



SC6. 2-1 Enrolment Form for International Students

This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs.

All staff at AIM Institute of Health & Sciences are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form.

Application for Enrolment

Which course would you like to enroll into?	<input type="checkbox"/>	SIT30816 Certificate III In Commercial Cookery
	<input type="checkbox"/>	SIT40516 Certificate IV In Commercial Cookery
	<input type="checkbox"/>	SIT50416 Diploma of Hospitality
	<input type="checkbox"/>	CHC43015 Certificate IV in Ageing Support
	<input type="checkbox"/>	CHC52015 Diploma of Community Services
	<input type="checkbox"/>	BSB51918 Diploma of Leadership and Management
	<input type="checkbox"/>	BSB61015 Advanced Diploma of Leadership and Management
	<input type="checkbox"/>	BSB80615 Graduate Diploma of Leadership and Management
	<input type="checkbox"/>	AUR30616 Certificate III in Light Vehicle Mechanical Technology
	<input type="checkbox"/>	AUR40216 Certificate IV in Automotive Mechanical Diagnosis
	<input type="checkbox"/>	AUR50216 Diploma of Automotive Technology
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Education Agent		Company Name:
Intake	<input type="checkbox"/> July 20	<input type="checkbox"/> Aug 20
	<input type="checkbox"/> Oct 20	<input type="checkbox"/> Nov 20
	<input type="checkbox"/> Feb 21	<input type="checkbox"/> Apr 21
Have you ever studied with AIM Institute of Health & Sciences before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Credit ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information
Do you wish to apply for Recognition of Prior Learning ? <i>If you indicate YES, you will be contacted to discuss this further.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information

Personal Details

1. Enter your full name*			
Surname:			
Given names:			
*Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want AIM Institute of Health & Sciences to apply for a USI on your behalf, <u>you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.</u>			
2. Enter your birth date		Day/month/year: ___/___/___	
3. Gender (Tick ONE box only)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
4. Enter your contact details			
Home phone:		()	Work phone:
Mobile:		()	
Email address:			
Alternative email address (optional)			
5. What is the address of your usual residence? <i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.</i>			
Building/ property name			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	

Personal Details			
Street name:			
Suburb, locality or town:			
State/territory:		Postcode:	
6. What is your postal address (if different from above)?			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	
Language and cultural diversity			
7. In which country were you born?		<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____	
8. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>		<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other, please specify: _____	
9. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>		<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	
Disability			
10. Do you consider yourself to have a disability, impairment or long-term condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 12	
11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: <i>(You may indicate more than one area) Please refer to the Disability supplement at the back of this form for an explanation of the following disabilities.</i>			
<input type="checkbox"/> Hearing/deaf [11]	<input type="checkbox"/> Physical [12]	<input type="checkbox"/> Intellectual [13]	
<input type="checkbox"/> Learning [14]	<input type="checkbox"/> Mental Illness [15]	<input type="checkbox"/> Acquired brain impairment [16]	
<input type="checkbox"/> Vision [17]	<input type="checkbox"/> Medical Condition [18]	<input type="checkbox"/> Other [19]	
Schooling			
12. What is your highest COMPLETED school level <i>(tick one box only)</i> If you are currently enrolled in secondary education, the <i>Highest school level completed</i> refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the <i>Highest school level completed</i> is Year 9.			
<input type="checkbox"/> Year 12 or equivalent [12]	<input type="checkbox"/> Year 11 or equivalent [11]	<input type="checkbox"/> Year 10 or equivalent [10]	
<input type="checkbox"/> Year 9 or equivalent [09]	<input type="checkbox"/> Year 8 or below [08]	<input type="checkbox"/> Never attended school [02]	Go to question 14
13. Are you still enrolled in secondary or senior secondary education?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous qualifications achieved			
14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?		<input type="checkbox"/> Yes – <i>indicate below Question 15</i> <input type="checkbox"/> No – Go to Question 16	
15. If yes, tick ANY applicable boxes			
<input type="checkbox"/> Bachelor degree or higher degree [008]	<input type="checkbox"/> Certificate IV (or advanced certificate/technician) [511]	<input type="checkbox"/> Certificate I [524]	
<input type="checkbox"/> Advanced diploma or associate diploma [410]	<input type="checkbox"/> Certificate III (or trade certificate) [514]	<input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above) [990]	
<input type="checkbox"/> Diploma (or associate diploma) [420]	<input type="checkbox"/> Certificate II [521]		
Employment			
16. Of the following categories, which BEST describes your current employment status? <i>(Tick one box only)</i> For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).			
<input type="checkbox"/> Full-time employee [01]	<input type="checkbox"/> Part-time employee [02]	<input type="checkbox"/> Self-employed – not employing others [03]	
<input type="checkbox"/> Self-employed – employing others [04]	<input type="checkbox"/> Employed – unpaid worker in a family business [05]	<input type="checkbox"/> Unemployed – seeking full-time work [06]	
<input type="checkbox"/> Unemployed – seeking part-time work [07]	<input type="checkbox"/> Not employed – not seeking employment [08]		

