



ENROLMENT FORM: PRE ACCREDITED ACFE

Course applying for: _____

Contact Details (Please record your name as you would wish it to appear on a certificate)	
Last Name	
First Name	
Title (What do you like to be called?)	Mr / Mrs / Ms / Miss
DOB (Date you were born)	dd / mm / yyyy
Gender:	Male / Female / Indeterminate/Intersex/Unspecified
Home Phone number	
Mobile number	
Full address (Where do you live?)	
Postal address (if different from above)	
Victorian Student Number (VSN) – (if you are under 25 years of age)	_____
If you have not provided a VSN, is this because you are new to the Victorian Education system?	Yes / No
Email	
Which of the following classifications BEST describes the Industry of your current or previous employer? (Tick one box only.)	<input type="checkbox"/> A Agriculture, forestry & fishing <input type="checkbox"/> B Mining <input type="checkbox"/> C Manufacturing <input type="checkbox"/> D Electricity, gas, water and waste service <input type="checkbox"/> E Construction <input type="checkbox"/> F Wholesale Trade <input type="checkbox"/> G Retail Trade <input type="checkbox"/> H Accommodation & Food services <input type="checkbox"/> I Transport Postal & Warehouse <input type="checkbox"/> J Information, Media & Telecommunication <input type="checkbox"/> K Financial & Insurance Services <input type="checkbox"/> L Rental, hiring & Real estate services <input type="checkbox"/> M Professional, scientific & technical services <input type="checkbox"/> N Administrative & Support services <input type="checkbox"/> O Public administration & safety <input type="checkbox"/> P Education & Training <input type="checkbox"/> Q Health Care & social assistance <input type="checkbox"/> R Art & recreation services <input type="checkbox"/> S Other services
Which of the following classifications BEST describes your current or recent occupation? (Tick one box only)	<input type="checkbox"/> 1 Manager <input type="checkbox"/> 2 Professionals <input type="checkbox"/> 3 Technicians & Trade workers <input type="checkbox"/> 4 Community & personal services <input type="checkbox"/> 5 Clerical & Administrative worker <input type="checkbox"/> 6 Sales worker <input type="checkbox"/> 7 Machinery operator & drivers <input type="checkbox"/> 8 Labourers <input type="checkbox"/> 9 Other

Emergency Contact person (Who should we contact in an emergency?)	
Relationship to you (Who are they?)	
Emergency phone number	
Are you Aboriginal?	Yes / No
Are you a Torres Strait Islander?	Yes / No
Country of birth. (Where were you born?)	
Are you still attending school?	Yes / No
What is your Highest school level completed (Please circle)	Year 12 / Year 11 / Year 10 / Year 9 or equivalent / Year 8 or lower / Never attended school.
What year did you complete high school?	<input type="checkbox"/> Y Y Y Y
Employment Status <i>Please choose 1 only</i>	<input type="checkbox"/> Full time worker <input type="checkbox"/> Part time worker <input type="checkbox"/> Self-employed, not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed - Unpaid worker in family business <input type="checkbox"/> Unemployed, seeking part time work <input type="checkbox"/> Unemployed, Seeking full time work <input type="checkbox"/> Not employed, not seeking employment
What language do you speak at home?	
How well do you speak English?	Very Well / Well / Not Well / Not at all
Do you have any difficulty with the English Language? <i>(If appropriate, please circle to identify where you have difficulty)</i>	Yes / No <input type="checkbox"/> Reading / Writing / Speaking
Medical Conditions We like to provide support for people with extra needs. Do you consider yourself to have a disability, impairment or long-term condition? If yes, do you have any of these Medical conditions?	Yes / No <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Medical Condition <input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Mental Illness <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Vision/ Other
Do you have a current Government Concession card?	Yes / No <input type="checkbox"/> (<i>Concession card must be sighted</i>)
Have you successfully finished any of these Australian qualifications? <i>Please tick which is your highest completed level of qualification</i>	Yes / No <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III or Trade certificate <input type="checkbox"/> Certificate IV or Advanced Certificate technician <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or higher <input type="checkbox"/> Certificate – other than listed
What kind of qualification do you hold?	<input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian equivalent (<i>Australian equivalent assessed by Victorian Overseas Qualification unit (OQU)</i>) <input type="checkbox"/> International

<p>RULES FOR GOVERNMENT FUNDING</p> <p>Were you born in Australia? Are you an Australian citizen?</p> <p>If you are not an Australian citizen, please answer the following: Are you an Australian Permanent Resident (holder of permanent visa)? Do you hold a Temporary Protection visa? Are you an East Timorese asylum seeker?</p>	<p><i>To receive Government Funding you may be required to provide proof of eligibility.</i></p> <p>Yes / No Yes / No <i>(If you were not born in Australia but are deemed a citizen, a green medicare card needs to be sighted)</i></p> <p>Yes / No <i>(If Yes a green medicare card needs to be sighted)</i></p> <p>Yes / No <i>(If Yes a medicare card or visa needs to be sighted)</i></p> <p><input type="checkbox"/> Yes / No</p>
<p>Where did you find out about this course?</p>	<p><input type="checkbox"/> Friend <input type="checkbox"/> Work <input type="checkbox"/> Job Service Agency <input type="checkbox"/> Email Newsletter <input type="checkbox"/> KLA members program <input type="checkbox"/> KLA members Website <input type="checkbox"/> Community Space <input type="checkbox"/> Short Courses in Knox Website <input type="checkbox"/> Other. Please specify</p>
<p>Why did you choose this course?</p>	<p><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 or study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons</p>

Evidence of eligibility and concession (if applicable) has been sighted by the Organisation's Representative:

Medicare Card Sighted: _____ Date _____

Type of Concession: _____

Card No. _____ Expiry Date : _____

SIGNATURE AND DECLARATION

- If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation.
- I understand that I have to pay for all my own medical bills and expenses.
- I understand that Knox Learning Alliance (KLA) will let me know about any planned excursions.

I DO / DO NOT allow photographs/videos of me to be taken as part of my classes at the **KLA** organisation to be used on display boards, TV screens, web pages or CD's, brochures/posters, video/audio, newsletters, newspaper articles or Annual reports.

Student enrolment privacy notice

Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Collection of your data

KLA member organisations are required to provide the Department with student and training activity data. This includes personal information collected in the KLA member organisations enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

KLA member organisations provide data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by KLA member organisations; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

If you require further information, please contact the Coordinator or Manager at the KLA organisation in the first instance by email or phone.

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to: <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to: <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge and agree to the terms described in the privacy statement.

I hereby declare that the information provided in this application for enrolment form is completed and accurate.

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

I DO/DO NOT wish to participate in an Adult Community and Further Education participation survey.

Would you like to subscribe to receive emails with information about our courses and our newsletters.

Signature: **Date:**.....

Applicant under 18 years

Parent / Guardian Name:

Parent / Guardian signature: Date:

Courses fill quickly; please return this application form as soon as possible to avoid disappointment.

Please ensure you have attached proof of your Australian citizenship or Residential Status.

For refund information, you are referred to your KLA organisation's website.

Office use only (Vettrak entries)			
Date Details Recorded	Student Number	Occurrence Code	Staff operator initials
Local Code:		Start Date:	End Date: