

Please use BLOCK LETTERS when filling out this form, and ensure that all sections are completed and appropriate tick boxes marked as applicable. Information collected on this enrolment form is confidential and will not affect you as an individual in your studies.

1. Personal Details (including full legal name)

Title (Mr, Miss, Ms, Mrs, Other):	<input type="checkbox"/> Male	<input type="checkbox"/> Female										
Surname:	(if Single Name only, enter here)											
First Name:	Middle Name(s):											
Preferred Name:	Previous Surname:											
Date of Birth: ___ / ___ / _____	Current Age:											
Town/City of Birth:	Age as at 1/1/2016:	<input type="checkbox"/> 15-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25+										
UNIQUE STUDENT IDENTIFIER (USI) - Do you have a valid USI?	<input type="checkbox"/> Yes (input below) <input type="checkbox"/> No (please refer to options)											
Student USI – please input USI in boxes provided (if known):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
<input type="checkbox"/> OPTION 1 (Preferred)	www.usi.gov.au/students/how-do-i-create-usi											
Apply for your own personal USI using the government website:	Once completed, input new USI (10 digit) in the boxes provided											
<input type="checkbox"/> OPTION 2	The USI Student Privacy Notice is located on the following website:											
I authorise Westvic Staffing Solutions to apply for a USI on your behalf.	www.westvic.org.au/do-you-need-training/student-information/											
[OFFICE USE ONLY] Student Management System No.: _____	USI Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DVS Valid											

2. Your Contact Details

Home Phone:	Mobile Phone:
Email Address:	Work Phone:
Preferred Contact Method: <input type="checkbox"/> via Mobile Phone <input type="checkbox"/> via Email <input type="checkbox"/> via Post (address below) (please tick one)	

3. Your Emergency Contact

Name:	Relationship:
Home Phone:	Mobile Phone:

4. Your Address Details

USUAL RESIDENTIAL ADDRESS (Not a PO Box)

Street Address:		
City/Town:	State:	Postcode:

POSTAL ADDRESS (please tick if same as usual Residential Address)

Address:		
City/Town:	State:	Postcode:

5. Victorian Student Number (VSN)

To be completed by all students **aged up to 24 years**:

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this Registration Form.

Students who are Registering for enrolment for the first time since the VSN was introduced will get a new VSN.

Enter your Victorian Student Number (VSN) :	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										

No more questions if you have provided your VSN (**proceed to Section 6**)

If you don't know your **Victorian Student Number** please complete the following questions:

Have you attended any Victorian secondary school **since 2009**?

OR

Have you done/commenced any training with a Vocational Education and Training (VET) Registered Training Organisation (RTO) or an Adult and Community Education provider in Victoria **since 2011**?

Yes Response (1. or 2. below)

Yes 1. - I have attended a Victorian school since 2009.

Please provide us with your most recent Victorian school attended :

--

AND / OR

Yes 2. – I have participated in training at a TAFE or other training organisation since the beginning of 2011

No Response

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

(proceed to Section 6)

If **Yes 2.** (above) – list the most recent training organisations with which you have participated in training in Victoria since 2011 (up to 3).

1.	
2.	
3.	

6. Language and Cultural Diversity

Are you of Aboriginal/Torres Strait Islander origin?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Aboriginal |
| <input type="checkbox"/> Yes, Torres Strait Islander | <input type="checkbox"/> Yes, Aboriginal & T.S. Islander |

In which country were you born?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Other (please specify below) |
|------------------------------------|---|

Do you speak a language other than English at home?

- | | |
|--|---|
| <input type="checkbox"/> No (English only) | <input type="checkbox"/> Yes (please specify below) |
|--|---|

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 |

7. Education Details

Are you still attending secondary school*? No Yes

(*Refers to any government, non-government, independent or Catholic school; or a student registered for home schooling in Victoria)

What is your highest **COMPLETED** school level? Completed Year 12 Completed Yr. 9 or equivalent
 Completed Year 11 Completed Yr. 8 or lower
 Completed Year 10 Never attended school

Tick one box only

In which year did you complete that school level?

