



PO BOX 3107 MORNINGTON 3931 717 Nepean Highway MORNINGTON 3931

PHONE: 03 5976 1509 FAX: 03 5976 1519

[www.niet.com.au](http://www.niet.com.au) or email: [info@niet.com.au](mailto:info@niet.com.au)

## ENROLMENT FORM: (F001)

Course Name and Code: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Please print clearly for Certificate purposes

First Name:	Surname:	Mr / Mrs / Ms / Miss
Date of Birth:		Male/Female
Address(in which you usually live):		Suburb, Locality or Town :
Telephone:		Post Code:
Email:		Mobile:
Do you have a concession card? No <input type="checkbox"/> Yes <input type="checkbox"/>		CRN Number:

### Victorian Student Number

A Victorian Student Number (VSN) will be allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 on their first enrolment in a VET training provider from 2011.

<p><b>Enter your Victorian Student Number (VSN)</b></p>  <p><b>If you have not provided a VSN, is this because:</b></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria.</p> <p>Leave both the VSN and the above tick box blank if you HAVE previously attended a Victorian school, TAFE or vocational education and training provider.</p>
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### *In case of emergency please contact:*

Name: .....

Phone: .....



# nepeanindustryedgetraining

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	YES	NO
Were you born in Australia?	<input type="checkbox"/>	<input type="checkbox"/> (Please specify)
If not, which country were you born?	_____	
Do you speak a language at home OTHER than English	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify (if more than one, indicate the one spoken most often)	_____	
How well do you speak English?	Very well <input type="checkbox"/>	Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>

**Do you consider yourself to have a disability, impairment or long term condition?**  Yes  No

If yes, please specify:

- |  |   |                                   |  |
|--|---|-----------------------------------|--|
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Hearing/Deaf   | <input type="checkbox"/> Physical | <input type="checkbox"/> Vision                    |
| <input type="checkbox"/> Intellectual      | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Other _____       |   |                                   |  |

To assist us in providing you with a positive learning experience, please supply any information regarding additional needs (special or otherwise) you may have. Please trust that all information gathered is treated as private and confidential and will only be used by the trainer to support your learning.

**Of the following categories, which best describes your current employment status?**

- |  |  |
|--|--|
| <input type="checkbox"/> Full-time employee                            | <input type="checkbox"/> Part-time employee                    |
| <input type="checkbox"/> Employed (unpaid worker in a family business) | <input type="checkbox"/> Employer                              |
| <input type="checkbox"/> Self-employed (not employing others)          | <input type="checkbox"/> Not Employed (not seeking employment) |
| <input type="checkbox"/> Unemployed (seeking part-time work)           | <input type="checkbox"/> Unemployed (seeking full-time work)   |

### Employment Details:

**Business Name**.....

**Address**.....

**Contact Name**.....**Phone**.....

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

- |   |  |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Advanced Diploma or Associate           |
| <input type="checkbox"/> Degree                           | <input type="checkbox"/> Diploma or Associate Diploma            |
| <input type="checkbox"/> Certificate IV or Advanced       | <input type="checkbox"/> Certificate/Technician                  |
| <input type="checkbox"/> Cert III or Trade Certificate    | <input type="checkbox"/> Certificate II                          |
| <input type="checkbox"/> Certificate I                    | <input type="checkbox"/> Certificates Other Than the Above _____ |

**Are you still attending secondary school?**  Yes  No

**What is your highest completed school level?**  Year 12  Year 11  Year 10  
 Year 9 or equivalent  Year 8 (or lower)  
 Did not go to high school

**In which year did you complete that school level?** \_\_\_\_\_

**Of the following categories which best describes your main reason for undertaking this course?**

- |   |  |  |
|---|--|--|
| <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 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                    |  |  |
- 

**Terms and conditions of Enrolment:**

Please refer to our student handbook or website [www.niet.com.au](http://www.niet.com.au)

