



## Student Enrolment Form

Office Use Only	
Enrolment Form Completed Correctly: <input type="checkbox"/> Yes <input type="checkbox"/> No	AISS Form printed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Valid Student USI No.: <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid E-mail Address provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Funding Eligibility Form: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	Created Student Invoice: \$ <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	Party Entered & Initials:
Student Handbook Dec.: <input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Received Date:
ID Provided: <input type="checkbox"/> Drivers Lic. <input type="checkbox"/> Passport <input type="checkbox"/> Medicare (Colour)	Trainer Notified of New Enrolment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Concessional Student: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	Student added to Trainers Student List: <input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence Provided: <input type="checkbox"/> Concession Card <input type="checkbox"/> Ticked Form <input type="checkbox"/> Back to Work/Second Chance Funding Letter	Date Entered & Initials:

Student Instructions
<ul style="list-style-type: none"> <li>Please make sure you complete all the sections of this application and email to <a href="mailto:training@spectrum.org.au">training@spectrum.org.au</a></li> <li>Spectrum Training is unable to finalise your enrolment if you do not provide a valid email address and a copy of a valid ID.</li> <li>If you need help completing this form, including translation services, please contact us.</li> </ul>

Student Details (Legal name as per official documents)			
Title		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
First Name			
Surname		Middle name	
Previous name (maiden name)		Date of Birth	
Residential address			Postcode
Postal address			Postcode
Email			Phone
Emergency Contact			
Relationship			Phone
Country of Birth		City of Birth	
Residency status	<input type="checkbox"/> Australian citizen/ Permanent resident <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Other	Are you	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither
Employment Status	<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time/ Casual Employee <input type="checkbox"/> Self Employed – Not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – Unpaid Work in Family Business <input type="checkbox"/> Unemployed – Seeking Full Time Work <input type="checkbox"/> Unemployed – Seeking Part Time Work <input type="checkbox"/> Not employed – Not seeking employment		
Is English your first language	<input type="checkbox"/> Yes <input type="checkbox"/> No	I speak, read and write English:	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All
Computer Literacy Skills	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None		
Are currently attending school	<input type="checkbox"/> Yes <input type="checkbox"/> No	Highest school level completed	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
		Year completed	



<b>Do you have any disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other
<b>Prior education completed (Australian)</b>	<input type="checkbox"/> Bachelor's degree or Higher <input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate II <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificates other than above
<b>Reason for study</b>	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <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 or self-development <input type="checkbox"/> Other <input type="checkbox"/> To get skills for community/volunteer work
<b>Documents Attached (Please ensure these are clear and in colour)</b>	<input type="checkbox"/> Australian driver's licence (Both sides) <input type="checkbox"/> Medicare Card: <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Blue <input type="checkbox"/> Australian passport <input type="checkbox"/> Non-Australian passport <input type="checkbox"/> Other _____

<b>Unique Student Identifier (USI)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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If you do not have an USI and like us to apply on your behalf, please tick the below box

☐ I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) as per <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

I [NAME] .....authorise The Spectrum Organization RTO No: 2441 to verify my identity and apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

*\*Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.*

Course Details (Please select by ticking in the appropriate box)				
Course code	Course Name	Maximum duration allowed	Online/Blended	RPL (6 months)
<b>Community Services</b>				
CHC22015	Certificate II in Community Services	6 months	<input type="checkbox"/>	<input type="checkbox"/>
CHC32015	Certificate III in Community Services	12 months	<input type="checkbox"/>	<input type="checkbox"/>
CHC42021	Certificate IV in Community Services (Employment Verification Form required)	18 months	<input type="checkbox"/>	<input type="checkbox"/>
CHC52021	Diploma of Community Services (Employment Verification Form required)	18 months	<input type="checkbox"/>	<input type="checkbox"/>
CHC62015	Advanced Diploma of Community Sector Management (Employment Verification Form required)	12 months	<input type="checkbox"/>	<input type="checkbox"/>
<b>Individual Support</b>				
CHC33021	Certificate III in Individual Support (Disability)	18 months	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child, Youth &amp; Family Intervention</b>				
CHC40321	Certificate IV in Child, Youth & Family Intervention	18 months	<input type="checkbox"/>	<input type="checkbox"/>
CHC50321	Diploma of Child, Youth & Family Intervention	18 months	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disability</b>				
CHC43121	Certificate IV in Disability Support (Employment Verification Form required)	12 months	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health				
CHC43315	Certificate IV in Mental Health ( <i>Employment Verification Form required</i> )	18 months	<input type="checkbox"/>	<input type="checkbox"/>
CHC43515	Certificate IV in Mental Health Peer Work ( <i>Employment Verification Form required</i> )	18 months	<input type="checkbox"/>	<input type="checkbox"/>
CHC53315	Diploma of Mental Health	18 months	<input type="checkbox"/>	<input type="checkbox"/>

