

SECTION F: REASON FOR STUDY

Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Please tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I want extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For personal interest / self development |

SECTION G: CITIZENSHIP / CULTURAL DIVERSITY

Status of citizenship / residency?

(Related to VET FEE

Help

Students/Applicants)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Australian Citizen |
| <input type="checkbox"/> | 2. New Zealand Citizen |
| <input type="checkbox"/> | 3. Australian Permanent Resident |
| | Date Residency Granted / / |
| <input type="checkbox"/> | 4. Australian Permanent Humanitarian Visa |
| | Date Residency Granted / / |
| <input type="checkbox"/> | 5. Australian Temporary Entry Permit * |
| | Year Of Entry To Australia / / |
| <input type="checkbox"/> | 6. Overseas Student Residing Overseas- * |
| | Country Of Citizenship- |
| | Country Of Birth- |

*If selecting option 5 or 6 an overseas address is required below:

SECTION H: CITIZENSHIP

Main language spoken at permanent home residence?

- | | |
|--------------------------|--|
| <input type="checkbox"/> | No, English only |
| <input type="checkbox"/> | Yes; more than one language is spoken at home. |

Please specify the one that is spoken most often: _____

Country of Birth?

- | | |
|--------------------------|-------------|
| <input type="checkbox"/> | Australia |
| <input type="checkbox"/> | Other _____ |

Please specify year of arrival in Australia _____

How well do you speak English?

- | | | | |
|--------------------------|-----------|--------------------------|------------|
| <input type="checkbox"/> | Very Well | <input type="checkbox"/> | Well |
| <input type="checkbox"/> | Not Well | <input type="checkbox"/> | Not at all |

Are you Aboriginal or Torres Strait Islander origin?

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Yes, Aboriginal |
| <input type="checkbox"/> | Yes, Torres Strait Islander |
| <input type="checkbox"/> | Yes, Aboriginal and Torres Strait Islander |
| <input type="checkbox"/> | No |

SECTION I: SECONDARY SCHOOL EDUCATION

What is your highest COMPLETED school level? Tick one box only.

- | | | | | | |
|--------------------------|----------------------------|--------------------------|----------------------------|--------------------------|---|
| <input type="checkbox"/> | Completed Year 12 – Form 6 | <input type="checkbox"/> | Completed Year 10 – Form 4 | <input type="checkbox"/> | Completed Year 8 or below – Form 2 or below |
| <input type="checkbox"/> | Completed Year 11 – Form 5 | <input type="checkbox"/> | Completed Year 9 – Form 3 | <input type="checkbox"/> | Did not go to school |

What CALENDAR YEAR was this completed? e.g. 1998

Are you still attending secondary school?

- | | |
|--------------------------|--|
| <input type="checkbox"/> | No. If NO, and you're 17 years of age or under, you MUST provide GOTAFE with a copy of your 'Secondary School Release Form' |
| <input type="checkbox"/> | Yes. Please provide name of school: _____ |

SECTION I: SECONDARY SCHOOL EDUCATION (Continued)

Victorian Student Number (To be completed by students up to the age of 24 years)

Enter your Victorian Student Number

Have you attended any Victorian school since 2009 or done any training with a vocational education and (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

<input type="checkbox"/> No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.	<input type="checkbox"/> Yes – I have attended a Victorian school Since 2009. Most recent school attended: _____	And or	<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011. List the most recent training organisations with which you have participated in training in Victoria since 2011. (List up to 3 training organisations) _____ _____ _____
--	--	-----------	--

SECTION J: PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY COMPLETED any of the following qualifications?

- ☐ No If No, go to **SECTION K. EMPLOYMENT**
- ☐ Yes - **If YES, please enter 1 of these prior education achievement recognition identifiers at any applicable qualification level.**

A – Australian

E – Australian equivalent

I – International

Note: If you have multiple prior education achievement recognition identifiers for any one qualification use the following priority order to determine which identifier to use.