Study reason

17. Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)

- | | |
|--|---|
| <input type="checkbox"/> To get a job [01] | <input type="checkbox"/> It was a requirement of my job [06] |
| <input type="checkbox"/> To develop my existing business [02] | <input type="checkbox"/> I wanted extra skills for my job [07] |
| <input type="checkbox"/> To start my own business [03] | <input type="checkbox"/> To get into another course of study [08] |
| <input type="checkbox"/> To try for a different career [04] | <input type="checkbox"/> For personal interest or self-development [12] |
| <input type="checkbox"/> To get a better job or promotion [05] | <input type="checkbox"/> Other reasons [11] |

Unique Student Identifier (USI)

From 1 January 2015, AIM Institute of Health & Sciences 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/> on computer or mobile device.

18. Enter your unique student identifier
If you already have one

19. If you do not have a USI, would you like us to apply for a USI on your behalf?

- Yes – please complete 'Applying on your behalf', questions and declaration.
- No – skip to next section

APPLYING ON YOUR BEHALF

If you would like AIM Institute of Health & Sciences to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf. Please provide your town/city of birth and ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

In accordance with section 11 of the *Student Identifiers Act 2014*, AIM Institute of Health & Sciences will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

20. **Town/City of Birth** (please write the name of the Australian or overseas town or city where you were born)

21. **We will also need to verify your identity to create your USI.** Please provide details for one of the forms of identity below (numbered 1 to 8).

1. Australian Driver's Licence

State: _____
Licence Number: _____

2. Medicare Card

Medicare card number _____
Individual reference number (next to your name on Medicare card): ____
Card colour (circle one): Green / Yellow / Blue
Expiry date ____ / ____ / ____ (format DD/MM/YYYY)

3. Australian Passport

Passport number _____

4. Non-Australian Passport (with Australian Visa)

Passport number _____
Country of issue _____

5. Immicard

Immicard Number _____

6. Citizenship Certificate

Stock number _____
Acquisition date (day/month/year)
____ / ____ / ____

7. Certificate of Registration by Descent

Acquisition date (day/month/year)
____ / ____ / ____

USI APPLICATION DECLARATION

- I authorise AIM Institute of Health & Sciences 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/Pages/Privacy-Notice.aspx>

Student Signature: _____

Date: ____ / ____ / ____

Student Name: _____

Next of kin/emergency contact

These are people that AIM Institute of Health & Sciences may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to AIM Institute of Health & Sciences.

Name:		Relationship to you:	
Address:			
Home phone:	()	Work:	()
Mobile:		Email:	

PRIVACY NOTICE

Under the Data Provision Requirements 2012, AIM Institute of Health & Sciences 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 AIM Institute of Health & Sciences for statistical, regulatory and research purposes. AIM Institute of Health & Sciences may disclose your personal information for these purposes to third parties, including:

- Commonwealth and State or Territory government departments and authorised agencies;
- NCVET;
- Organisations conducting student surveys; and
- Researchers.

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

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- Facilitating 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 programme administration, regulation, monitoring and evaluation.

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

You may receive an NCVET student survey which may be administered by an NCVET employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

Application Checklist

Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification): Please tick those that you are providing.

- Valid passport copy
- Valid visa (if you have one)
- Academics
- Proof of English Language Proficiency
- Any other relevant documents to support your application e.g. resume
- Valid COE (If you have one)
- OSHC

Student Declaration and Consent *please tick all*

- 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.

Student Signature:		Date:	/ /
Student Name:			

DISABILITY SUPPLEMENT

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'



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Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.