

Participant Enrolment Form

Under the Data Provision Requirements 2012, AADA 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 (AADA) for statistical, administrative, regulatory and research purposes to

- 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 authentication VET Transcripts, facilitating statistics and research relating to education, including surveys and data linkage.
- 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 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.

Personal Details

Single name only

(Tick this box if you have one name only that cannot be written in the following format. Write your single name in the "Family Name section)

Please provide the name that you used when you applied for your Unique Student Identifier (USI)

Family Name (Surname):			
First Given Name:			
Second Given Name (Middle):			
Date of Birth:	(Day)	/ (Month)	/ (Year)
Gender (Tick one box only):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other (please state): _____
Home Address:	Apt/Unit #:		Street #:
	Street Name:		
	Suburb:		
	State:		Postcode:
Home Phone:		Mobile No.	
Email Address:			
Postal Address (If different to above)			

From 1st January 2015 all RTO's 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 obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device

Unique Student Identifier (USI):

Qualification/Course Selection

Please indicate below, the qualification or units of competency you are enrolling in:

- HLT35015 Certificate III in Dental Assisting (Full Qualification)
- Infection Control (Short Course) *including the following units of competency from the above qualification HLT35015*
 - HLTINF001 Comply with Infection Prevention and Control Policies and Procedures
 - HLTINF002 Process Reusable Medical Devices and Equipment

Course start date: _____/_____/_____

Language and Cultural Diversity

In which country where you born?

- Australia
- Other *(please specify)* _____

Do you speak a language other than English at home?

- No, English only
- Yes, Other *(please specify)* _____

How well do you speak English? *(Please tick one)*

- Very Well
- Well
- Not Well
- Not at all

Are you of Aboriginal or Torres Strait Islander origin? *(Please tick one)*

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Both

Disability

Do you consider yourself to have a disability, impairment, or long-term condition? *(please tick one)*

- Yes
- No

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

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Learning | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> other <i>(please state)</i> |

Education - Schooling

What is the highest COMPLETED school level? (tick one box only)

If you are currently enrolled in secondary education, the highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking for example, if you are currently in year 10 the Highest school level completed is Year 9.

- | | |
|--|---|
| <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 completed any primary or secondary level education (go to question 14) |

What year did you complete the above? Year: _____

Are you still enrolled in secondary or senior secondary education? (tick one box only)

- Yes (please complete LUI below) No

If you are currently attending secondary school and enrolling into a qualification with AADA, please include your Learner Unique Identifier (LUI) number below. This will ensure the information is reflected on your QCAA account and banked towards your QCS.

Learner Unique Identifier (LUI)

Previous Qualifications

Have you SUCCESSFULLY completed any of the qualifications listed in below? (please tick all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Other Education (including certificates or overseas qualifications not listed above) |
| <input type="checkbox"/> Diploma (or associate diploma) | <input type="checkbox"/> Certificate II | |

Name of qualification/s completed (as indicated above)

Employment

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Full-Time employee (35hrs or more per week) | <input type="checkbox"/> Self Employed – Employing others | <input type="checkbox"/> Unemployed – Seeking part time work |
| <input type="checkbox"/> Part Time Employee (less than 35hrs per week) | <input type="checkbox"/> employed – unpaid worker in a family business | <input type="checkbox"/> Not Employed – Not seeing employment |
| <input type="checkbox"/> Self Employed – not employing others | <input type="checkbox"/> Unemployed – Seeing full time work | |

Study Reason

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (tick one box only)

- To get a job
- To develop my existing business
- To get into another course of study
- For Personal Interest or self-Development
- It was a requirement of my job
- I wanted extra skills for my job
- To get skills for community/voluntary work
- To try for a different career
- To get a better job or promotion
- Other

Employer Details (if applicable)

Business Contact:	ABN:	
Business Name:		
Business Address:		
Email Address:	Phone No:	

Emergency Contact (next of Kin)

First Name:	Surname:	
Email Address:	Phone No:	
Relationship: <i>(e.g.) Partner, Mother etc</i>		

Participant Declaration

I confirm the information declared on this participant enrolment form to be true and correct. I acknowledge the participant handbook has been issued to me.

Participants Name:	
Participants Signature:	
Date:	

Parent/Guardian Declaration

If the participant is under the age of eighteen (18) years, a parent/guardian must sign below acknowledging the information completed on this enrolment form is true and correct.

Parent/Guardian Name:	
Parent/Guardian Signature:	
Date:	