



Enrolment Form

Please complete all sections of this form, sign the declaration and submit the form with relevant documents.

Enrolment Type

Are you applying for a government funded courses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you enrolling as Full Fee Student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you applying for Recognition of Prior Learning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What is your preferred delivery mode?	<input type="checkbox"/> Classroom	<input type="checkbox"/> Work based	<input type="checkbox"/> Online

Select Your Course

Please Select	Course Code	Course Name	Intake Date
<input type="checkbox"/>	BSB50920	Diploma of Quality Auditing	
<input type="checkbox"/>	BSB51319	Diploma of Work Health and Safety	
<input type="checkbox"/>	BSB60619	Advanced Diploma of Work Health and Safety	
<input type="checkbox"/>	BSB60720	Advanced Diploma of Program Management	
<input type="checkbox"/>	BSB80120	Graduate Diploma of Management (Learning)	
<input type="checkbox"/>	BSB80220	Graduate Diploma of Portfolio Management	
<input type="checkbox"/>	BSB80320	Graduate Diploma of Strategic Leadership	
<input type="checkbox"/>	FNS40222	Certificate IV in Accounting and Bookkeeping	

Are you applying for any Credit Transfers from previous studies? Yes No



Your Personal Details

Title: Mr Mrs Miss Ms Dr Others

Given Names (*Legal Name*):

Family Name:

Date of Birth (*dd/mm/yyyy*):

Gender: Male Female

Residential Address (Not a PO)	Flat/Unit:		
	Number & Street Name:		
	Suburb:	State	Postcode:
Postal Address (if different from above)	Flat/Unit:		
	Number & Street Name:		
	Suburb:	State:	Post Code:
Contact Details	Home Phone: ()	Mobile:	
	Email:		
Emergency Contact	Name:	Relationship to you:	
	Address:		
	Suburb:	State:	Postcode:
	Phone: ()	Mobile:	

Unique Student Identifier (USI)

Do you have a USI? Yes No

If yes, please provide your USI number in the box below-

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Verified By: _____ Date: / /

If you do not have a USI number, you can visit www.usi.gov.au to create your USI. You can also contact our Student Support Officers to guide you how you could create your USI using the website.



Language and cultural diversity	
I am:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident of Australia <input type="checkbox"/> Other
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify _____
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Other, please specify _____
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander



Disability	
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please select the area/s in the following list, if you ticked Yes box in the previous section	
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Physical
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Vision	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Other	

Education/Qualification achieved	
Name of highest qualification achieved (Please attach copies of all completed qualifications)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
Are you an Overseas Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In which YEAR did you complete that school level?	
Are you still attending secondary or senior secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bachelor degree or higher degree <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Diploma (or associate diploma) <input type="checkbox"/> Certificate IV (or advanced certificate/technician) <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)



Employment

Of the following categories, which BEST describes your current employment status?

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Self-employed – employing others	<input type="checkbox"/> Not employed – not seeking employment

Study Reason

Of the following categories which BEST describes your main reason to undertake this course?

<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job promotion	<input type="checkbox"/> Other reasons

Emergency Medical Indemnity

I authorize Institution of Safety Management Professionals of Australia or their representative to provide/obtain medical treatment in the event of an emergency, and I indemnify Institution of Safety Management Professionals of Australia or their representative.

Media Consent

I consent / do not consent to the use of my photos/videos/testimonials/interviews to be used in Institution of Safety Management Professionals of Australia's promotional materials prepared for marketing purposes in Australia and in overseas.

Withdrawal / Refunds

It is the responsibility of the candidate to provide written advice of withdrawal by completing an Application to Amend Enrolment Form. This form is available from student services at Institution of Safety Management Professionals of Australia. Advice of withdrawal by telephone will not be accepted.

- The application fee (varies from course to course) is non-refundable in all circumstances with the exemption of Institution of Safety Management Professionals of Australia failing to deliver the agreed course on the agreed start date and the candidate claims a refund.
- Full Tuition Fees for short Courses are not refundable if a candidate withdraws prior to 7 days of course commencement.
- If an enrolment is cancelled more than 28 days prior to commencement of the course there will be a cancellation fee equivalent to 20% of the total Full Tuition Course Fees.
- If an enrolment is cancelled within 28 days of commencement of the course date or the student does not



commence on the agreed date or withdraws from the course once it has commenced there will be no refund of fees paid to date.

