

Australian Institute of Professional Technique

RTO Code: 45873 CRICOS Code: 04030F

Enrolment Form

Course/s you are applying for

Course	Duration	Select
BSB50820 Diploma of Project Management CRICOS Code: 110518K	78 Weeks	<input type="checkbox"/>
BSB60720 Advanced Diploma of Program Management CRICOS Code: 110519J	78 Weeks	<input type="checkbox"/>

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): _____

Gender (Tick ONE box only) Male Female Other

Family name (Surname): _____ (if Single Name only, enter here)

First Name: _____ Middle Name(s): _____

Preferred Name: _____ Date of Birth: Day/month/year/...../.....

2. Your Contact Details

Home Phone: _____ Mobile Phone: _____

Email Address: _____ Work Phone: _____

Alternative email address (optional) _____

Preferred Contact Method: via Mobile Phone via Email via Post (address below) (please tick one)

3. Your Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

4. What is the address of your usual residence?

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 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 - _____

5. 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 - _____
 Postal delivery information (e.g. PO Box 254) - _____
 Suburb, locality or town - _____
 State/territory - _____
 Postcode - _____

6. Applicant Visa history

Country visa applied	Category of visa	Date of application	Outcome of visa

Funding Source

Who will sponsor your studies in Australia including boarding and accommodation? Please tick appropriately.

Self	<input type="checkbox"/>	Parents	<input type="checkbox"/>	Spouse	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	Bank Loan	<input type="checkbox"/>	Others	<input type="checkbox"/>

Student's Visa been previously refused or cancelled from any country including Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details and copies of any documentation:
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, when and for what reason?
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the reason for this rejection? Which institute? What course did you apply for?

7. Language and Cultural Diversity

Are you of Aboriginal/Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander Yes, Aboriginal & T.S. Islander

In which country were you born? Australia Other (please specify below)

Do you speak a language other than English at home? No (English only) Yes (please specify below)

If you speak a language other than English at home, how well do you speak English? Very Well Well Not well Not at all

8. Unique Student Identifier (USI)

From 1 January 2015, we 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). In addition, we are required to include your USI in the data we submit to NCVET. 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. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Enter your USI

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If you want that AIPT will create a USI on your behalf, then go to point 9 and complete the information.

9. USI application through AIPT (if you do not already have one)

Application for Unique Student Identifier (USI)

If you would like us [RTO] 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.

I [NAME]authorise RTO 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 (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Town/City of Birth _____

(please write the name of the Australian or overseas town or city where you were born)

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).

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

<p>1. Australian Driver's Licence</p> <p>State: _____</p> <p>Licence Number: _____</p>	<p>2. Medicare Card</p> <p>Medicare card number _____</p> <p>Individual reference number (next to your name on Medicare card): __</p> <p>Card colour: (select which applies)</p> <p>Green <input type="checkbox"/> Expiry date ____/____ (format MM/YYYY)</p> <p style="text-align: right;">(month/year)</p> <p>Yellow <input type="checkbox"/> Blue <input type="checkbox"/> Expiry date ____/____/____ (format DD/MM/YYYY)</p> <p style="text-align: right;">(day/month/year)</p>
<p>3. Immicard</p> <p>Immicard Number _____</p>	
<p>4. Certificate of Registration by Descent</p> <p>Acquisition date ____/____/____</p> <p style="text-align: right;">(day/month/year)</p>	
<p>5. Australian Birth Certificate</p> <p>State/Territory _____</p> <p><i>Details vary according to State/Territory (see note above)</i></p>	<p>6. Non-Australian Passport (with Australian Visa)</p> <p>Passport number _____ Country of issue _____</p>
<p>7. Australian Passport</p> <p>Passport number _____</p>	<p>8. Citizenship Certificate</p> <p>Stock number _____</p> <p style="text-align: right;">Acquisition date ____/____/____ (day/month/year)</p>

In accordance with section 11 of the *Student Identifiers Act 2014*, RTO 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.

10. Education Details

Are you still enrolled in secondary or senior secondary education?

No

Yes

What is your highest **COMPLETED** school level?
(Not inclusive of higher education)

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 this school level?

(must be answered – even if education was completed overseas)

If still attending school, name of school:

Previous secondary school (if applicable):

11. Employment Status

Which of the following categories **BEST** describes your current employment status?

Employed – unpaid worker in a family business

Full time employee

Self-employed – not employing others

Part time employee

Not employed – not seeking employment

Employer

Tick one box only

Unemployed – seeking full time work

Unemployed – seeking part time work

Where are you employed?

How many employees are at your current employer?

Up to 20

Over 20

12. Occupation

Which of the following classifications **BEST** describes your current (or recent) occupation?

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

Tick one box only if you never employed go to next section.

13. Industry of Employment

Which of the following classifications **BEST** describes the Industry of your current (or recent) Employer?

A – Agriculture, Forestry and Fishing

K – Financial & Insurance Services

B – Mining

L – Rental, Hiring & Real Estate Services

C – Manufacturing

M – Professional, Scientific & Technical Svc's

D – Electricity, Gas, Water & Waste Services

N – Administrative Support Services

E – Construction

O – Public Administration and Safety

F – Wholesale Trade

P – Education & Training

G – Retail Trade

Q – Health Care & Social Assistance

H – Accommodation & Feed Services

R – Arts and Recreation Services

I – Transport, Postal & Warehousing

S – Other Services

J – Information Media & Telecommunications

Tick one box only if you never employed go to next section.

