



Course Enrolment Form

Please complete the following application form in BLOCK letters

SECTION 1: PERSONAL DETAILS

Unique Student Identifier (USI) Number		
If you do not have a USI, do you give permission for PCYC to obtain one on your behalf? (Please Circle)	Yes	No
	Drivers Licence Number: State Issued: DOB:	
Please provide Drivers Licence Details and/or Medicare Details	Medicare Number: Position on Card: Expiry Date:	
Student ID Number (Office Use)		
Title (e.g. MR,MISS,MRS,MS)		
Given Name		
Surname		
PCYC Location		
Position		
Date of Birth		
City of Birth		
Country of Birth		
Mobile Phone		
Home Phone		
Email		
Postal Address		
Gender (please circle)	Male	Female

Are you of Aboriginal or Torres Strait back ground? (please circle)	No	Yes (Aboriginal)	Yes (Torres Strait)
Occupation/Employment status (if applicable)			
How did you hear about the course?			
Reason why you are doing course			

SECTION 2: COURSE DETAILS

Details of the programme(s) you are applying for:

Tick the course	COURSE	COURSE CODE	START DATE	VENUE	COST
	Support the Rights and Safety of Children and Young People	CHCPRT002			

SECTION 3: RELEVANT QUALIFICATIONS

Include all relevant qualifications including any course pre-requisite as per course outlines. If you have any further queries, please contact the PCYC institute

Highest schooling level	Year completed		
COURSE	COURSE CODE	COURSE PROVIDER	COMPLETION DATE
e.g. Senior first Aid course	SRXFAD001A	PCYC Institute	23/10/07

SECTION 4: MEDICAL HISTORY

Please tick the boxes relevant to the questions below

Do you have any medical history? E.g. Heart condition, chest pains, mental illness, bone or joint problem, diabetes, epilepsy, blood pressure or any other health related problems	Yes <input type="checkbox"/> No <input type="checkbox"/> (please state) _____
Are you taking prescribed drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please state) _____
Are you or have you been pregnant within the last 6months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact	Name: _____ Phone: _____

SECTION 5: INDIVIDUAL NEEDS

This information will be treated confidentially and may be used to help adapt the program and/or provide extra support for certain modules to help aid you in completing the tasks.

Do you have any of the following needs? (Please tick yes or no in the boxes provided)

Learning difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/> (please state) _____
Dyslexia	Yes <input type="checkbox"/> No <input type="checkbox"/>
Visually impaired	Yes <input type="checkbox"/> No <input type="checkbox"/> (please state) _____
Hearing impaired	Yes <input type="checkbox"/> No <input type="checkbox"/> (please state) _____
Wheel chair bound	Yes <input type="checkbox"/> No <input type="checkbox"/>
Another need not stated here	Yes <input type="checkbox"/> No <input type="checkbox"/> (please state) _____
English difficulties / English is a second language	Yes <input type="checkbox"/> No <input type="checkbox"/> (please state) _____

If you have answered yes to any of the above questions, or think that your progress in the course may be affected please ring the PCYC Institute on (02) 9625 9111

SECTION 6: PARENT/ GUARDIAN INFORMATION

First and Surname	
Relationship to Student	
Address	
Contact phone number:	

I HAVE READ THE ATTACHED TERMS AND CONDITIONS AND HAVE FILLED THIS APPLICATION FORM WITH DETAILS THAT ARE TRUE AND CORRECT.

Signature _____ Date: _____

Parent/ guardian signature (if under 18 years) _____

Date: _____

The receipt should be made to:
Name Organisation (if applicable)

Postal Address

Privacy Notice

Under the *Data Provision Requirements 2012*, **PCYC Institute** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by **PCYC Institute** for statistical, administrative, regulatory and research purposes. **PCYC Institute** may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

USI Notice

From 1st January 2015, we PCYC Institute can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> .

OR

If you would like us PCYC Institute to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information (see attached) or at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf> .

I [NAME] _____ authorise PCYC Institute to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf> .

[Signature]

[Date]

Privacy Notice

Consent for collection, use or disclosure of personal information

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the *Student Identifiers Act 2014*.
- is collected by the Registrar for the purposes of:
 - applying for, verifying and giving a USI;
 - resolving problems with a USI; and
 - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
 - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - the purposes of administering and auditing VET, VET providers and VET programs;
 - education related policy and research purposes; and
 - to assist in determining eligibility for training subsidies;
 - VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - researchers for education and training related research purposes;
 - any other person or agency that may be authorised or required by law to access the information;
 - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law. The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the [Registrar's Privacy Policy](#) or by contacting the Registrar on usi@education.gov.au or telephone 1300 857 536, international enquiries +61 2 6240 8740. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the *Privacy Act 1988*, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.