

SECTION 2 TRAINING PROGRAM DETAILS	
Training Program/Qualification Name:	Qualification Code:
Start Date:	Location of Training:
Would you like to apply for Recognition of Prior Learning? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOW DID YOU HEAR ABOUT THIS TRAINING?					
<input type="checkbox"/> Employer	<input type="checkbox"/> Website	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Email	<input type="checkbox"/> Flyer	<input type="checkbox"/> Recommendation
<input type="checkbox"/> Linked In	<input type="checkbox"/> Twitter	<input type="checkbox"/> Facebook	<input type="checkbox"/> Google+	<input type="checkbox"/> Job Active Provider (JA)	

SECTION 3 ENROLMENT DETAILS	
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other (Please Specify):
Resident Type	<input type="checkbox"/> Australian Citizen or Permanent Resident <input type="checkbox"/> New Zealand Citizen living in SA <input type="checkbox"/> Overseas student or non-Australian Resident/citizen (If Visa holder, specify below) Visa Type: _____ Expiry Date: _____
Indigenous Status (if Aboriginal and Torres Strait Islander tick both)	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither
Main language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other (Please Specify):
English Proficiency	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all
Do you consider yourself to have a disability, impairment or long-term condition? <i>(you may indicate more than one area) Please refer to the Disability Supplement on the last page for an explanation of these disabilities</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify below <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition <input type="checkbox"/> Learning <input type="checkbox"/> Other - please specify below: <input type="checkbox"/> Mental Illness
Do you hold the appropriate Language, Literacy and Numeracy (LLN) skills to undertake this course?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you require assistance/support in participating in learning activities/undertaking the assessments?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you at secondary school?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please complete below Current School Level (e.g. Year 10): Name of School: SACE ID Number:
Highest COMPLETED school level? (tick ONE only)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Never attended school
Year school completed (e.g. 1975)	Year: _____

ENROLMENT DETAILS CONTINUED	
Have you SUCCESSFULLY completed any qualifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please indicate from the following: <input type="checkbox"/> Bachelor Degree or Higher <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Assoc. Diploma or Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other
Which of the following BEST describes your current employment status (tick ONE only)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Employer <input type="checkbox"/> Unpaid employment <input type="checkbox"/> Unemployed (Seeking full-time work) <input type="checkbox"/> Unemployed (Seeking part-time work) <input type="checkbox"/> Unemployed (Not seeking work)
What is your major reason for study (tick ONE only)	<input type="checkbox"/> To get a job <input type="checkbox"/> Develop my existing business <input type="checkbox"/> Start my own business <input type="checkbox"/> To try a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> To get skills for community or voluntary work <input type="checkbox"/> Requirement of my job <input type="checkbox"/> Extra skills for my job <input type="checkbox"/> Get into another course <input type="checkbox"/> Personal interest or self-development <input type="checkbox"/> Other – please specify:
Is this training being conducted under the Training Guarantee for SACE Students (TGSS)?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Additional paperwork is required
Is this training school-based or being conducted under a Training Contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you registered with Centrelink for any of the following allowances?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please indicate from the following: <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Age Pension <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Parenting Payment (single) <input type="checkbox"/> Parenting Payment (partnered)
Do you currently hold a concession card for any of the following?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please indicate from the following <input type="checkbox"/> Health Care Card <input type="checkbox"/> Pensioners Concession Card <input type="checkbox"/> Veterans Affairs Concession Card Concession Expiry Date: __/__/____ ***Please attach a copy of your concession card***
If registered with Centrelink, please state your Centrelink Reference Number	CRN: _____ Expiry Date: __/__/__
Are you registered with a Job Active Provider (JA Provider)?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please complete the below JSA Name: _____ Contact Person Name: _____ Contact Number: _____ Jobseeker ID Number: _____
Are you a prisoner?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please complete the below Release Date: __/__/____ (if unknown, use estimated course completion date)
Were you/are you under the Guardianship of the Minister?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please complete the below Guardianship of the Minister Number: _____