- A full refund, less any Application fee will be provided to the Student prior to commencement where:
 - a) illness or disability prevents a Student from taking up the course;
 - b) there is death of a close family member of the Student (parent, sibling, spouse or child); or
 - c) Other special or extenuating circumstances, including political, civil or natural events, are accepted at the discretion of the CEO of Institution of Safety Management Professionals of Australia, or his or her nominee, as preventing a Student from taking up the course.
- Students must provide original and verifiable documentary evidence to Institution of Safety Management Professionals of Australia in support of the grounds listed in paragraphs a), b) and c).
- In the unlikely event where a student experiences compelling circumstances (listed above) after the commencement of the course, a refund of course fee will be made for the proportion of the course not completed, less the application fee.
- Courses may be deferred to the next available intake where extenuating circumstances exist.
- In the unlikely event that Institution of Safety Management Professionals of Australia is unable to deliver the course in full; students will be offered a refund of all the course money paid to date.
- Refund granting determination will be made within 15 working days on receiving the application.
- Refund will be paid by the same payment method in which the original payment was made by the applicable party. For example: If a candidate paid their Tuition Fee by credit card, the refund amount will be credited to the credit card.
- Candidates can appeal College refund decisions by accessing the Complaints and Appeals policy and procedure.

The candidate agreement, and the availability of the College Complaints and Appeals policy, does not remove the right of the candidate to take action under Australia's Consumer Protection Law

Privacy Statement & Student Declaration

Privacy Statement

Under the *Data Provision Requirements 2012*, Institution of Safety Management Professionals of Australia 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 and your training activity data) may be used or disclosed by Institution of Safety Management Professionals of Australia for statistical, regulatory and research purposes. Institution of Safety Management Professionals of Australia may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
 - facilitating statistics and research relating to education, including surveys;
 - understanding how the VET market operates, for policy, workforce planning and consumer information; and
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- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVET student survey which may be administered by an NCVET employee, agent or third-party contractor. 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 VET Data Policy and all NCVET policies and protocols (including those published on NCVET's website at www.ncver.edu.au).

Student Declaration

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 have read and understood Institution of Safety Management Professionals of Australia's relevant policies and procedures and the terms and conditions of enrolment, fee payment, fee refunds, deferment, suspension or cancellation.

I confirm that I am fully aware of the fees, cancellation and refund conditions and I agree to be a student at Institution of Safety Management Professionals of Australia. I acknowledge that the provision of incorrect information or documentation or the withholding of information or documentation relating to my application may result in the cancellation of my enrolment.

STUDENT SIGNATURE (or electronic acknowledgement)

DATE: __ / __ / ____

PARENT/GUARDIAN NAME and SIGNATURE (or electronic acknowledgement)

..... DATE: __ / __ / ____

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



Application for Unique Student Identifier (USI)

If you would like us Institution of Safety Management Professionals of Australia 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 <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME]authorise National Career Institute 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 (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Town/City of Birth _____
(please write the name of the Australian or overseas town or city where you were born)

Please provide details for one of the forms of identity below

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

Do you have Australian Driver's License Yes No
If Yes please provide following details:
State: _____ License Number: _____

Do you have Medicare Card Yes No
If Yes please provide following details:
Medicare card number _____
Individual reference number (next to your name on Medicare card): Card colour: (select which applies)
Green Expiry date _____ / _____
(month/year)
Yellow Blue Expiry date _____ / _____ / _____



Do you have Australian Birth Certificate If Yes please provide following details: State/Territory _____ <i>Details vary according to State/Territory (see note above)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Australian Passport If Yes please provide following details: Passport number _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Immicard If Yes please provide following details: Immicard Number _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Citizenship Certificate If Yes please provide following details: Stock number _____ Acquisition date _____ / _____ / _____ (day/month/year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Certificate of Registration by Descent If Yes please provide following details: Acquisition date: _____ / _____ / _____ (day/month/year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In accordance with section 11 of the <i>Student Identifiers Act 2014</i> , Institution of Safety Management Professionals of Australia Pty Ltd will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on your behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.		
I have read and understood the information provided in this application form. Student Name: _____ Signature _____ Date _____ / _____ / _____		