A – Australian

E – Australian equivalent

I – International

(Tick appropriate boxes below)

A	E	I		A	E	I	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cert III or Trade Certificate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma or Associate Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cert IV (Advanced Cert Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Did you complete the above qualification whilst attending Secondary School? ☐ No ☐ Yes

SECTION K: EMPLOYMENT

Of the following categories, which best describes your current employment status?

(Tick one box only)

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

SECTION K: EMPLOYMENT (Continued)
Which of the following classifications best describes your current or recent occupation.
(Tick one box only) If unemployed go to next question.

<input type="checkbox"/> 1. Managers	<input type="checkbox"/> 6. Sales Workers
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 7. Machinery Operators and Drivers
<input type="checkbox"/> 3. Technicians and Trade Workers	<input type="checkbox"/> 8. Labourers
<input type="checkbox"/> 4. Community and Personal Service Workers	<input type="checkbox"/> 9. Other
<input type="checkbox"/> 5. Clerical and Administrative Workers	

Which of the following classifications best describes the industry of your current or previous employer?
(Tick one box only) If unemployed go to next section.

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

SECTION L: MEDICAL DETAILS
Do you consider yourself to have a disability, impairment or long term condition?
☐ No

☐ Yes - If YES, please tick one or more of the boxes below

<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Learning	<input type="checkbox"/> Mobility	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Vision	
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Medical condition	

Are you interested in information about disability support services, equipment & facilities?
☐ Yes

☐ No

*Assistance is available for students with disabilities.
Further information is available on (03) 5833 2538*
SECTION M: EMPLOYER DETAILS (MUST be completed for all Apprentices/Trainee enrolments)

Business name			
Contact person			
Number and street			
Town / Suburb			
State		Postcode	
Phone		Fax	
Email			

SECTION N: PAYMENT DETAILS
HEALTH CARE CARD (if applicable)
Please provide a copy OR a certified copy of available Health Care Card and attach to Enrolment Form
CREDIT CARD PAYMENT

Credit Card no:		Expiry date:	/ /
Name on card:		Verification no:	

STUDENT ENROLMENT PRIVACY NOTICE AND ACKNOWLEDGEMENT

I understand that:

Goulburn Ovens Institute of TAFE (GOTAFE) 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.education.vic.gov.au/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 the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed projector audit or review.

The Education and Training Reform Act 2006 requires GOTAFE 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 students eligible for VET Fee Help, the following privacy statement also applies:

GOTAFE is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. GOTAFE will disclose this information to the Commonwealth Department of Industry, Innovation, Science, Research and Tertiary Education (DIISRTE) for those purposes. DIISRTE will store the information securely in the Higher Education Information Management System. DIISRTE may disclose the information to the Australian Taxation Office. GOTAFE and DIISRTE will not otherwise disclose the information without my consent unless required or authorised by law.

For more information in relation to how student information may be used or disclosed please contact GOTAFE's Privacy Officer on phone 03 5833 2907 or email SParker@gotafe.vic.edu.au

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

- I agree to abide by the Policies, Procedures and Standards of Conduct and rules of GOTAFE.
- I agree to pay all fees and charges applicable to and arising from this enrolment.
- I am aware that GOTAFE will endeavour to conduct all courses as promoted and acknowledge the right of the Institute
- I authorise GOTAFE, or its agent, in the event of illness or accident, where next of kin / emergency contact cannot be made within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- I authorise GOTAFE to release my result information where applicable; to my sponsor, employer (if apprentice or trainee), school (if the course is related to my school program).
- I declare, that to the best of my knowledge and belief, the information provided on this form is correct and complete.

Student signature		Date	/ /
Students under 18 years of age must have this form counter signed by a parent/guardian			
Parent / Guardian signature		Date	/ /

GOTAFE STAFF USE ONLY

FEE AND PAYMENT DETAILS

Fee type	Full fee	Concession	Invoice no:	Receipt no:
Materials	\$	\$	Contract no:	
Tuition	\$	\$	Notes:	
Services	\$	\$		
TOTAL	\$	\$		

ADMINISTRATION DATA ENTRY RECORD

Student's data entered		Date	/ /
Units selected		Date	/ /
Enrolment completed		Date	/ /