Are you currently registered with Innovative Community Action Networks (ICAN)?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes – please complete the below
ICAN Number: _____	

SECTION 4 PAYMENT DETAILS	
Who is responsible for program payment?	<input type="checkbox"/> Self – please complete payment details below <input type="checkbox"/> Employer <small>A fee payment agreement is required, please contact CEG</small> <input type="checkbox"/> WorkReady funding <small>A gap fee may be required for some WorkReady courses</small> <input type="checkbox"/> Other funding - please specify: <small>e.g. CITB</small>
Cost of Training Program <small>Please contact your CEG training representative for training course costs</small>	FFS \$ _____ or Gap Fee \$ _____
NOTE: Should the above specified person/entity not make a payment within the agreed terms you (the student) will be responsible for the payment of any outstanding fees	
Payment Method:	<input type="checkbox"/> Invoice <input type="checkbox"/> Credit/Debit Card <small>(complete the below section)</small> <input type="checkbox"/> EFT payment <small>(instructions below)</small>
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Amount: \$ _____
Cardholder Name:	Expiry Date <small>(Month/Year):</small> _____ / _____
Card Number: _____	
To make a payment via EFT, please use the following details:	
BSB: 325-185	Account Number: 01903472
Quote ref number:	
<small>(Quote Ref number is Invoice number)</small>	

SECTION 5 WORKREADY
Are you applying for WorkReady funding? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete the section below
If no, please go to Section 6 of the enrolment form
If you are unsure if your training is funded through WorkReady please contact your local CEG representative
Photographic identification of a person’s existence is required for each student applying for WorkReady funding. Please attach a copy of one of the following acceptable sources of evidence:
<input type="checkbox"/> Current driver’s license or learner’s permit <input type="checkbox"/> Current Proof of age card (issued by Services SA) <input type="checkbox"/> Current Australian Passport in conjunction with evidence of residential address (see below list) <input type="checkbox"/> Current School Student Card issued by the school where the student is currently enrolled (in conjunction with evidence of residential address if address is not identified on School Card)
Please Note: If you do not have one of these forms of ID please contact CEG Training Partnerships Head Office as other forms of ID may not be able to be used as proof of identity
Please complete the WorkReady Participant Agreement overleaf



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to be completed by Training Providers

PARTICIPANT AGREEMENT FORM - COLLECTION AND USE OF PERSONAL INFORMATION

I _____
First Name Middle Name Last Name
of _____
Current residential address

Date of Birth: ____/____/____ acknowledge and agree that:

- I wish to participate in an activity funded by Department for Innovation and Skills;
- I accept that the Minister for Innovation and Skills (**Minister**) will allocate to me a **Participant Number**, to be used to record my participation in, and the results of, activities funded by the Department for Innovation and Skills;
- I accept that the assessment as to whether I am eligible to enrol in any specific activity funded by the Department for Innovation and Skills will be undertaken by a training provider who has a Contract with the Minister;
- I consent to the Minister, its employees, agents and contractors collecting from the training provider my results in all courses which I have been enrolled and using this information for the purpose of determining whether I am eligible to enrol in an activity funded by the Department for Innovation and Skills. I consent to the Minister, its employees, agents and contractors using this information for the performance measurement and reporting activities;
- I consent to the Minister, its employees, agents and contractors collecting and using any student identifier (as that term is defined in the *Student Identifiers Act 2014*) assigned to or relating to me and using that student identifier to obtain transcripts and other information relating to me and using this information to determine my eligibility for an activity funded by the Department for Innovation and Skills and to record and track my progress through the activities funded.
- I accept and agree that the Minister, its employees, agents and contractors will be in receipt of my **Personal Information** and that they may be required to share my personal information with:
 - registered training organisations who have a current Contract with the Minister;
 - other South Australian government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and / or compliance;
 - Commonwealth government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance; and
 - government agencies (including regulators) in other Australian states and territories responsible and / or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance.
- By providing my Personal Information as outlined above, I am consenting to the Minister, its employees, agents and contractors contacting me during or after I have ceased my training or education for the purposes of:
 - statistical reporting and analysis in respect to training outcomes and the program;
 - undertaking an evaluation of the training;
 - promoting the training (or any other program run by the Minister which relates to training);
 - assessing quality of training;
 - recording the information about my training;
- I agree to notify the Minister if the Personal Information outlined above changes;
- Where required by the Minister, I agree to access my student profile maintained by the Minister and its employees, agents and contractors and advise if any of the Personal Information contained in my student profile is incorrect.

