

# STUDENT ENROLMENT AGREEMENT FORM



## 2015 FORM

### A: PROVIDER DETAILS

<b>HEAD OFFICE ADDRESS:</b> 25 Victoria Crescent, St. Albans. Vic 3021 <b>PHONE:</b> (03) 93564646   0414376163   0423618155 <b>EMAIL:</b> <a href="mailto:contact@guidestartraining.com.au">contact@guidestartraining.com.au</a>	<b>OTHER DELIVERY LOCATIONS ADDRESSES:</b> Please find address details of ALL Guidestar Training Delivery Locations attached at the back of this form for your convenience Please note these are delivery sites only and all correspondence has to be directed at the HEAD OFFICE. See details on the left
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Please read the PRIVACY statement below before you complete the STUDENT ENROLMENT AGREEMENT FORM.  
Also refer to your Student Information Booklet for all student related policies such as REFUND, COMPLAINTS etc

#### Privacy Statement:

I understand that: **Guidestar Training & Professional Services PTY Limited** is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines, which are available at <http://www.skills.vic.gov.au/Pages/training//providers/rto/Pages/datacollection.aspx> The Department 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, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by GTPS that I may be contacted and requested to participate in a National Centre for Vocational Research Survey or a Department-endorsed project or audit or review.

*The Education and Training Reform Act 2006 requires Guidestar Training & Professional Services PTY Limited 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 HELEN DOBSON or MONICAH IRUNGU on phone (03) 93564646 or email [contact@guidestartraining.com.au](mailto:contact@guidestartraining.com.au)

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

Student signature: \_\_\_\_\_ . Date: \_\_\_\_\_

### B: STUDENT DETAILS:

I'm applying as a (Please tick one)

(i) Fee for service student

(ii) Government Funded student

#### PERSONAL DETAILS:

Enter Your Full Name.

Surname (Legal Family Name)	
Given Names (Include Middle Name)	

#### Emergency Contact:

Name:		Emergency Contact Phone No	
Relationship:		Comments e.g. available AH only	

*\* If GTPS deems a situation as an emergency, GTPS will contact the emergency contact with or without the student's consent.*



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Do you consider yourself to have a disability, impairment or long term condition?

*(If answer is No, please skip the next question)*

Yes

No

If YES, then please indicate the areas of disability, impairment of long term condition. *(You may indicate more than one area)*

Hearing/Deaf

Physical

Intellectual

Learning

Mental Illness

Acquired Brain Impairment

Vision

Medical condition

Other \_\_\_\_\_

**Please Note that for the areas you have indicated above, GTPS may require you to provide a letter from your GP or other Professional Contact Re: suitability to do course. GTPS may also require your written consent to contact your GP or Professional Contact for support during your learning. Sign: \_\_\_\_\_ Date: \_\_\_\_\_**

## SCHOOLING

What is your highest COMPLETED school level? *(Tick ONE Box only)*

Completed Year 12

Completed Year 11

Completed Year 10

Completed Year 9 or Equivalent

Completed Year 8 or Lower

Never Attended School

In which YEAR did you complete that school level? \_\_\_\_\_

Are you still attending secondary school? Yes  No

## HIGH SCHOOL EDUCATION DETAILS

Please provide detailed information about your high school education.

Name of High School attended: \_\_\_\_\_

Country High School was located: \_\_\_\_\_

If your high school education was in Australia, in which state? \_\_\_\_\_

## PREVIOUS QUALIFICATION ACHIEVED

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<p><b>Have you SUCCESSFULLY completed any of the qualifications?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If NO skip this question and go to the next</p> <p>If 'YES' please enter one of these Prior Education Achievement Recognition Identifiers applicable to the qualification level</p> <p><b>A- Australian</b></p> <p><b>E- Australian Equivalent</b></p> <p><b>I-International</b></p> <p>If you have multiple Prior Education Achievement Recognition Identifiers See box marked "A" below for any one qualification, use the following priority order to determine which identifier to use</p> <p>1. A- Australian</p> <p>2. E- Australian Equivalent</p> <p>3. I- International</p>	<p><b>A E I</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree of Higher Degree</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma (or Associate Diploma)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV (or Advanced Certificate Technician)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificates other than the above</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III (Or Trade Certificate)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificates other than the above</p>

## EMPLOYMENT

Of the following categories, which BEST describes your current employment status? *(Tick ONE box only)*

- Full time employee
- Part- Time employee
- Self Employed – not employing others
- Employer
- Employed – Unpaid worker in a family business
- Unemployed – seeking full time work
- Unemployed – Seeking Part time work
- Not employed – not seeking employment

Which of the following classifications BEST describes your current or recent occupation? *(Tick ONE box only)*

- 1.  Managers
- 2.  Professionals
- 3.  Technicians and Trade Workers
- 4.  Community and Personal Service Workers
- 5.  Clerical and Administrative Workers
- 6.  Sales Workers

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- 7.  Machinery Operators and Drivers
- 8.  Labourers
- 9.  Other

Which of the following classifications BEST describes the Industry of your current or previous employer?

(Tick ONE box Only)

- A.  Agriculture, Forestry and Fishing
- B.  Mining
- C.  Manufacturing
- D.  Electricity, Gas, Water and Waste Services
- E.  Construction
- F.  Wholesale Trade
- G.  Retail Trade
- H.  Accommodation and Feed Services
- I.  Transport, Postal and Warehousing
- J.  Information, Media and Telecommunications
- K.  Financial and Insurance Services
- L.  Rental, Hiring and Real Estate Services
- M.  Professional, Scientific and Technical Services
- N.  Administrative and Support Services
- O.  Public Administration and Safety
- P.  Education and Training
- Q.  Healthcare and Social Assistance
- R.  Arts and Recreation Services
- S.  Other Services

## STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course (Tick ONE box only)

- To get a job or get a better job or promotion
- To develop my existing business
- To start my own business
- To try a different career
- It is a requirement of my job
- I want extra skills for my job

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- To get into another course of study or career path
- For personal interest or self development
- Other reasons (specify) \_\_\_\_\_

## UNIQUE STUDENT IDENTIFIER (USI)

Do you have an USI no?    Yes                       No

If YES what are the details? :

If NO would you like Guidestar Training to apply it on your behalf?    Yes                       No

Please sign here for consent \_\_\_\_\_                      Date: \_\_\_\_\_

### **Course Cancellations and Refund**

- Prior to attending any First Aid or CPR Refresher training, all fees due must be paid up front.
- Refund of any fees paid is applicable only when Guidestar Training cancels a course.
- Failure by a student to attend a course will attract nil refund
- If unable to attend a scheduled course you MUST notify Guidestar Training giving a minimum of 2 working days for purposes of being transferred to the next available course. No fees refund applies