

Student Enrolment & Eligibility Form- (Please print clearly)




Student Details

QUALIFICATION TO BE ENROLLED IN							
Qualification 1- Code		Title		<input type="checkbox"/> L	<input type="checkbox"/> P	<input type="checkbox"/> FFS	
Qualification 2- Code		Title		<input type="checkbox"/> L	<input type="checkbox"/> P	<input type="checkbox"/> FFS	
Family Name: (Legal Names)				<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Given Names: (Legal Names)				DOB		____/____/____	
Contact No:	Home:	Mobile:	Work:				
E mail:							
RESIDENTIAL ADDRESS							
House/Flat number:		Street:					
Suburb:				Postcode:			
POSTAL ADDRESS (If different from residential address)							
House/Flat number:		Street:					
Suburb:				Postcode:			
COUNTRY OF BIRTH							
<input type="checkbox"/> Australia			<input type="checkbox"/> Other, please specify:				
In which town were you born? (this question is mandatory and must be answered)							
Are you an Australian Citizen or Permanent Resident of Australia?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
LANGUAGE SPOKEN AT HOME							
<input type="checkbox"/> English			<input type="checkbox"/> Other, please specify: _____				
If you speak a language other than English at home, rate how well you speak English?							
<input type="checkbox"/> Very well		<input type="checkbox"/> Well		<input type="checkbox"/> Not Well		<input type="checkbox"/> Not at all	
INDIGENOUS STATUS							
Are you of Aboriginal or Torres Strait Islander origin?							
<input type="checkbox"/> No		<input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Yes, both Aboriginal & Torres Strait Islander	
DISABILITY STATUS							
Do you consider yourself to have a disability, impairment, or long term condition for which you may require additional support? If yes, tick any applicable boxes:					<input type="checkbox"/> YES		<input type="checkbox"/> NO
<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Physical		<input type="checkbox"/> Hearing/Deaf			
<input type="checkbox"/> Medical condition	<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual		<input type="checkbox"/> Mental Illness			
<input type="checkbox"/> Other(Please Specify)							
SECONDARY SCHOOL DETAILS							
Are you still at secondary school?			<input type="checkbox"/> YES <input type="checkbox"/> NO				
What was your highest level <u>completed</u> at school?			<input type="checkbox"/> Did not go to high school		<input type="checkbox"/> Completed year 8 or lower		
			<input type="checkbox"/> Completed Year 9 or equivalent		<input type="checkbox"/> Completed Year 10		
			<input type="checkbox"/> Completed Year 11		<input type="checkbox"/> Completed Year 12		
In which year did you complete that school level?					Location of last Secondary school?		



