

ADEPT TRAINING ENROLMENT FORM

COURSE DETAILS

Course Name: _____ Start Date: _____ Code: _____

PERSONAL DETAILS

(Please write your legal name as noted on either: your birth certificate, driver's licence or passport)

Surname: _____ Given Name: _____

Other Names: _____

Title: Mr Mrs Miss Ms Dr Gender: M F Other

DOB (dd/mm/yyyy): ___/___/____ USI: _____

CONTACT DETAILS

Town/City of Birth: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Preferred contact method: Email Mobile Mail

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Mobile: _____

Home Address:

Unit _____ Building Name _____ Number _____

Street _____ Suburb _____

State _____ Postcode _____

Postal Address: (if different from above):

Unit _____ Building Name _____ Number _____

Street _____ Suburb _____

State _____ Postcode _____

STATUS

Country of Birth: _____

Indigenous Status:

Aboriginal

Torres Strait Islander

Aboriginal AND Torres Strait Islander

Neither Aboriginal nor Torres Strait Islander

Language spoken at home: _____

Proficiency in spoken English: Very Well Well Not Well Not at all

Education:

At high school currently? Yes No

Highest HIGH SCHOOL level completed Year 10 Year 11 Year 12 Other _____

Year completed _____ Name of school _____

Employment Status: Full time Part Time Unemployed (seeking full time work)
Unemployed (seeking part time work) Not Employed (not seeking employment) Self Employed
Employer

Do you have a disability? Yes (If yes, please tick) No
Acquired Brain Impairment Hearing/Deaf Intellectual Learning

Do you require additional support? Yes No

If yes, please describe _____

Prior Education? Yes (If yes, please tick below) No
Advanced Diploma or Associate Diploma Bachelor Degree or Higher Certificate I

Certificate II Certificate III Certificate IV Diploma Level Miscellaneous Education

Citizenship Status: _____

Study Reason: 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 of study Other reasons

For personal interest or self-development

CREDIT TRANSFER/RECOGNITION OF PRIOR LEARNING

Do you wish to apply for Credit Transfers? Yes (If yes, please tick) No

Do you wish to apply for RPL? Yes (If yes, please tick) No

Applications for Credit Transfers or Recognition of Prior Learning must be made at the time of enrolment.

PAYMENT AND BANK DETAILS

Total payable: \$ _____ Payment Method: _____

I authorise Adept Training to charge my credit card the amount of: \$ _____

Card details:

Number _____

Expiry (mm/yy) ____ / ____ CVV _____

Cardholder Name _____ Signature _____

(As it appears on the card).

Please choose your course carefully and read the Fees and Refund Policy in the Student Handbook available on our website or at our office.

www.adepttraining.com.au

STUDENT DECLARATION AND CONSENT

Prior to enrolment I was informed about training, assessment and support services and about my rights and obligations. I have been provided with access to the Student Handbook and advised further information is available on the Adept Training website.

I have read and understood all Adept Training's terms and conditions (available on Adept website www.adetptraining.com.au and the Student Handbook) and I will abide by these terms and conditions throughout my training with Adept Training.

Under the *Data Provision Requirements 2012*. Adept Training 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 and your training activity data) may be used or disclosed by Adept Training for statistical, regulatory and research purposes. Adept Training may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitation statistics and research relating to education, including surveys;
- 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 an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

In supplying the requested information and signing below, I consent to disclosure of this information to government departments and third parties for these purposes.

STUDENT DECLARATION AND CONSENT

I hereby agree to the above declaration and to pay for the above course/s, in accordance with the payment specified, on the date(s) due.

I understand that overdue fees will incur a 10% penalty. I am aware if unable to complete the course the above fees and charges will still apply.

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Name: _____ Signature: _____

Date (dd/mm/yyyy): ____/____/____

Note: If under 18 years of age at the time of this declaration, then the signature of a guardian is required.

Name of Guardian: _____ Signature of Guardian: _____

Date: ____/____/____

**Parental/guardian consent is required for all students under the age of 18.*