



COMMUNITY COLLEGE-NORTHERN INLAND INC
ENROLMENT FORM

Mr/Mrs/Ms/Miss (please circle)

Personal details

Family name (surname) _____ Given name/s _____

Unique Student ID _____ Photo ID (eg drivers' licence) _____

Home Phone _____ Mobile _____

Email _____

Your birth date _____ Male Female

Course Name _____

Course start date _____

What is the address of your usual residence?

Building/property name _____
Flat/unit _____
Street or lot number _____
Street name _____
OR Postal Box No. _____
Town _____
Postcode _____

COURSE COST _____
Payment Method (please tick)
Cash
Cheque
Credit Card
Ezidebit
Invoice
Job Search Agency

There are no refunds once the course has commenced.

Signature _____ **Date** _____

Your signature on this enrolment form is your consent for this information to be made available for research, statistical analysis and evaluation by Government and internal management purposes and is your acknowledgement that you have read and understood the Student Handbook.

Are you applying for recognition of prior learning? (accredited course students only) Yes No

In which country were you born?

Australia Other – Please specify _____

In which City/Town were you born? _____

Are you an:

Australian Citizen
Australian Permanent Resident
Humanitarian Visa
New Zealand Citizen
None of the above



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Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only Yes, please specify which language _____

How well do you speak English?

Very well Well Not well Not at all

Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

Disability

Do you consider yourself to have a disability, impairment or long-term condition? YES NO

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

- Hearing/deaf
- Physical
- Intellectual
- Learning
- Mental illness
- Acquired brain impairment
- Vision
- Medical condition
- Other

Do you need special assistance to complete this course?
Yes • No •

What type of support do you think would be helpful?
.....

Do you require literacy or additional learning support?
Yes • No •

Schooling

Are you still attending secondary school? YES NO

What is your highest COMPLETED school level? (Tick ONE box only)

- Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent
- Year 9 or equivalent Year 8 or below Never attended school

In which YEAR did you complete that school level? _____

Previous qualifications achieved

Have you successfully completed any of the following qualifications? YES NO

If YES, then tick ANY applicable boxes.

	<u>Year Completed</u>	<u>Is it an Australian Qualification?</u>	
Bachelor Degree or higher	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Advanced diploma or associate degree	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diploma or associate diploma	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certificate IV	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certificate III	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certificate II	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certificate I	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certificate other than above	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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Employment

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- Full time employee
- Part-time Employee
- Self employed-not employing others
- Employer
- Employed-unpaid worker in family business
- Unemployed-seeking part-time work
- Unemployed-seeking full time work
- Not employed-not seeking work

Are you a client of an Employment Services Provider? Yes No

What is the ESP's name? _____

What is your Client ID? _____ What is the referral ID to this training? _____

If you are currently receiving or are a dependant child, spouse or partner of a recipient of a Commonwealth welfare benefit please tick ✓ the box	<input type="checkbox"/> Age Pension	<input type="checkbox"/> Parenting Payment (Single)
	<input type="checkbox"/> Austudy	<input type="checkbox"/> Sickness Allowance
	<input type="checkbox"/> Carer Payment	<input type="checkbox"/> Special Benefit
	<input type="checkbox"/> Disability Support Pension (DSP2)	<input type="checkbox"/> Veterans' Affairs Payments
	<input type="checkbox"/> Exceptional Circumstances Relief Payment	<input type="checkbox"/> Veterans' Child. Edu. Scheme
	<input type="checkbox"/> Farm Help Income Support	<input type="checkbox"/> Widow Allowance
	<input type="checkbox"/> Family Tax Benefit Part A (max rate)	<input type="checkbox"/> Widow 'B' Pension
	<input type="checkbox"/> Mature Age Allowance	<input type="checkbox"/> Wife Pension
	<input type="checkbox"/> Newstart Allowance	<input type="checkbox"/> Youth Allowance

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 <input type="checkbox"/> | To develop my existing business <input type="checkbox"/> |
| To develop my existing 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 <input type="checkbox"/> | Other reasons <input type="checkbox"/> |

The training and assessment and qualification or statement of attainment issued for this course may be in agreement with one of these RTOs



Please circle relevant RTO if applicable.



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Consent to the use and disclosure of personal information to the Department of Education & Communities, other government agencies and RTOs issuing qualifications for training in agreement with CCNI

I _____

(First, middle and last Name)

of _____

(current residential address)

With date of birth _____

understand and agree that personal information (information or opinion about me), collected from me, my parent or guardian, such as and information I provide as part of my enquiries or enrolment application including my name, Student Identifier, date of birth, contact details, training outcomes and performance, and sensitive personal information, such as my health information collected by Community College-Northern Inland (CC-NI) may be disclosed to the Department of Education and Communities, Gov Departments and any other RTOs who are issuing qualifications for training/assessment I undertake at CC-NI when a formal Agreement is in place between the RTO and CC-NI Inc.

The Department may disclose my Personal Information to other Australia government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercises of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

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

I also acknowledge and agree that the Department may contact me by mail, telephone, email or post during or after I have ceased subsidised training with Community College-Northern Inland for the purpose of evaluating and assessing Smart and Skilled.

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: ____/____/____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ DATE: ____/____/____

STUDENT DECLARATION

I declare:

- That the information I have supplied on this form is true, correct and complete.
- I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment.
- The Policies, Procedures and Consumer Rights Information have been made available to me online and I have read, understood and accepted these as conditions of my enrolment.
- I have been informed of fees and charges associated with this course, including the requirements and timelines to withdraw without incurring fees.
- I give consent to Community College-Northern Inland to obtain, check and verify a Unique Student Identifier (USI) for me and use this information to check my eligibility and to calculate fees.
- I acknowledge that while I am enrolled I will comply with the rules, policies, procedures and by-laws of Community College-Northern Inland Inc.

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: ____/____/____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ DATE: ____/____/____