Funding Eligibility			
Are you currently working in the Community Services Sector?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you younger than 15 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent resident <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Temporary resident with the necessary visa and work permits on the pathway to permanent residency
Are you residing permanently in Queensland?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold a "concession card"? If "Yes" please provide copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Certificate III level qualification or higher?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please specify the highest qualification you hold.	
Are you currently enrolled in another Certificate III or higher-level course?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please specify:	
Have you previously accessed the Queensland government Certificate III Guarantee or Higher-Level Skills funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If "Unsure" do you give permission for Spectrum Training to enquire on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Privacy Statement
<p>Under the <i>Data Provision Requirements 2012</i>, Spectrum is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).</p> <p>Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Spectrum for statistical, regulatory and research purposes. Spectrum may disclose your personal information for these purposes to third parties, including:</p> <ul style="list-style-type: none"> <li>School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;</li> <li>Employer – if you are enrolled in training paid by your employer;</li> <li>Commonwealth and State or Territory government departments and authorised agencies;</li> <li>NCVER;</li> <li>Organisations conducting student surveys; and</li> <li>Researchers.</li> </ul> <p>Personal information disclosed to NCVER may be used or disclosed for the following purposes:</p> <ul style="list-style-type: none"> <li>Issuing statements of attainment or qualification, and populating authenticated VET transcripts;</li> <li>facilitating statistics and research relating to education, including surveys;</li> <li>understanding how the VET market operates, for policy, workforce planning and consumer information; and</li> <li>administering VET, including programme administration, regulation, monitoring and evaluation.</li> </ul> <p>You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.</p> <p>NCVER will collect, hold, use and disclose your personal information in accordance with the <i>Privacy Act 1988</i> (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at <a href="http://www.ncver.edu.au">www.ncver.edu.au</a>).</p>



### Consent

Spectrum Training may collect photographs of a student and their work whilst undertaking training/assessment. Photographs of students involved in activities, and work by students, are often published to support other student and to enable other to be informed about Spectrum Training's programs. This does not mean that the student loses any ownership that may be present in the works.

☐ I consent ☐ I do **NOT** consent

I consent to Spectrum Training collecting and using my personal ID and personal information as set out in the Privacy Statement above.

☐ I consent ☐ I do **NOT** consent

### Enrolment Checklist

I have attended to/completed the following:

- ☐ Fully completed all sections of this Enrolment Form.
- ☐ Signed and dated the Student Declaration below.
- ☐ Provided colour copies of my Drivers Licence (front & back) and/or Passport.
- ☐ Provided colour copy of Medicare Card.
- ☐ Provided Concession Card/Healthcare Card (if applicable).
- ☐ Completed Employment Verification Form (if applicable).
- ☐ Emailed the completed Enrolment Form and all supporting information to [training@spectrum.org.au](mailto:training@spectrum.org.au)

### Student Declaration

- ☐ I declare that the information I have provided to the best of my knowledge is true and correct.
- ☐ It is my responsibility to provide accurate information to Spectrum Training and advise in writing of any changes to the information provided on this enrolment form.
- ☐ I understand that my application may not be processed if the information provided is not accurate or incomplete.
- ☐ I have read and understood the student handbook, and fully aware of the course requirements.
- ☐ I have provided all the additional documents as required.

**Name of student:**

**Date:**

**Signature:**

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

**Name of parent/guardian:**

**Date:**

**Signature:**

**NOTE:** Please ensure all sections are completed and the enrolment form is signed.

## Employment Verification Form

**NB: ONLY Required for students enrolled in the following Qualifications:**

- CHC42021 Certificate IV in Community Services
- CHC43121 Certificate IV in Disability Support
- CHC43315 Certificate IV in Mental Health
- CHC43515 Certificate IV in Mental Health Peer Work
- CHC52021 Diploma of Community Services
- CHC62015 Advanced Diploma of Community Sector Management

This is to verify and ensure the eligibility of students for the selected study program Spectrum Organization requires that employer provide following information on a company letter head or if using this form please provide a proof of authentication (company stamp, company details etc)

This is to verify that the person named below is currently employed.

Employee Details	
Name	
Role	
Employment status	
Employment start date	
Duration of the employment	

Organisation Details	
Organisation Name	
ABN	
Contact number	
Email	

I declare that above information is true and accurate to the best of my knowledge.

Employer details	
Name	
Position	
Date	
Signature	