STUDENT ENROLMENT AND STATISTICAL DATA FORM



		A.B.N. 85	116 774 747							
PERSOI	NAL DETAILS				Studen	t ID:				
Title (Full Legal Name) First Name		Middle Na	ame	La	Last Name		Preferred Name			
	, ,									
Gender	Date of Birth	Personal Email			Business Email					
Dootal Add	7000				Dootal Cubumb			Destand	lo.	
Postal Addı	ress				Postal Suburb			Postcod	е	
Residential	Address				Residential Sub	urb		Postcod	e	
Home Phor	ne		Work Phone			Mobile				
Emergency	Contact Name			Emergency Co			Contact N	umber		
CITIZEN	ISHIP AND CULTU	IRAL DETAI	LS							
In which co	untry were you born?		Are you Aboriginal o	or Torres Strait	Islander?					
			□ NO							
			ABORIGINAL			BOTH ABORIGI	NAL & TORRES	STRAIT ISLANDER		
Are you an Australian Citizen or the holder of Permanent Visa or Visa 3 444, 820 or a 457 dependant visa?				Sub-class 309,	If <u>NO</u> , please refer to the Visa SubClass Guide link for eligibility & fees VISA SUBCLA GUIDE					
Do you spe	eak a language other than	English at hom	e?		Do you require I	nelp with Eng	lish or Mat	hs?		
□ NO, ENGLISH ONLY					YES					
YES, OTHER	PLEASE SPECIFY:			□ NO						
DISABII	LITY DETAILS									
	nsider yourself to have	a disability, imp	pairment or long-term	condition?						
□NO	•	• •	☐ HEARING / DEAF		EDICAL CONDITION			BRAIN IMPAIRMENT		
	COMPLETE SECTION TO THE RIGHT	→	☐ PHYSICAL		ENTAL ILLNESS		VISION	DIVALLA INTERNATIONAL PROPERTY OF THE PROPERTY		
I WOULD LI enquiries ar	KE TO BE CONTACTED TO DISCUSS SU re kept confidential	JPPORT OPTIONS *All	☐ INTELLECTUAL	LE	ARNING		OTHER			
	Concess PLEASE ATTACH A COPY OF	sion Type	ONCESSION		Concession N	umber		Expiry Da	ate	
	PLEASE ATTACITA COPT OF	TOOK FROOF OF C	ONCESSION							
	QUE STUDENT IDENTIF	, ,	CHECK OR CREATE YOUR USI HERE:	NO USI NUMB behalf:	ER? - I give app	roval to the	College to	apply for a USI o	n my	
			<u>USI PORTAL</u>	YES, I CONSENT (PLEASE FILL ID SECTION BELOW)						
PLEASE	PROVIDE ONE VALI	D FORM OF I	D FOR USI (PLEASE	E ATTACH A COP	Y OF YOUR ID)					
☐ DRIVERS LI	ICENCE (EXTRAORDINARY LICENCE IS	NOT ACCEPTABLE)			CITIZENSHIP CERT	TIFICATE				
☐ MEDICARE	E CARD	☐ CERTIFICATE OF REGISTRATION BY DESCENT								
				☐ BIRTH CERTIFICATE (AUSTRALIAN)						
AUSTRALIAN PASSPORT (CURRENT OR AN EXPIRY DATE WITHIN THE LAST TWO YEARS)										
☐ VISA (WITH NON-AUSTRALIAN PASSPORT) FOR INTERNATIONAL STUDENTS					IMMICARD	Ι				
Suburb of Birth				Country of Birth NOTE: if you are unable to provide a form of ID specified in the list above, please						
THOW OF VOIL WANT TO TOCOIVE VOILT LISTY I LEMAN I I PHONE I LEVALA ADDRESS I				NOTE: if you are unable to provide a form of ID specified in the list above, please contact our Client Services staff on 1300 996 573.						
GUARD	IAN DETAILS FOR	STUDENTS	S UNDER 18 YEA	ARS OF AG	E					
Title First Name				Last Name						
Home Address					Suburb			Postcod	le	
	Home Phone	Wo	ork Phone	Mo	obile			<u>l</u> Email		

STUDY REASON										
Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship (tick one box only)										
☐ TO GET A JOB	TO TRY FOR A DIFFERENT CAREER	☐ I WANTED EXTRA SKILLS FOR MY JOB			☐ TO GET SKILLS FOR COMMUNITY/VOLUNTARY WORK					
☐ TO DEVELOP MY EXISTING BUSINESS	☐ TO GET A BETTER JOB OR PROMOTION	☐ TO GET INTO ANOTHER COURSE OF STUDY			OTHER					
TO START MY OWN BUSINESS	☐ IT WAS A REQUIREMENT FOR MY JOB	FOR PERSONAL INTEREST OR SELF-DEVELOPMENT		ELOPMENT						
SCHOOLING AND EDUCATION										
Are you currently attending a school? ☐ YES ☐ NO	For WA schools, name of current school (or last attended if not at secondary school):			Student Cur Council ID:	riculum					
What is your HIGHEST completed se	chool level? (tick one box only)	Have you successfully COMPLETED any of the following qualifications?								
☐ COMPLETED YEAR 12 ☐ COMPLETE	COMPLETED YEAR 12 COMPLETED YEAR 9		BACHELOR DEGREE OR HIGHER DEGREE			CERTIFICATE III (OR TRADE CERTIFICATE)				
☐ COMPLETED YEAR 11 ☐ COMPLETE	☐ COMPLETED YEAR 11 ☐ COMPLETED YEAR 8 OR LOWER			☐ ADVANCED DIPLOMA OR ASSOCIATE DEGREE ☐ CERTIFICATE II						
☐ COMPLETED YEAR 10 ☐ DID NOT G	SO TO SCHOOL	DIPLOMA (OR ASSO	OCIATE DIPLOMA)	☐ CER	☐ CERTIFICATE I					
In which YEAR did you complete that scho	☐ CERTIFICATE IV (OR ADVANCED CERTIFICATE) ☐ CERTIFICATES OTHER THAN ABOVE									
		In which YEAR did you complete that qualification?								
STUDENT DECLARATION										
North Regional TAFE produces a variety of promotional material featuring students, staff and guests, including publications, multimedia productions and online content such as webpages and social media.										
☐ I allow North Regional TAFE to reproduce, publish or broadcast my image or voice in any of the media outlined in the Copyright Act.										
I understand that NRT respects my privacy and will not disclose personal information except where required by legislation or to meet the legitimate requirements of government agencies.										
☐ I provide authorisation to release my academic records to a third party associated to this enrolment.										
By signing:										
I agree that all personal information above is correct and I understand that I am enrolling in the course/s and unit/s as shown on this form.										
I agree to the Terms & Conditions of enrolment, as listed on the North Regional TAFE (NRT) website below or in a copy available from Client Services at any of NRT's campuses.										
I agree to adhere to NRT's student-related Policies & Procedures, including the Student Code of Conduct, while enrolled. NORTH REGIONAL TAFE										
Student Signature	Guardian Signature (if student is under 18 years)	Date Signed	Enrolling (Officer Signa	ature	Enrolment Date				
☐ Consent and Health Care Information Form (for under 18 students only)										

COURSE DETAILS												
Study Plan Template Number		Study Package Code		Enrolment Intent		Campus						
	1		AE875		SKILL SET		KUNUNURRA CAMPUS					
Course Description CHC22015 First Aid Skill Set				<u>'</u>								
AE875, DPA TFR, Local Class, KNX, SPT 1 (Closed Group - NHH)												
CAVSS/USIQ, assoc. course code Cohort / Fundin			Cohort / Funding	RF - State DPA TFR rate : Targeted Fee Relief								
Offsite Kununurra Delivery Mode			Delivery Mode	Local Classroom								
Course	vailability Number	1	Study Period	Term 3		ASBT Pre-Apprentice		Pre-Trainee				
,			•			No	١	No	N	О		
Tick Req				End Date	Census Date	Crse Fee	Conc Fee		Icdl Fee			
					•			•				
HLTAID011 Provide first aid (FLETCHER, HAYLEY)			05/09/2023	07/09/2023	05/09/2023	\$ 29.16	\$ 8.64	\$ 23.05	\$ -			
			В	OOKLIST								
Code		Title							Price			
Additional comments for administration → (including different / actual Study Start and End Dates)												
* Indicates that the fee can be Regulated or De-regulated (RPL: Recognition of Prior Learning, FFS: Fee for Service)												
* TOTAL FEES PAYABLE \$												
* NOTE: This is not a Tax Invoice. Please check with North Regional TAFE before payment as Total Fees Payable are subject to change.												
A Tax Invoice will be issued upon confirmation of enrolment.												