

ENROLMENT FORM

CONTACT DETAILS

TITLE <i>(Please Tick)</i> : Mr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		VIC. STUDENT No (VSN):	
FIRST NAME/S:		SURNAME:	
PREFERRED NAME <i>(Optional)</i> :			
DATE OF BIRTH: ____ / ____ / _____		GENDER <i>(Please Tick)</i> : Male <input type="checkbox"/> Female <input type="checkbox"/>	
RESIDENTIAL STREET ADDRESS:			
SUBURB:		STATE:	POSTCODE:
POSTAL ADDRESS <i>(If Different From Residential)</i>			
SUBURB:		STATE:	POSTCODE:
TELEPHONE:	(H)	(B)	(M)
EMAIL ADDRESS:			

EMPLOYMENT DETAILS (IF EMPLOYED)

EMPLOYER/COMPANY <i>(Full Name)</i> :	
YOUR JOB TITLE/POSITION:	
DATE COMMENCED EMPLOYMENT: ____ / ____ / _____	EMPLOYMENT STATUS <i>(Please tick)</i> : Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>

QUALIFICATION BEING UNDERTAKEN WITH THE ASHMARK INSTITUTE OF AUSTRALIA

QUALIFICATION CODE & NAME:

YOUR SCHOOLING DETAILS

ARE YOU STILL ATTENDING SECONDARY SCHOOL? <i>(please tick)</i> YES <input type="checkbox"/> or NO <input type="checkbox"/>	WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? <i>(Please tick)</i> Year 8 or Below <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/>	IN WHAT YEAR DID YOU COMPLETE YOUR HIGHEST LEVEL OF SECONDARY SCHOOL? <i>(eg, if you finished school when you were 15, add 15 to the year you were born, 15+1968 = 1983)</i>
		____ / ____ / ____

AUSTRALIAN RESIDENCY STATUS

AUSTRALIAN CITIZEN <input type="checkbox"/> AUSTRALIAN RESIDENT <input type="checkbox"/> VISA/TEMP PERMIT <input type="checkbox"/>	IF ON VISA/TEMP PERMIT STATE CODE / DESCRIPTION <hr/> COUNTRY OF BIRTH
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ATSI STATUS

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT?	No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>
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PRIOR EDUCATION

ARE YOU CURRENTLY STUDYING?(<i>please tick</i>)	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHICH COURSE ARE YOU CURRENTLY STUDYING?
HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS? (<i>Please Tick</i>)		YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE SPECIFY? (<i>Please tick</i>)		QUALIFICATION NAME (<i>Please print</i>)
Certificate I	<input type="checkbox"/>	_____
Certificate II	<input type="checkbox"/>	
Certificate III	<input type="checkbox"/>	
Certificate IV	<input type="checkbox"/>	
Bachelor Degree or Higher	<input type="checkbox"/>	YEAR OF COMPLETION ____ / ____ / ____
Diploma	<input type="checkbox"/>	
Advanced Diploma or Associate Degree	<input type="checkbox"/>	
Certificates, Other	<input type="checkbox"/>	CAN YOU SUPPLY A COPY YES <input type="checkbox"/> or NO <input type="checkbox"/>

LANGUAGE

DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH? (<i>Please Tick</i>)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, please name language:
HOW WELL DO YOU SPEAK ENGLISH? (<i>Please Tick</i>)		Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All <input type="checkbox"/>

SPECIAL NEEDS

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG TERM CONDITION? (<i>Please Tick</i>)	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE SPECIFY AREA/S (<i>Please Tick</i>)	Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <input type="checkbox"/>
PLEASE INDICATE ANY SPECIAL NEEDS/ASSISTANCE YOU MAY REQUIRE IN RELATION TO YOUR DISABILITY (<i>eg, Literacy Assistance</i>)	

REASON FOR STUDY

PLEASE TICK WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE/TRAINEESHIP (<i>Please Tick</i>)	
To develop my existing business <input type="checkbox"/> To start my own business <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 <input type="checkbox"/> For self development <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/>	

CONCESSION ELIGIBILITY

ARE YOU ELIGIBLE FOR CONCESSION? (<i>Please Tick</i>)	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE SPECIFY AREA/S (<i>Please Specify</i>)	Concession Card Type _____ Expiry Date _____ Concession Card Number _____ Name on Card _____

PRIVACY STATEMENT – I UNDERSTAND THAT

- **The Ashmark Institute** 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 (are available at 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, 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.
- I acknowledge that if I do not provide this information, Ashmark Institute may not be able to register me in my selected course/module. I also acknowledge that I have a right to access personal information which Ashmark Institute hold about me, subject to exceptions in relevant privacy legislation. I understand that I can obtain further information about Ashmark Institute in the Student Handbook.
- The Education and Training Reform Act 2006 requires Ashmark 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.

STUDENT DECLARATION

- I confirm that the information I have given within this form is true and correct, and I have been provided by Ashmark Institute, all the information regarding the course/modules that I am enrolling in
- I understand and have been provided information by Ashmark Institute in relation to Credit Transfer, Recognition of Prior Learning (RPL)
- I agree to act in accordance with Ashmark Institute regulations, statutes and disciplinary procedures
- I have read and understand the privacy statement above
- I understand it is my responsibility to read and understand the contents of the student handbook

STUDENT NAME: _____

SIGNATURE: _____

DATE: ____/____/____

OFFICE USE ONLY

REFERRAL ELIGIBILITY – Does Student meet automatic Eligibility for VTG <i>(Please Tick)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO – If <i>NO</i> ensure SFG Referral form is completed
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VTG –VICTORIAN TRAINING GUARANTEE (Tick Selection)

<input type="checkbox"/>	Foundation Skills Course – Foundation Level and Pre-Accredited Courses (Funding Code P)
<input type="checkbox"/>	Skills Creation – Certificate I and II (Funding Code P)
<input type="checkbox"/>	Skills Building – Certificate III and IV (Funding Code P)
<input type="checkbox"/>	Skills Deepening – Diploma and Advanced Diploma (Funding Code P)
<input type="checkbox"/>	Traineeship - Various (Funding Code L)

SKILLS FOR GROWTH FUNDING STREAMS (Tick One Selection from SFG Funding or Other Funding Streams)

<input type="checkbox"/>	<u>PSG</u> – Government funded enrolment (not Apprentice/Trainee) for which the student appears eligible for public funding under the Training Guarantee
<input type="checkbox"/>	<u>LSG</u> – Government Funded Apprentice/Trainee enrolment for which the student appears eligible for public funding under the Training Guarantee
<input type="checkbox"/>	<u>SSG</u> – Fee for Service enrolment for which the student appears to be ineligible or does not wish to claim public funding under the Training Guarantee

OTHER FUNDING STREAMS

<input type="checkbox"/>	Existing Worker Only	
<input type="checkbox"/>	Unfunded	
<input type="checkbox"/>	Better Skills for Better Care (Health Only)	
ENROLMENT AMOUNT (Please Tick)	<input type="checkbox"/> Full Fee <input type="checkbox"/> Concessional	Proof of Concession must be provided

AIA STAFF NAME: _____

SIGNATURE: _____

DATE: ____/____/____