



Student Enrolment Form 2018

Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that my RTO, The WISE Academy Pty Ltd is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.
- Researchers.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor.

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

[STUDENT SIGNATURE] [DATE]

[PARENT/GUARDIAN SIGNATURE*] [DATE]

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

NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).



Student Details

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 The WISE Academy Pty Ltd (RTO ID: 88136) 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. See section on the USI at the end of this form for a detailed explanation.

Title: _____ First Name: _____ Middle _____ Last Name: _____

Gender: Male Female Other

Unique Student Identifier (USI)

From 1 January 2015, we The WISE Academy Pty Ltd (RTO ID: 88136) 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). 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 Unique Student Identifier (USI) (if you already have one)

--	--	--	--	--	--	--	--	--	--

Address Details

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.

Address: _____ Suburb: _____ State: _____ P'Code: _____

Postal Address: _____ Suburb: _____ State: _____ P'Code: _____

Phone: (home): _____ (work): _____ (mob): _____

Date of Birth: (day/Month/Year) _____ / _____ / _____ City of birth: _____

Email: _____ I wish to be subscribed to the Monthly Newsletter

Secondary Email: _____

Emergency Contact: _____ Tel No: _____ Relationship: _____





Course Enrolment (attach printout from VETtrak)

Course Code:

Course Title:

Course Start Date: Course End:

Short Courses:

Unit Code	Unit Name
SISFFIT001	Provide health screening and fitness orientation
SISFFIT002	Recognise and apply exercise considerations for specific populations
SISFFIT003	Instruct fitness programs
SISFFIT004	Incorporate anatomy and physiology principles into fitness programming
SISFFIT005	Provide healthy eating information
SISFFIT014	Instruct exercise to older clients
SISXCCS001	Provide quality service
SISXFAC001	Maintain equipment for activities
SISXIND001	Work effectively in sport, fitness and recreation environments
BSBRK401	Identify risk and apply risk management processes
HLTAID003	Provide first aid
HLTWHS001	Participate in workplace health and safety
SISFFIT011	Instruct approved community fitness programs
SISFFIT006	Conduct fitness appraisals
SISFFIT007	Instruct group exercise sessions



Employment Status

Of the following categories, which **BEST** describes your current employment status? (Tick **ONE** box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- | | |
|--|--|
| <input type="checkbox"/> Full time Employee | <input type="checkbox"/> Employed - unpaid family worker |
| <input type="checkbox"/> Part time Employee | <input type="checkbox"/> Unemployed - seeking full time work |
| <input type="checkbox"/> Self-employed (not employing others) | <input type="checkbox"/> Unemployed - seeking part time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed - not seeking employment |
| <input type="checkbox"/> Unemployed for more than 52 weeks (job seeker referral form required) | |

Language and Cultural Background

Are you of Aboriginal Origin? Yes No

Torres Strait Islander? Yes No

Were you born in Australia? Yes No

If NO what was your Country of Birth: _____

Do you speak a language **OTHER THAN** English at home? Yes No

If YES, which language do you usually speak? _____

How well do you speak English? Very Well Well Not Well Not at All

Do you require any language, literacy or numeracy assistance? Yes No (refer to LLN Assessment)

Education and previous qualifications achieved

If you are currently enrolled in secondary education, the *highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *highest school level completed* is Year 9.

What is your highest COMPLETED school level?

- Year 8 or below Year 9 or equivalent Year 10 or Equivalent Year 11 or equivalent
 Year 12 or equivalent **Never attended school**

Are you still attending secondary School? Yes No

In which YEAR did you complete that school level? _____ (IE: 1988, 2001)

Where did you complete that school level? _____ (IE: Name of School)

Since leaving school, have you COMPLETED any of the following qualifications?

- | | |
|---|---|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Certificate IV (or advanced certificate) |
| <input type="checkbox"/> Advanced Diploma or associate degree | <input type="checkbox"/> Certificate III or Trade Certificate |
| <input type="checkbox"/> Diploma (or associate Diploma) | <input type="checkbox"/> Cert II |
| <input type="checkbox"/> Certificates other than above | <input type="checkbox"/> Cert I |

If YES, what was the name of the qualification(s)? _____

I confirm I have not completed a previous qualification at certificate III level or above



Disability

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list. You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Do you consider yourself to have a permanent disability? Yes No

If YES, tick ALL applicable boxes:

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

If you require assistance for a disability, please give details: _____

Reason for Study

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

- | | |
|--|--|
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a job | <input type="checkbox"/> Other |

Recognition of Prior Learning

Are you seeking Recognition of Prior Learning? Yes No

If yes please speak to our course co-ordinator about our RPL application and support.

Credit Transfer

Are you seeking a credit transfer? Yes No

If yes you agree to provide The WISE Academy with all relevant transcripts

The information you have provided will remain private and confidential.

Fees Policy

NOTE: Refer to Participants Handbook for our fees policy and cancellation policy.



Authorisation confirmation

- I give permission for The WISE Academy Pty Ltd to discuss my training progress and results with the appropriate personnel as deemed necessary by The WISE Academy training, supervisory and HR staff.
- I acknowledge that I have read the above and understand the information provided.
- I agree to complete the Initial skills assessment to assess my level of LLN under the ACSF and CSFW.
- I confirm that all the information I have provided is true and correct.
- I acknowledge that I have read and understand the **Participants Handbook** and agree with terms and conditions of enrolment with The WISE Academy Pty Ltd.
- I understand that if I am completing a course funded by the ACT Government such as Skilled Capital or an Australian Apprenticeship I may be eligible for a completion bonus.
- I confirm that I am not enrolled in any other skilled capital initiative or the same or equivalent qualification
- I agree to The WISE Academy Pty Ltd creating, verifying or validating a USI (Unique Student identifier)

Signature: _____ Date: _____/_____/20

Please provide appropriate and valid [form of ID](#) from the list below:

- Driver's Licence _____ Drivers Licence Number: _____
Expiry Date: _____
 - Medicare Card Medicare Card number: _____ Expiry Date: _____
 - Australian Passport Australian Passport Number: _____ Expiry Date: _____
 - Visa (with Non-Australian Passport) for international students Visa Number: _____
- Visa Type: _____ Visa Effective Date _____
- Visa Expiry Date: _____ Nationality: _____
- Passport Number: _____ Country of Passport: _____
- Citizenship Certificate or ImmiCard
 - Health Care Card Centrelink Reference number: _____ CRN Expiry Date: _____

Third Party Authorisations (Fees being paid by organisation or other party)

Employer/Company Full Name: _____

Address: _____

Postal Address: _____

Phone: (work) _____ (Mob) _____ (Email) _____

Company order number (if applicable): _____ ABN: _____

Authorising officers Name (please print): _____

Position: _____ Date: _____

Authorising officers Signature: _____

Authorised by - CEO Issue Date - 10 th November 2017 Document No - RTOWISE 2018 v1.0	Doc Name - Participant Enrolment Form Revision - 1.0 Page 6 of 6
---	--



Where to send your completed form and ID

The WISE ACADEMY PTY LTD

Deliver to: Shop 5, 2 O'Hanlon Federation Square, Nicholls ACT 2913

Post to: PO Box 977 Gungahlin A.C.T 2913

Phone: 0403 715 385 **Fax:** 02 6103 9012 **Email:** ceo@wiseacademy.edu.au

Web: www.wiseacademy.edu.au

RTO ID: 88136

Office use only				
Unique Student Identifier:	Student ID:			
Eligibility Criteria – Funded Programs	Eligible	Not eligible	Initials	Date
As a minimum a student must, at the time of enrolment, be:	YES	NO		
a) an Australian citizen, permanent resident, or New Zealand passport holder resident for more than six (6) months, or	YES	NO		
b) a person who holds a visa that is identified as being eligible, and	YES	NO		
c) living or working in the ACT, and	YES	NO		
d) at least 15 years of age, and	YES	NO		
e) not enrolled in or attending secondary school or college except where the student:	YES	NO		
i) is undertaking a course of study leading to completion of year 12 in an alternative program, or				
ii) has an Exemption Certificate and the selected Skilled Capital qualification is an approved ASBA pathway				
In addition to the above, to be eligible for a certificate II level Skilled Capital qualification the student must:	YES	NO		
a) not have completed a certificate III or higher (excluding foundation skills qualifications) or				
b) have suffered changed circumstances which impacts their ability to undertake training and/or work, such as ill health.				
In each instance, the outcome of the initial skills assessment must identify that a certificate II qualification is an appropriate learning pathway (in accordance with Standard 2.4.2 b).				
LLN Completed	YES	NO		
LLN Evaluated	YES	NO		
Eligible for Traineeship	YES	NO		
Eligible for Skilled Capital	YES	NO		
Eligible for Fee Waiver	YES	NO		
Job seeker Referral form	YES	NO		
Copy of valid ID on File including visa's	YES	NO		
System level processing	Completed by		Date	
Enrolment				
Vettrak				
Avetars				
MYOB				