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CONCESSION CARD TYPE			
Do you hold one of the following current concession cards? <input type="checkbox"/> Yes , please specify below <input type="checkbox"/> No (If No, go to next section)			
<input type="checkbox"/> Commonwealth Health Care Card 	<input type="checkbox"/> Pensioner Concession Card 	<input type="checkbox"/> Veterans Gold Card 	<input type="checkbox"/> Attach copy of concession card (must include signature panel, name, CRN and current expiry date)
VICTORIAN STUDENT NUMBER (VSN)			
<input type="checkbox"/> Do you have a VSN Number? If Yes -Enter your Victorian Student Number (VSN) <input type="checkbox"/> NO, I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Have you attended any Victorian school since 2009 or done any training with a vocational education and training (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. No more questions if you answer No above.	
<input type="checkbox"/> YES - I have attended a Victorian school since 2009: Most recent Victorian 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)			
1.			
2.			
3			
NATIONAL UNIQUE STUDENT IDENTIFIER (USI)			
Enter your Unique Student Identifier (USI) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="checkbox"/> I do not have a USI and I authorise Yorke Institute to apply for one on my behalf If you do or do not have a USI you must read the National Unique Student Identifier Privacy Notice below. You are advised that and agree that you understand and consent that the personal information you provide in connection with an application or a verification for a USI: Is collected by the Student Identifiers Registrar for the purposes of: <ul style="list-style-type: none"> •Applying for, verifying and giving a USI; •Resolving problems with a USI; and •Creating authenticated vocational education and training (VET) transcripts; The Student Identifiers Registrar’s Privacy Policy is located on the website www.industry.gov.au, please note that this document contains information on how you may; <ul style="list-style-type: none"> •Access and seek correction of the personal information held about you; •And complain about a breach of privacy and how such complaints will be dealt with May be disclosed to: <ul style="list-style-type: none"> •Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for: •The purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs; •Education related policy and research purposes; and •To assist in determining eligibility for training subsidies •VET Regulators to enable them to perform their VET regulatory functions; •VET Admission Bodies for the purposes of administering VET and VET programs; •Current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies; •Schools for the purposes of delivering VET courses to the individual and reporting on these courses •The National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics; •Researchers for education and training related research purposes; •Any other person or agency that may be authorized or required by law to access the information; •Any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and •Will not otherwise be disclosed without your consent unless authorized or required by or under law •To create and/or verify a USI on your behalf Yorke Institute is required to enter card details as per your identification as set out in VTG Eligibility Section A and Student Verification for a Unique Student Identifier •If all information requested is not provided, or is inaccurate, it may affect the Student Identifiers Registrar’s ability to provide you with a USI 			
I have read the Unique Student Identifier Privacy Notice and agree to allow Yorke Institute to apply or verify a Unique Student Identifier on my behalf			
Student Name	Student Signature	Date:	

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Student Details cont

PREVIOUS QUALIFICATIONS	
Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> YES (If yes, please tick those completed) <input type="checkbox"/> NO
<p>If Yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level. A – Australian E – Australian equivalent I – International</p> <p>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</p> <ol style="list-style-type: none"> 1. A – Australian 2. E – Australian equivalent 3. I – International 	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV or Advanced Certificate/Technician	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificates other than the above
CURRENT EMPLOYER DETAILS	
Employer:	
Work Site Address:	
Date employment commenced:	____/____/____ Job Title: _____
LABOUR FORCE STATUS	
<input type="checkbox"/> Full-time Employee	<input type="checkbox"/> Part-time Employee
<input type="checkbox"/> Self Employed - Not Employing Others	<input type="checkbox"/> Not employed – not seeking employment
<input type="checkbox"/> Employed - Unpaid Worker in a Family Business	<input type="checkbox"/> Employer
<input type="checkbox"/> Unemployed - Seeking Part-time Work	<input type="checkbox"/> Unemployed - Seeking Full-time Work
CURRENT OR RECENT OCCUPTION	
<p>Of the following classifications, which BEST describes your current or recent occupation? (Tick ONE box only.)</p> <ul style="list-style-type: none"> <li style="width: 50%;">· 1 - Managers <li style="width: 50%;">· 6 – Sales Workers <li style="width: 50%;">· 2 - Professionals <li style="width: 50%;">· 7 – Machinery Operators and Drivers <li style="width: 50%;">· 3 – Technicians and Trade Workers <li style="width: 50%;">· 8 - Labourers <li style="width: 50%;">· 4 – Community and Personal Service Workers <li style="width: 50%;">· 9 - Other <li style="width: 50%;">· 5 – Clerical and Administrative Workers 	
CURRENT OR RECENT INDUSTRY	
<p>Of the following classifications, which BEST describes the Industry of your current or previous Employer? (Tick ONE box only.)</p> <ul style="list-style-type: none"> <li style="width: 50%;">· A – Agriculture, Forestry and Fishing <li style="width: 50%;">· K – Financial and Insurance Services <li style="width: 50%;">· B - Mining <li style="width: 50%;">· L – Rental, Hiring and real Estate Services <li style="width: 50%;">· C - Manufacturing <li style="width: 50%;">· M – Professional, Scientific and Technical Services <li style="width: 50%;">· D – Electricity, Gas, Water and Waste Services <li style="width: 50%;">· N – Administrative and Support Services <li style="width: 50%;">· E - Construction <li style="width: 50%;">· O – Public Administration and Safety <li style="width: 50%;">· F – Wholesale Trade <li style="width: 50%;">· P – Education and Training <li style="width: 50%;">· G – Retail Trade <li style="width: 50%;">· Q – Health Care and Social Assistance <li style="width: 50%;">· H – Accommodation and Feed Services <li style="width: 50%;">· R – Arts and recreation Services <li style="width: 50%;">· I – Transport, Postal and Warehousing <li style="width: 50%;">· S – Other Services <li style="width: 50%;">· J – Information Media and telecommunications 	
WHY ARE YOU UNDERTAKING THIS STUDY?	
<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> For personal interest or self development	<input type="checkbox"/> Other reasons



