Enrolment Form for 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 vou like to enroll into?	☐ CPC30620 Certificate III in Painting and decorating (120902H) ☐ CPC31020 Certificate III in Solid Plastering (120903G) ☐ CPC31320 Certificate III in Wall and Floor Tiling (120904F) ☐ SIT30821 Certificate III in Commercial Cookery (109893H) ☐ SIT40521 Certificate IV in Kitchen Management (109575M) ☐ SIT50422 Diploma of Hospitality Management (111116J) ☐ BSB50420 Diploma of Leadership and Management (104403E) ☐ BSB60420 Advanced Diploma of Leadership and Management (106213F) ☐ BSB80120 Graduate Diploma of Management (Learning) (106122J) ☐ AUR30620 Certificate III in Light Vehicle Mechanical Technology (103661F) ☐ AUR40226 Certificate IV in Automotive Mechanical Diagnosis (120323E) ☐ AUR50216 Diploma of Automotive Technology (102367J) ☐ BSB50720 Diploma of Paralegal Services (108755D)

NATIONALLY RECOGNISED TRAINING

Education Agent	Counsellor Name: Company Name:
Intake **Kindly mention the intake that the student wishes to enroll in.*	

Have you ever studied with AIM Institute of Health & Sciences before?	☐ Yes ☐ No
Do you wish to apply for **Credit?** *If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.*	☐ Yes ☐ No ☐ Maybe - I'd like more information
Do you wish to apply for **Recognition of Prior Learning?** *If you indicate YES, you will be contacted to discuss this further.*	☐ Yes ☐ No ☐ Maybe - I'd like more information

Personal Details

1. Enter your full name*

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Miss Other: _____
Surname:				
Given names:		Middle Name:		

**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, 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.*

2. Enter your birth date	*Format: Day/month/year*		
3. Gender *(Tick ONE box only)*	☐ Male ☐ Female ☐ 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?

Please provide the physical address (street number and name not the post office) 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.

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:	

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?	☐ Australia ☐ Other, please specify:
8. Do you speak a language other than English at home? *If more than one language, indicate the one that is spoken most often.*	☐ No, English only ☐ Yes, other, please specify:
9. Are you of Aboriginal or Torres Strait Islander origin? *For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.*	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

Disability

10. Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes ☐ 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: (*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.*

☐ Hearing/deaf [11]	☐ Physical [12]	☐ Intellectual [13]
☐ Learning [14]	☐ Mental Illness [15]	☐ Acquired brain impairment [16]
☐ Vision [17]	☐ Medical Condition [18]	☐ Other [19]

Schooling

12. What is your highest COMPLETED school level *(tick one box only)*

If you are currently enrolled in secondary education, the *Highest school level completed* 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 *Highest school level completed* is Year 9.

☐ Year 12 or equivalent [12]	☐ Year 11 or equivalent [11]	☐ Year 10 or equivalent [10]
☐ Year 9 or equivalent [09]	☐ Year 8 or below [08]	☐ Never attended school [02] *Go to question 14*

13. Are you still enrolled in secondary or senior secondary education? ☐ Yes ☐ No

Previous qualifications achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15? ☐ Yes – *indicate below Question 15* ☐ No – *Go to Question 16*

15. If yes, tick ANY applicable boxes

☐ Bachelor degree or higher degree [008]	☐ Certificate IV (or advanced certificate/technician) [511]	☐ Certificate I [524]
☐ Advanced diploma or associate diploma [410]	☐ Certificate III (or trade certificate) [514]	☐ Other education (including certificates or overseas qualifications not listed above) [990]
☐ Diploma (or associate diploma) [420]	☐ Certificate II [521]	

Employment

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

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).

☐ Full-time employee [01]	☐ Part-time employee [02]	☐ Self-employed – not employing others [03]
☐ Self-employed – employing others [04]	☐ Employed – unpaid worker in a family business [05]	☐ Unemployed – seeking full-time work [06]
☐ Unemployed – seeking part-time work [07]	☐ 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)*

☐ To get a job [01]	☐ It was a requirement of my job [06]
☐ To develop my existing business [02]	☐ I wanted extra skills for my job [07[
☐ To start my own business [03]	☐ To get into another course of study [08]
☐ To try for a different career [04]	☐ For personal interest or self-development [12]
☐ To get a better job or promotion [05]	☐ 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 7).*

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

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.
The NCVER does not intend to disclose your personal information to any overseas recipients.
For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.
If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.
DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at https://www.dese.gov.au/national-vet-data/vet-privacy-notice.

Surveys

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

Contact information

At any time, you may contact *AIM Institute of Health & Sciences* to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

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 maximizes 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, tumor, 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'

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 hospitalization; 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.

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)
☐ High School certificate or other relevant certificates
☐ Proof of English Language Proficiency
☐ Any other relevant documents to support your application e.g. resume

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:			