Participant Declaration

I, _____, I hereby consent to the collection and use of my Personal Information in the manner outlined above.

Applicant signature: _____ Date ____/____/____

If the student is under 18 - Guardian name: _____

Guardian signature: _____ Date ____/____/____

SECTION 6 UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, CEG – Training Partnerships 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). In addition, we are required to include your USI in the data we submit to NCVER. 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.

If you would like CEG – Training Partnerships to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. You must also provide some additional information as noted below so that we can apply for a USI on your behalf.

PLEASE SELECT your USI option from the list provided below:

I ALREADY HAVE A USI

I have entered my USI in the appropriate field in Section 1

or

I have forgotten/do not know my USI, I authorise CEG - Training Partnerships to locate this for me on the USI registry using the details I have provided in my enrolment form

I DO NOT HAVE A USI

I.....Insert name here.....authorise CEG - Training Partnerships to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

Please provide details for one of the forms of identity below - alternatively, a copy of the document can be provided

Please ensure that the name written in Section one is exactly the same as written in the document you provide below

Australian Driver Licence
State: _____ Licence Number: _____

Medicare Card
Medicare Card Number: _____
Name exactly as written on card: _____
Individual reference number (next to your name on Medicare card): _____
Card Colour (Select which applies): Green Yellow Blue
Expiry date: ____/____/____
(day/month/year)

Australian Birth Certificate
Copy must be supplied

Australian Passport
Copy must be supplied

Non-Australian Passport (With Australian Visa)
Copy must be supplied

Immicard
Copy must be supplied

In accordance with section 11 of the Student Identifiers Act 2014, CEG – Training Partnerships will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

SECTION 7 STUDENT DECLARATION

Privacy Notice

Under the Data Provision Requirements 2012, CEG-Training Partnerships is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by CEG-Training Partnerships for statistical, administrative, regulatory and research purposes. CEG-Training Partnerships may disclose your personal information for these purposes to:

- Your school – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Your employer – if you are enrolled in training paid by your employer, this includes Job Network Providers;
- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

CEG-Training Partnerships will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth) and all CEG-Training Partnerships Policies and Procedures (including those published on our website at www.ceg.net.au)

Student Declaration and Consent

By signing the below, I declare that:

- the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I consent to my photo being taken for card production (if applicable) required for some tickets and my photo will be securely stored with my files, in strict accordance with the Privacy Act.
- If a medical concern is identified that may directly impact or affect me or my peers as a prospective student in the training environment, I authorise notification to my trainer or Job Active Provider or his/her company delegate of this concern so a contingency plan and/or treatment can take place, should this become necessary.
- I understand if I cannot provide my USI or enough evidence to verify a USI, my certificate or statement of attainment will not be available to me until I provide this
- I have read CEG – Training Partnerships student handbook located on the CEG website www.ceg.net.au and understand the terms and conditions.
- I have read the Student Code of Behaviour located on the website and understand my rights and CEG's expectations.

Student Name: _____

Student Signature: _____

Date: _____

Parent/Guardian Signature (If Under 18): _____

Date: _____

OFFICE USE ONLY

RTO Internal ID:

Entered by

Signature

Date

Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 – Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 – Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 – Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 – Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 – Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 – Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 – Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 – Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 – Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.