8. Employment Status

Of the following categories, which **BEST** describes you current employment status?
Tick one box only

Employed – unpaid worker in a family business Full time employee
 Self-employed – not employing others Part time employee
 Not employed – not seeking employment Employer
 Unemployed – seeking full time work
 Unemployed – seeking part time work

If currently employed, complete the below details (if not employed, proceed to **Section 11**)

CURRENT EMPLOYER DETAILS

Business Name : Your Payroll ID:

Contact Name : Workplace Supervisor:

Street Address:

City/Town: State: Postcode:

POSTAL ADDRESS (please tick if same as Street Address)

Postal Address:

City/Town: State: Postcode:

Phone: Mobile Phone:

Email Address: Work Phone:

9. Occupation

Which of the following classifications **BEST** describes your current or recent occupation?
Tick one box only

1 - Managers 6 – Sales Workers
 2 - Professionals 7 – Machinery Operators & Drivers
 3 – Technicians & Trade Workers 8 - Labourers
 4 – Community and Personal Service Workers 9 – Other
 5 – Clerical & Administrative Workers

If never employed, proceed to **Section 11**.

10. Industry of Employment

Which of the following classifications **BEST** describes the Industry of your current or previous Employer?

Tick one box only

- | | |
|---|---|
| <input type="checkbox"/> A – Agriculture, Forestry and Fishing | <input type="checkbox"/> K – Financial & Insurance Services |
| <input type="checkbox"/> B – Mining | <input type="checkbox"/> L – Rental, Hiring & Real Estate Services |
| <input type="checkbox"/> C – Manufacturing | <input type="checkbox"/> M – Professional, Scientific & Technical Svc’s |
| <input type="checkbox"/> D – Electricity, Gas, Water & Waste Services | <input type="checkbox"/> N – Administrative 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 & Training |
| <input type="checkbox"/> G – Retail Trade | <input type="checkbox"/> Q – Health Care & Social Assistance |
| <input type="checkbox"/> H – Accommodation & Feed Services | <input type="checkbox"/> R – Arts and Recreation Services |
| <input type="checkbox"/> I – Transport, Postal & Warehousing | <input type="checkbox"/> S – Other Services |
| <input type="checkbox"/> J – Information Media & Telecommunications | |

If never employed, proceed to **Section 11**.

11. Disability

Do you consider yourself to have a disability, impairment or long term condition?

Yes No

If yes, please tick **ALL** areas of disability, impairment or long term condition.

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Learning | <input type="checkbox"/> Other (please provide details) |

12. Previous Qualifications / Education

Have you **SUCCESSFULLY COMPLETED** any of the following qualifications?

Yes No

If **Yes**, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level.

- | | |
|--|---|
| <p>A E I</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor Degree or Higher Degree</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced Diploma or Associate Degree</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma or Associate Diploma</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV or Advanced Cert/Technician</p> | <p>A E I</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III or Trade Certificate</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificates other than those listed</p> |
|--|---|

- (1) A = Australian Qualification
 (2) E = Australian Equivalent*
 (3) I = International

Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use this priority order (1), (2) & (3).

*To determine ‘Australian Equivalent’ qualifications, please refer to the Overseas Qualifications Unit (OQU). The Unit can provide qualified professionals who are living permanently in Victoria, with an assessment of their overseas qualification: visit www.liveinvictoria.vic.gov.au/home# and search for the OQU for assistance.

13. Study Reason

Of the following categories, which **BEST** describes your main reason for undertaking this course / traineeship / apprenticeship?

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 wanted 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"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other Reasons |

14. Student Contact

How did you find out about the course you are enrolling in?

Tick one box only

Westvic Staffing Solutions (WSS)

WSS - Job Active

WSS - Group Training

WSS - Staff Member

WSS - Current/Past Student

WSS - Flyer

WSS - Website

Radio advertising

School supplied information

Word of mouth

Social Media (e.g. Facebook)

Apprentice Centre

Newspapers

Workplace

Other (please specify)

15. Australian Citizenship Status

Residency / Citizenship Status

Are you an Australian Citizen or Permanent Resident?

Are you a New Zealand Citizen

Are you an East Timorese Asylum Seeker?

Are you a prisoner within the meaning of the Corrections Act 1986 or detained or held on remand within the meaning of the Children and Young Persons Act 1989 or the Sentencing Act 1991?

Were / Are you under the Guardianship of the Minister?