Medical Disclosure

The following questionnaire is to be completed on commencement of your training with Yorke Institute
Please disclose whether you suffer from a medical condition to help us create a safer learning environment for you.
Please tick as applicable, your signature below acknowledges you have understood and answered the following questions to the best of your ability.

Are you under 18 years of age?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you been medically diagnosed with Anaphylaxis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, Do you have your action plan and in date Epi/Ana Pen on your person at all times?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you been medically diagnosed with Epilepsy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Please Specify
Have you been medically diagnosed with Asthma?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Please Specify
Do you have any other allergies or intolerances?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Please Specify
Do you have any other type of medical condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Please Specify

Student Name:			
Student Signature:		Date:	



Consent and Release Form

. Please read this form carefully and, if you agree, sign and hand it back to us before you start. Please talk to us if you have any questions or concerns.

Marketing and promotional material

Like any business, we are involved in marketing and promotional activities to ensure our success. The marketing and promotional activities we engage in are broad and varied and include traditional marketing methods, such as advertising and the preparation and distribution of marketing material, as well as various reverse marketing strategies.

Throughout your program, we will collect and prepare material to market and promote our services and to attract prospective students and potential business allies.

By signing this form:

- **You acknowledge that the material which we will collect and prepare to market and promote our services:**
 - may include photos of our students (past and present);
 - may include any testimonials given by our students;
 - may include any comments or statements made by our students and posted to our Facebook page;
 - may be reproduced for any promotional purpose; and
 - will, where applicable, be collected and disclosed in accordance with our Privacy Policy.

- **You acknowledge that, where necessary, we will take all reasonable steps to protect any material which we collect for marketing and promotional purposes from misuse, unauthorised access, modification and/or non-permitted disclosure.**

- **You consent to us:**
 - taking your photo and reproducing it for any promotional purpose, including;
 - in any publication or other form of marketing material;
 - at Yorke Institute' website (or as accessible from it); and
 - at sites such as Facebook.

- **Using any testimonial which you may give and reproducing it for any promotional purpose, including;**
 - in any publication or other form of marketing material;
 - at Yorke Institute's website (or as accessible from it); and
 - at sites such as Facebook.

- **Using any comment or statement which you may post to our Facebook page for any promotional purpose, including;**
 - in any publication or other form of marketing material;
 - at Yorke Insitute's' website (or as accessible from it); and
 - at social media sites other than Facebook.

- **You agree to release us from any claim or cause of action which you might otherwise have had in respect of the reproduction of your photo or any testimonial or post.**

Student Name:			
Student Signature:		Date:	

Student Acceptance Agreements
To be completed for ALL enrolments

Student Acceptance Agreement (To be completed for ALL enrolments)

I understand that:

Yorke Institute 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 project or audit or review.

The Education and Training Reform Act 2006 requires Yorke Institute 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:

Yorke Institute 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. Yorke Institute 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. Yorke Institute 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 03 84150444 or email info@yorkinstitute.com

- I acknowledge and agree to the terms described in this privacy statement:
- I agree to allow Yorke Institute to supply information regarding my training progress, attendance records and results to my employer and/or my employment services provider and/or my secondary school.
- I declare that the information provided to the RTO in application for study is to the best of my knowledge true, correct and complete at the time of my enrolment/application.
- I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application /enrolment form may result in the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of my Registered Training Organisation
- I understand that it is my responsibility to provide all relevant and required documentation
- I agree that the qualification stream and selection of units is appropriate.
- I acknowledge the information I have provided in this enrolment documentation may be shared with the allocated placement facility.
- I indemnify Yorke Institute from any claim or action and for any liability, which may arise or accrue as a result of participation in this training.
- I understand and accept the fees, charges and refunds that may be applied for this enrolment and the circumstances in which they apply.
- I have been provided with a copy of the Student Handbook and the contents have been explained to me.
- I have read and accept the process for Withdrawals as outlined in the Student Handbook
- I authorise Yorke Institute to obtain any information regarding my enrolment and participation in any training and assessment program provided by any educational institution. This information may include: details of qualifications obtained, Statements of Attainment, Statements of Results and dates on which these were achieved and awarded.
- By completing a program with us, you will automatically be added to the Yorke Institute marketing database. If you wish to be removed, you may unsubscribe at any time

Student Name:			
Student Signature:		Date:	



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VICTORIAN TRAINING GUARANTEE
2016 EVIDENCE OF STUDENT ELIGIBILITY & STUDENT DECLARATION

This form is only for the purpose of certifying that eligibility evidence has been sighted & that an applicant has stated their qualifications. It is not intended to constitute the sole process for assessing an individual's eligibility for the Victorian Training Guarantee.

Section A: (To be completed by an authorised delegate of the RTO)

Evidence of citizenship/residency and age (Coloured Copies of ID's are to be attached to this enrolment)

I confirm that in relation to _____

(Student's full name)

I have sighted an original, or a certified copy, or an uncertified copy that I have verified through use of a document verification service of one of the following :

- | | |
|--|---|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> a current Australian Passport |
| <input type="checkbox"/> a current New Zealand Passport | <input type="checkbox"/> a naturalisation certificate |
| <input type="checkbox"/> a current <i>green</i> Medicare Card | <input type="checkbox"/> a signed declaration by a relevant referee |
- formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence and I have retained a copy of the original or certified copy, or the certified copy, or the uncertified copy and a receipt from a document verification service;

and if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth:

- a current drivers licence, or a current learner permit, or a Proof of Age card, or a 'Keypass' card

NB: The RTO must retain a copy of all documentation used in Section A

Section B: To be completed by Student

Education history

Q1. The highest qualification I currently hold is: _____
(Include full title of qualification, eg. Certificate III in Aged Care)

Q2. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started..

0 1 2 3 4+ (circle number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?

0 1 2 3 4+ (circle number)

Q4. In your lifetime, how many government subsidised courses have you started (commenced) that are at the same level as the one you are applying for now? **Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.**

0 1 2 3 4+ (circle number)

Student declaration

I _____, in seeking to enrol in _____
(Student's full name)

(Include full title of qualification/s in which you are seeking to enrol)

declare the following to be true and accurate statements:

- a. I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school.
(circle appropriate response)
- b. I AM / AM NOT enrolled in the Commonwealth Government's Skills for Education and Employment program.
(circle appropriate response)
- c. I understand that my enrolment in the above qualification/s is being subsidised by the Victorian and Commonwealth Governments under the Victorian Training Guarantee. I understand that enrolling in the above qualification/s may affect my future training options and eligibility or further government subsidised training under the Victorian Training Guarantee.

Signed	Date
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Section C: To be completed by an authorised delegate of the RTO

Number of courses student is currently eligible for: 1 2

RTO declaration

Based on discussion with the student, the above evidence I have sighted in Section A, and the information provided to me by the student in Section B of this form I believe that the above individual satisfies the Victorian Training Guarantee eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Victorian. **Training Guarantee for the following qualification/s:** _____

(Include full title of qualification/s in which the student is seeking to enrol)

Authorised RTO delegate:

Name of RTO delegate	Signature of RTO delegate
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