Did you receive enough information prior to enrolment?  Yes  No

Have you received and/or read the student handbook?  Yes  No

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**What further information could be supplied to improve the enrolment process?**

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**How are you paying for this course?**

- Cheque
  - Direct Deposit **Nepean Industry Edge Pty Ltd, ANZ - BSB 013740 A/C – 904 687 685**
  - Cash
  - Credit Card: (I authorize Nepean Industry Edge Training to deduct the training fee from my credit card)
  - Funded (Funding Type: \_\_\_\_\_)
  - Job Network (if job network please include organisation's name and location)
-

### Pre training review

Please tick category that best applies to you:

You **MUST** provide evidence of citizenship ie – Passport, Medicare Card or Residency Visa

Australian Citizen **OR**

Permanent resident of Australia **OR**

A holder of a Special Category Visa **OR**

Temporary Protection Visa holders **OR**

East Timorese Asylum seekers

Are you between the age of:

15 - 19  20 – 24  25 and over

You **MUST** provide Photo Evidence stating Date of Birth

Do you have any qualifications at Certificate I, II, III, IV, Diploma Level or higher?

YES  NO

If YES Please state which Level \_\_\_\_\_

In the year 2011 have you participated in training funded under any other State or Commonwealth Government programs?

YES  NO

Are you currently completing an Apprenticeship or Traineeship?

YES  NO

#### **Recognition of Prior Learning (RPL)**

Recognition of Prior Learning (RPL) is one way that you can have your current skills and knowledge assessed by a registered training organisation to see if they meet today's industry standards. RPL is a means of recognising your skills and knowledge, no matter how, when or where your learning occurred. RPL could provide you with a full or part qualification. It could also be used to identify what training you may need to complete a qualification.

Do you wish to apply for Recognition of Prior Learning?

YES  NO  (If yes please fill out **attachment A**)

#### **Credit Transfer (CT)**

An organisation may grant credit transfer where there is documentary evidence that equivalent competencies/learning outcomes have been achieved in a course of study with another organisation. Credit transfer may be granted where there is parity of training outcomes/competencies.

Do you wish to apply for a Credit Transfer?

YES  NO  (Please provide certificates as evidence).

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**Language, Literacy and Numeracy Evaluation:**

Outlined below is a series of questions designed to assist your workplace trainer/assessor evaluate your current numeracy and literacy skills. **This is not a test** and there is no 'pass' or 'fail'. This evaluation is conducted for your benefit as it will give your trainer valuable information into your strengths and tailor the delivery of training to your best learning needs and assist you in any areas you may need further assistance.

1. What are your expectations of this course?

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2. Why do you feel you are suitable to work in this industry?

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3. Have you been involved in any kind of work experience or work within this industry?

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4. Select and Insert the correct word to complete each sentence.

Can I have chocolate cake for ..... lunch?	me - my
It is very important ..... listen to the elderly	two - to
The elderly love ..... activities	there - their
..... are you going for your holiday?	were - where

5. Complete the following mathematical questions.

Question	Answer
$4 + 2 + 4 + 11$	
$55 - 15$	
$70 \div 10$	
If 1 pencil cost 5 cents how many pencils can be bought with 30 cents?	

6. How many hours did Jack work?

On Monday Jack started work at 7:00am. At 1:00pm he had 30 minutes for lunch and finished work at 3:00pm.

On Tuesday Jack started work at 7:30am, had 30 minutes for lunch and finished work at 5:00pm.

On Wednesday Jack started work at 7:am, had 60 minutes for lunch and finished work at 4:00pm

Jack worked ..... Hours



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## PRIVACY STATEMENT

I understand that:

Nepean Industry Edge Training is required to provide the Victorian Government, through Skills Victoria, 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 [www.skills.vic.gov.au/corporate/statistics/submit\\_data](http://www.skills.vic.gov.au/corporate/statistics/submit_data)).

Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact Nepean Industry Edge Training's Privacy Officer on phone 5976 1509 or email [leah@niet.com.au](mailto:leah@niet.com.au)

I acknowledge and agree to the terms described in this privacy statement

Student signature: .....

Student name: .....

**BEFORE YOU SEND YOUR ENROLMENT PLEASE CHECK YOU HAVE INCLUDED THE FOLLOWING:**

Photo Evidence Stating DOB ie - Australian Drivers Licence or Passport

Proof of Residency ie - Medicare Card, Passport or Residency Visa

Payment details completed

All forms completed and signed

**ENROLMENT CAN NOT BE CONFIRMED OR COMMENCED UNTIL WE RECEIVE THE ABOVE INFORMATION**



## APPLICANT SELF DECLARATION

### PART A: To be completed by all applicants (including applicants completing PART B section)

- 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 authorise my Registered Training Organisation to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for the Victorian Training Guarantee.

Applicant Name \_\_\_\_\_  
(PLEASE PRINT)

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### PART B1: To be completed by applicant (if required to do so) AFTER discussion with Registered Training Organisation regarding eligibility requirements for government subsidised training

For applicants eligible for government subsidised training under the Victorian Training Guarantee, the following statement applies:

- I declare that I am an Australian Citizen; or a holder of a permanent visa; or a holder of a Special Category Visa (sub-class 444, New Zealand); or an East Timorese Asylum Seeker; or a holder of a Temporary Protection Visa Holder; or a holder of a referral form from the Asylum Seeker Resource Centre confirming me as a 'Asylum Seeker'; or a holder of a referral form from the Australian Red Cross confirming me as a 'Victim of Human Trafficking.'
- I declare that the information I have provided, including evidence to confirm my date of birth, is correct.
- I declare that to the best of my knowledge and after consultation with my Registered Training Organisation that I meet the Victorian Training Guarantee eligibility criteria.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### PART B2: To be completed by the Registered Training Organisation

I confirm that the applicant has been informed of the eligibility requirements for government subsidised training under the Victorian Training Guarantee, and that the applicant is aware of the consequences arising from a false, misleading or an incomplete declaration.

RTO Representative \_\_\_\_\_  
(PLEASE PRINT)

Position: \_\_\_\_\_  
(PLEASE PRINT)

RTO Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART C: For applicants under the age of 18 at the time of enrolment, this form could be signed by a Parent/Guardian. (OPTIONAL USE ONLY)

As the Parent/Guardian of applicant identified above, I confirm that all information provided to confirm eligibility for government subsidised training is to the best of my knowledge true, correct and accurate.

Parent/Guardian's Name \_\_\_\_\_  
(PLEASE PRINT)

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Details \_\_\_\_\_



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## STUDENT PAYMENT FORM

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

### How are you paying for this course?

- Cheque
- Direct Deposit **Nepean Industry Edge Pty Ltd, ANZ - BSB 013740 A/C – 904 687 685**
- Cash
- Credit Card: (I authorize Nepean Industry Edge Training to deduct the training fee from my credit card)

Name: \_\_\_\_\_

Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

\*Amount to Deduct from Credit Card **VISA/MASTERCARD/BANKCARD ONLY**: \$ \_\_\_\_\_

PAYMENT PLAN – (if you would like to go on a payment plan please indicate the dates and amount you would like deducted below NB – A \$300 deposit is required for non funded students.

DATE.....AMOUNT \$.....	DATE.....AMOUNT \$.....	DATE.....AMOUNT \$.....
DATE.....AMOUNT \$.....	DATE.....AMOUNT \$.....	DATE.....AMOUNT \$.....

Funded (Type of Funding: \_\_\_\_\_)

Job Network (if job network please include organisation's name and location) \_\_\_\_\_

*NB: Before your file is archived, this form will be destroyed.*

I \_\_\_\_\_ authorise that payment of my enrolled course will be made via the payment method above.

Signed: **Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_