14. Disability

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

NO

If yes, please indicate the areas of disability, impairment or long term condition. You may indicate more than one.

- | | |
|---|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Other (Please specify):..... | |

15. Previous Qualifications/Education

Have you successfully **COMPLETED** any of the following qualifications? Yes No

If yes, please tick **ONE** applicable box relating to your prior education at **ANY** applicable Level as follows:

A = Australian Qualification

E = Australian Equivalent*

I = International

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

If multiple of one type, use above priority order (A), (E) and then (I).

*To determine 'Australian Equivalent' qualifications, please refer to the Overseas Qualifications Unit (OQU).

16. Study Reason

Of the following reasons, 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"/> Go back to my country for better career prospect |
| <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"/> To get skills for community/voluntary work |

17. Student Contact

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

Tick one box only

- | | |
|--|---|
| <input type="checkbox"/> Staff Member | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Social Media (e.g. Facebook) |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Student Agent | |

Name of the Agent:

18. Student Handbook

The student handbook outlines the following:

- | | | |
|---|---|--|
| <input type="radio"/> Student fee information | <input type="radio"/> Complaints procedure | <input type="radio"/> Student welfare and support services |
| <input type="radio"/> Refund Policy | <input type="radio"/> Appeals procedure | <input type="radio"/> Recognition of prior learning |
| <input type="radio"/> Code of conduct | <input type="radio"/> Assessment guidelines | |

I declare that I have read and understood RTO student handbook and their policies & procedures regarding the above.

Signature: _____ Date: _____

The Student Handbook can be found on RTO website (proposed).

19. Australian Citizenship Status

Australian Citizen New Zealand Citizen Permanent Resident Other (please provide details)

20. Induction Checklist (Please tick the correct boxes)

<input type="checkbox"/> Language, Literacy and Numeracy(LLN) assessment completed by student and attached	<input type="checkbox"/> Credit Transfer discussed
<input type="checkbox"/> Delivery Mode discussed	<input type="checkbox"/> Location of the course discussed
<input type="checkbox"/> Recognition of prior learning(RPL) discussed	<input type="checkbox"/> Tuition fees, Concession and Exemption discussed
<input type="checkbox"/> Refund policy discussed	<input type="checkbox"/> Student question answered
<input type="checkbox"/> I have read and understand the student handbook	<input type="checkbox"/> Please indicate any special needs, assistance you may require during the course (e.g Writing assistance)

Privacy Statement & Student Declaration

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 NCVER and other bodies handle your personal information

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.

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.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how 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 *Australian Institute of Professional Technique* to: Telephone: 0425168811, Email: reganh@newlightedu.com.au 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

Consent for publication of photographs and student work

- RTO occasionally takes photos of students participating in classes for publicity purposes. These photos may be displayed on our website. The names and details of the people in the photos are not released or published. Staff will always identify when they are taking photos so students who don't wish to have their photo taken can be excluded from the photo. If at any time your photo is published on the website and you would like it removed, we will do so within 24 hours of receiving a written request to remove it.
- **Do you consent to the use of your photo under these conditions? Please circle one: Yes No**
- **If you indicated NO please ensure you advise the staff member at the time the photo is being taken to ensure you are excluded from the photo.**

Consent/authority to release information and view documents

Please be assured that any discussions held with this representative will be for the purposes of your assessment and for your skills development.

During the process we do not plan to discuss your evidence or work practices with other trainees, unless we have your written permission to do so.

You are required to give permission in writing for any of these discussions or viewing of evidence to occur.

- I will be required to participate in the completion of a National Students Outcomes Survey [NCVER], during the course of my training program.

Declaration of Information Accuracy

In signing or emailing this form I acknowledge and declare that;

1. I have read and understood and consent to the privacy notice and have completed all questions and details on the enrolment forms.
2. Arrangements have been made to pay all fees and charges applicable to this enrolment.
4. I have read and understand the AIPT Information for Learners Handbook
5. I agree to be bound by the AIPT's Student Code of Conduct, regulations, policies and disciplinary procedures whilst I remain an enrolled student.
6. I am 18 years of age or older, or have permission to access the internet from my parent(s) or guardian(s) if under 18.
7. My participation in this course is subject to the right of XIDT to cancel or amalgamate courses or classes. I agree to abide by all rules and regulations of XIDT.
8. I understand and have been provided with information by XIDT in relation to Credit Transfer and Recognition of Prior Learning (RPL).
9. I confirm that I have been informed about the training, assessment and support services to be provided, and about my rights and obligations as a student at XIDT.
10. I have also visited XIDT website to review Training and Assessment options available to me including but not limited to duration, location, mode of delivery and work placement (if any), fees, refunds, complaints and withdrawals.
11. I authorise RTO or its agent, in the event of illness or accident during any XIDT organised activity, and where emergency contact next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
12. My academic results will be withheld until my debit is fully paid and any property belonging to XIDT has been returned.
13. I acknowledge that from time to time XIDT may send me information regarding course opportunities and other promotional offers and that I have the ability to opt out.
14. I declare that the information I have provided to the best of my knowledge is true and correct.
15. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Signed (Student)

Date:

Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

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'

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.