Are you a Special Category Visa Holder? (if yes, please provide details)

Please select appropriate

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Passport Number :

Visa Number :

Expiry Date :

15. Identification Documents

Please provide details of the identification you are able to provide to Westvic Staffing Solutions as part of this Registration for enrolment

CITIZENSHIP & AGE

Australian Birth Certificate (not Birth Extract)

New Zealand Passport

Green Medicare Card

Other Documentation

Australian Passport

Naturalisation Certificate

Formal Documentation issued by the Department of Immigration confirming permanent residence

One of these documents may also be required for applicants less than 20, **OR** for students where the above documents do not specify a current residential address

Drivers licence

Learners Permit

Proof of Age card

"Keypass" card

EVIDENCE OF CONCESSION

Do you hold, or are you the dependant spouse or child of a holder of the following:

Commonwealth Health Care Card

Pensioner Concession Card , Veteran Gold

Veteran's Gold Card

an alternative card or concession eligibility criterion approved by the Minister for the purposes of these Guidelines

Student eligibility assessment and declaration - for **Government Subsidised Training** under the Victorian Training Guarantee

19. Education History (for Government Subsidised Training)

19.1 The highest qualification I have completed is :

19.2 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?

Tick appropriate box 0 1 2 3 4+

19.3 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?

Tick appropriate box 0 1 2 3 4+

19.4 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.

Tick appropriate box 0 1 2 3 4+

20. Student Declaration (for Government Subsidised Training)

I (students full name) _____ in seeking to enrol in:

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

Declare the following to be true and accurate statements (**please tick the True option for each statement as appropriate**):

- a. I (**AM** True) / (**AM NOT** True) enrolled in a school, including government, non-government, independent, Catholic or home school
- b. I (**AM** True) / (**AM NOT** True) enrolled in the Commonwealth Governments Skills for Education and Employment program.
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the Victorian Training Guarantee. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the Victorian Training Guarantee.
- d. I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed (Student):

Date:

21. STUDENT EVIDENCE OF ID (FFS Only)

TRAINER / DELEGATE USE ONLY

I confirm that in relation to the Fee For Service enrolment of (students full name):

I have sighted **one** of the following original documents (or a certified photocopy of the original):

- | | |
|---|---|
| <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 green Medicare Card | <input type="checkbox"/> a signed Declaration by a relevant referee |
| <input type="checkbox"/> a current drivers licence | <input type="checkbox"/> a current learner permit |
| <input type="checkbox"/> a Proof of Age card | <input type="checkbox"/> a "Keypass" card |
| <input type="checkbox"/> a Student ID card | <input type="checkbox"/> other form of photo ID: |
| <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence | |

Student eligibility assessment and identification - for **Government Subsidised Training** under the Victorian Training Guarantee

22. EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE **TRAINER / DELEGATE USE ONLY**

I confirm that in relation to (students 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 green Medicare Card | <input type="checkbox"/> a signed Declaration by a relevant referee |
| <input type="checkbox"/> 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 students 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

23. EVIDENCE OF PARTICIPATION IN VARIOUS INITIATIVES **TRAINER / DELEGATE USE ONLY**

Various Initiatives - For individuals referred under particular initiatives the appropriate evidence has been provided:

Initiative / Options (tick the applicable)	Evidence Provided	Requirement /Comment
<input type="checkbox"/> Referred Job Seeker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Form – (Concession gap not paid by the Dept.)
<input type="checkbox"/> Referred Disability Employment Services Clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asylum Seekers and Victims of Human Trafficking Initiative	<input type="checkbox"/> Yes <input type="checkbox"/> No	Letter
<input type="checkbox"/> Young People Transitioning from Care Initiative	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Waiver available
<input type="checkbox"/> Workers in Transition Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Letter & Separation notification
<input type="checkbox"/> Retrenched Workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Automotive Supply Chain Training Initiative	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Letter
<input type="checkbox"/> Community Based Order / Judy Lazarus Transition Centre	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Waiver available
<input type="checkbox"/> Back to Work Scheme	<input type="checkbox"/> Yes <input type="checkbox"/> No	SRO Email to Employer
<input type="checkbox"/> Other (as applicable): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

24. COURSE ELIGIBILITY ASSESSMENT **TRAINER / DELEGATE USE ONLY**

Number of courses student is currently eligible for : 1 2

Westvic Staffing Solutions Declaration

Based on discussion with the student, and above evidence I have sighted (and retained a copy of) in **Section 22** (Evidence of Citizenship/Residency and Age), and the information provided to me by the student in **Section 19 & 20** (Education History & Student Declaration) 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 qualifications (include full title of qualification/s in which the student is seeking to enrol) :

-
-

Authorised RTO Delegate:

Name: _____ Position: _____

Signed: _____

Date: _____

Notes: Use this section to record additional, relevant eligibility information, including information used by the RTO to verify the individual's eligibility that is not captured in **Sections 19, 22 or 24.**

