

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			
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 Yorke Ins 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									
Given Names: (Legal Names)				Family Name: (Legal Names)					
Gender (tick 1 only)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Indeterminate/Intersex /Unspecified	DOB	_ / _ / _				
Contact Details Home:		Work:		Mobile					
Email:		Email Address (alternative optional)							
RESIDENTIAL ADDRESS									
Building/Property Name		Flat/Unit Number		Street Number					
				Street Name					
Suburb/locality/ town		State/Territory		Postcode:					
POSTAL ADDRESS (If different from residential address)									
Building/Property Name		Flat/Unit Number		Street Name					
Suburb/locality/ town		State/Territory		Postcode:					
LANGUAGE AND CULTURAL DIVERSITY									
COUNTRY OF BIRTH		<input type="checkbox"/> Australia		<input type="checkbox"/> Other, please specify:					
Write the name of the Australian/overseas town/city where you were born									
Are you an Australian Citizen or Permanent Resident of Australia?				<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Do you speak a language other than English at home?									
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, 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 (You may indicate more than one area.)				<input type="checkbox"/> YES			<input type="checkbox"/> NO		

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1. Australian Driver Licence

State: _____ Licence Number: _____

2. Medicare Card

Medicare card number _____ Individual reference number (next to your name on Medicare card): ____

Card colour: (select which applies)

Green Expiry date ____/____/____ (format MM/YYYY)
(month/year)

Yellow Blue Expiry date ____/____/____ (format DD/MM/YYYY)
(day/month/year)

3. Australian Birth Certificate

State/Territory _____

Details vary according to State/Territory (see note above)

4. Australian Passport

Passport number _____

5. Non-Australian Passport (with Australian Visa)

Passport number _____ Country of issue _____

6. Immicard

Immicard Number _____

7. Citizenship Certificate

Stock number _____ Acquisition date ____/____/____
(day/month/year)

8. Certificate of Registration by Descent

Acquisition date ____/____/____
(day/month/year)

PREVIOUS QUALIFICATIONS

Have you SUCCESSFULLY completed any of the following qualifications? YES (If yes, please tick those completed) NO

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

A – Australian

E – Australian equivalent

I – International

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

1. A – Australian

2. E – Australian equivalent

3. I – International

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 Certificate/Technician

Certificates other than the above



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CURRENT EMPLOYER DETAILS			
Employer:			
Work Site Address:			
Date employment commenced:	____/____	Job Title:	
LABOUR FORCE STATUS			
<input type="checkbox"/> Full-time Employee <input type="checkbox"/> Self Employed - Not Employing Others <input type="checkbox"/> Employed - Unpaid Worker in a Family Business <input type="checkbox"/> Unemployed - Seeking Part-time Work		<input type="checkbox"/> Part-time Employee <input type="checkbox"/> Not employed – not seeking employment <input type="checkbox"/> Unemployed - Seeking Full-time Work	
CURRENT OR RECENT OCCUPTION			
Of the following classifications, which BEST describes your current or recent occupation? (Tick ONE box only.)			
<ul style="list-style-type: none"> · 1 - Managers · 2 - Professionals · 3 – Technicians and Trade Workers · 4 – Community and Personal Service Workers · 5 – Clerical and Administrative Workers 		<ul style="list-style-type: none"> · 6 – Sales Workers · 7 – Machinery Operators and Drivers · 8 - Labourers · 9 - Other 	
CURRENT OR RECENT INDUSTRY			
Of the following classifications, which BEST describes the Industry of your current or previous Employer? (Tick ONE box only.)			
<ul style="list-style-type: none"> · A – Agriculture, Forestry and Fishing · B - Mining · C - Manufacturing · D – Electricity, Gas, Water and Waste Services · E - Construction · F – Wholesale Trade · G – Retail Trade · H – Accommodation and Feed Services · I – Transport, Postal and Warehousing · J – Information Media and telecommunications 		<ul style="list-style-type: none"> · K – Financial and Insurance Services · L – Rental, Hiring and real Estate Services · M – Professional, Scientific and Technical Services · N – Administrative and Support Services · O – Public Administration and Safety · P – Education and Training · Q – Health Care and Social Assistance · R – Arts and recreation Services · S – Other Services 	
WHY ARE YOU UNDERTAKING THIS STUDY?			
<input type="checkbox"/> To get a job <input type="checkbox"/> To start my own business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> For personal interest or self-development		<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try for a different career <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To get into another course of study <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.



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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

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 Enrolment & Eligibility Form- (Please print clearly)

Privacy Statement: Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

Collection of your data

Yorke Institute is required to provide the Department with student and training activity data. This includes personal information collected in the Yorke Institute enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

Yorke Institute provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by Yorke Institute; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Please note you may opt out of the NCVER survey at the time of being contacted.

- **Consequences of not providing your information**

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact Yorke Institute's Privacy Officer in the first instance by phone 03 9042 0231 or email admin@yorkeinstitute.com.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

**Parental/guardian consent is required for all students under the age of 18.*

I have read the Unique Student Identifier Privacy Statement and agree to allow Yorke Institute to apply or verify a Unique Student Identifier on my behalf

Student Name:		Student Signature		Date	
Parent/Guardian Name		Parent/Guardian Signature		Date	



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 90420231 or email admin@yorkeinstitute.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 from 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 read and accept the Statement of Fees provided by Yorke Institute on its website and agree to pay the requirement amount to Yorke Institute Admissions Account BSB 013 200 Account No: 454780662(applicable to Domestic students under the Skills First Program
- I have read and accept the information provided in the Medical Disclosure to be true
- I have read and consent to the information in the Consent and Release Form
- I have been provided with a copy of the Student Handbook and the contents have been explained to me.



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- 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



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Skills First Program

2018 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 Skills First Program

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:

- an Australian Birth Certificate (not Birth Extract) a current Australian Passport
 a current New Zealand Passport a naturalisation certificate
 a current *green* Medicare Card
 formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence
 a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16-2.20 of the 2018 Guidelines about Determining Student Eligibility and Supporting Evidence
 an Australian citizenship by descent extract

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 Skills First Program
- 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

Date

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 (and retained a copy of) 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 Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skill First Program for the following qualification/s I have also sighted and retained (where applicable) relevant evidence required to grant an exemption from eligibility requirements or other limitations pursuant to any initiatives in Part C of Schedule 1 of the VET Funding Contract and as specified in Section 3.2 of the Guidelines About Determining Student Eligibility and Supporting Evidence

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



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Name of RTO delegate		Signature of RTO delegate	
Position		Date	