Rowville ☐	The Basin ☐

ENROLMENT FORM: PRE ACCREDITED ACFE

Course applying for: _____

Contact Details (Please record your name as you would wish it to appear on a certificate)	
Last Name	
First Name	
Title (What do you like to be called?)	Mr / Mrs / Ms / Miss
DOB (Date you were born)	d d / m m / y y y y
Gender:	Male / Female / Indeterminate/Intersex/Unspecified
Home Phone number	
Mobile number	
Full address (Where do you live?)	
Postal address (if different from above)	
Victorian Student Number (VSN) – (if you are under 25 years of age)	_ _ _ _ _ _ _ _ _ _
If you have not provided a VSN, is this because you are new to the Victorian Education system?	Yes / No
Email	
Which of the following classifications BEST describes the Industry of your current or previous employer? (Tick one box only.)	€ A Agriculture, forestry & fishing € B Mining € C Manufacturing € D Electricity, gas, water and waste service € E Construction € F Wholesale Trade € G Retail Trade € H Accommodation & Food services € I Transport Postal & Warehouse € J Information, Media & Telecommunication € K Financial & Insurance Services € L Rental, hiring & Real estate services € M Professional, scientific & technical services € N Administrative & Support services € O Public administration & safety € P Education & Training € Q Health Care & social assistance € R Art & recreation services € S Other services
Which of the following classifications BEST describes your current or recent occupation? (Tick one box only)	€ 1 Manager € 2 Professionals € 3 Technicians & Trade workers € 4 Community & personal services

Learn Local

	€ 5 Clerical & Administrative worker € 6 Sales worker € 7 Machinery operator & drivers € 8 Labourers € 9 Other
Emergency Contact person (Who should we contact in an emergency?)	
Relationship to you (Who are they?)	
Emergency phone number	
Are you Aboriginal?	Yes / No
Are you a Torres Strait Islander?	Yes / No
Country of birth. (Where were you born?)	
Are you still attending school?	Yes / No
What is your Highest school level completed (Please circle)	Year 12 / Year 11 / Year 10 / Year 9 or equivalent / Year 8 or lower / Never attended school.
What year did you complete high school?	y y y y
Employment Status *Please choose 1 only*	€ Full time worker € Part time worker € Self-employed, not employing others € Employer € Employed - Unpaid worker in family business € Unemployed, seeking part time work € Unemployed, Seeking full time work € Not employed, not seeking employment
What language do you speak at home?	
How well do you speak English?	Very Well / Well / Not Well / Not at all
Do you have any difficulty with the English Language? *(If appropriate, please circle to identify where you have difficulty)*	Yes /No Reading / Writing / Speaking
Medical Conditions We like to provide support for people with extra needs. Do you consider yourself to have a disability, impairment or long-term condition? If yes, do you have any of these Medical conditions?	Yes / No □ Acquired Brain Injury □ Medical Condition □ Hearing / Deaf □ Mental Illness □ Intellectual □ Physical □ Learning □ Vision/ Other
Do you have a current Government Concession card?	Yes / No *If yes, please supply a photocopy of your card.*
Have you **successfully** finished any of these Australian qualifications? *Please tick which is your **highest** completed level of qualification*	Yes / No Certificate I Certificate II Certificate III or Trade certificate Certificate IV or Advanced Certificate technician Diploma or Associate Diploma Advanced Diploma or Associate Degree Bachelor Degree or higher Certificate – other than listed

What kind of qualification do you hold?	€ Australian qualification € Australian equivalent *(Australian equivalent assessed by Victorian Overseas Qualification unit (OQU)* € International
RULES FOR GOVERNMENT FUNDING **Are you an Australian citizen?** **If you are not an Australian citizen, please answer the following:** Are you an Australian Permanent Resident (holder of permanent visa)?	*To receive Australian Government Funding please provide original documentation for us to copy and retain (the copy) for audit purposes.* Yes / No *(If **Yes** please supply a copy of your green Medicare card)* Yes / No
Do you hold a special category Visa (sub-class 444 New Zealand citizen)?	Yes / No
Do you hold a Temporary Protection visa?	Yes / No
Are you an East Timorese asylum seeker?	Yes / No
Where did you find out about this course?	€ Knox Learning Alliance Website € Knox Learning Alliance facebook page € Knox Learning Alliance Course guide € Individual house website € Individual house Facebook page € Individual house course guide € Word of mouth (friend, family, colleague) € Email newsletter € Newspaper ad € Referral from agency or case worker € Volunteer for Knox € Knoxbiz website € Other (please specify)Other. Please specify ....
Why did you choose this course?	€ To get a job € To develop my existing business € To start my own business € To try for a different career € To get a better job or promotion € It was a requirement of my job € I wanted extra skills for my job € To get into another course or study € For personal interest or self-development Other reasons

SIGNATURE AND DECLARATION

- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Knox Learning Alliance (KLA) will let me know about any planned excursions.

I DO / DO NOT allow photographs/videos of me to be taken as part of my classes at the **KLA** organisation to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.

Student enrolment privacy notice

Victorian Government VET Student Enrolment Privacy Notice
The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Collection of your data
KLA member organisations are required to provide the Department with student and training activity data. This includes personal information collected in the KLA member organisations enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).
KLA member organisations provide data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx.

Use of your data
The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.
A student's USI may be used for specific VET purposes including the verification of student data provided by KLA member organisations; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data
As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory
The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation
You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Consequences of not providing your information
Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy

Access, correction and complaints
You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

If you require further information, please contact the Coordinator or Manager at the KLA organisation in the first instance by email or phone.

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to: http://www.education.vic.gov.au/Pages/privacypolicy.aspx.

For further information about Unique Student Identifiers, including access, correction and complaints, go to: http://www.usi.gov.au/Students/Pages/student-privacy.aspx.

I acknowledge and agree to the terms described in the privacy statement.

I hereby declare that the information provided in this application for enrolment form is completed and accurate.

Signature:………………………………………………………………….**Date:** …………………………………….

Applicant under 18 years
Parent / Guardian Name: ....

Parent / Guardian signature: ....Date:...

Courses fill quickly; please return this application form as soon as possible to avoid disappointment.
Please ensure you have attached proof of your Australian citizenship or Residential Status
For refund information, you are referred to your KLA organisation's website.

Office use only (Vettrak entries)			
Date Details Recorded	Student Number	Occurrence Code	Staff operator initials
Local Code:		Start Date:	End Date: