



# 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](http://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	BSB30315
Course Title	Certificate III in Micro Business Operations
Course Start Date	3 November 2018
Full Fee Paying (AUD):	
Skilled Capital (AUD):	Enrolment / Admin Fee: \$300

Unit Code	Unit Name
BSBSMB301	Investigate micro business opportunities (core)
BSBSMB302	Develop a micro business proposal (core)
BSBSMB303	Organise finances for the micro business (core)
BSBSMB304	Determine resource requirements for the micro business (core)
BSBSMB305	Comply with regulatory, taxation and insurance requirements for the micro business (core)
BSBSMB201	Identify suitability of micro business (elective)
BSBREL401	Establish networks (elective)
BSBSMB403	Market the small business (elective)
BSBSMB423	Design a digital action plan for small business (elective)
BSBSMB424	Time management for small business (elective)

## 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? \_\_\_\_\_ (i.e., 1988, 2001)

Where did you complete that school level? \_\_\_\_\_ (i.e., Name of School)

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

- Bachelor degree or higher degree  Certificate IV (or advanced certificate)  
 Advanced Diploma or associate degree  Certificate III or Trade Certificate  
 Diploma (or associate Diploma)  Certificate II  
 Certificates other than above  Certificate I

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

Choose 1 from below or tick NA	Not Applicable (NA)
<input type="checkbox"/> I confirm I have not completed a previous qualification at Certificate III level or above	
<input type="checkbox"/> I confirm that my circumstances have changed & I will provide a letter of support from my JSA or a Medical Practitioner or Stat Dec	



## 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:

- |                                              |                                            |                                                    |
|----------------------------------------------|--------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> 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:                    |

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 two appropriate and valid forms of ID from the list below. A copy of the ID must be sent along with your enrolment form.**

- Drivers Licence
- Medicare Card
- Australian Passport
- Citizenship Certificate or ImmiCard
- Health Care Card
- Visa (with Non-Australian Passport) for international students

## 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: \_\_\_\_\_

## Where to send your completed form and ID

### The WISE ACADEMY PTY LTD

**Deliver to:** c/o Shop 5, 2 O'Hanlon Federation Square, Nicholls ACT 2913

**Post to:** PO Box 977 Gungahlin ACT 2913

**Phone:** 0403 715 385 **Fax:** 02 6103 9012 **Email:** [ceo@wiseacademy.edu.au](mailto:ceo@wiseacademy.edu.au)

**Web:** [www.wiseacademy.edu.au](http://www.wiseacademy.edu.au)

**RTO ID:** 88136

Authorised by - CEO Issue Date - 10 <sup>th</sup> November 2017 Document No - RTOWISE 2018 v1.0	Doc Name - Enrolment Form BSB30315 Revision - 1.2 Page 6 of 6
-------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------



## Office use only

<b>Unique Student Identifier:</b>	<b>Student ID:</b>			
<b>Student Name:</b>	<b>Training Contract ID:</b>			
<b>Eligibility Criteria – Funded Programs</b>	<b>Eligible</b>	<b>Not eligible</b>	<b>Initials</b>	<b>Date</b>
As a minimum a student must, at the time of enrolment, be:	YES	NO or N/A		
<b>a)</b> an Australian citizen, permanent resident, or New Zealand passport holder resident for more than six (6) months, or	YES	NO or N/A		
<b>b)</b> a person who holds a visa that is identified as being eligible, and	YES	NO or N/A		
<b>c)</b> living or working in the ACT, and	YES	NO or N/A		
<b>d)</b> at least 15 years of age, and	YES	NO or N/A		
<b>e)</b> not enrolled in or attending secondary school or college except where the student: 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	YES	NO or N/A		
In addition to the above, to be eligible for a certificate II level Skilled Capital qualification the student must:	YES	NO or N/A		
<b>a)</b> not have completed a certificate III or higher (excluding foundation skills qualifications) or				
<b>b)</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).	YES	NO or N/A		
The RTO must not enrol a student in a qualification (or its replacement) the student has already completed within the last 7 years, except where the replacement qualification has combined two or more superseded qualifications.	YES	NO or N/A		
The RTO must not enrol a student in a Skilled Capital qualification if the student is already enrolled in the same or equivalent qualification under another government funded initiative e.g. Australian Apprenticeship or subsidised training with the public provider, except where the student is undertaking a different specialisation in the same or equivalent qualification.	YES	NO or N/A		
The RTO must ensure students are only enrolled in one Skilled Capital qualification at a time.	YES	NO or N/A		
Where a loading has been applied to the student enrolment the RTO must retain evidence of student eligibility for the loading.  <input type="checkbox"/> Person with Disability <input type="checkbox"/> Aboriginal /Torres Strait Islander <input type="checkbox"/> Youth at Risk <input type="checkbox"/> Long term Unemployed	YES	NO or N/A		
LLN Completed	YES	NO or N/A		
LLN Evaluated against the ACSF and CSfW	YES	NO or N/A		
Eligible for Traineeship	YES	NO or N/A		
Eligible for Skilled Capital	YES	NO or N/A		
Eligible for Fee Concession <small>Please circle - Health care Card, Pension Card, genuine hardship</small>	YES	NO or N/A		
Administration Fee payable <small>Please Circle relevant admin Fee - Cert II = \$200, Cert III = \$300, Cert IV = \$500</small>	YES	NO or N/A		
Eligible for Fee Waiver <b>(This must be approved by CEO)</b>	YES	NO or N/A		
Job seeker Referral form completed and on file	YES	NO or N/A		
Copy of valid ID on File including visa's <small>(Health care card, Pension Card, Drivers licence, Photo ID, Medicare card, passport, valid visa)</small>	YES	NO or N/A		
<b>System level processing</b>	<b>Initials</b>	<b>Date</b>		
Enrolment form checked for completion and signed				
Vettrak – Data entered accurately				
Vettrak – Student Enrolment report printed and put on file				
Avetars – Data entered accurately including Loadings & student approved for funding				
MYOB – Student Invoiced <b>Please Circle</b> - Cert II = \$200, Cert III = \$350, Cert IV = \$500				
MYOB – ACT Department invoice entered (DO Not sent/email)				