

# Enrolment form



COURSE ENROLLING IN:  AUR10120 Certificate I in Automotive Vocational Preparation  52878WA Certificate I in Leadership

WA PCYC CENTRE: \_\_\_\_\_

Please note fields marked with \* are compulsory

## STUDENT INFORMATION\*

First Name*		Mobile*	
Middle Name		Phone*	
Last Name*		Email*	
Date of Birth*		Preferred contact method*	<input type="checkbox"/> Email <input type="checkbox"/> Mobile
Pronouns		Gender Identity*	
Street Address*		Suburb / City*	
State*		Postcode*	
<b>Postal Address</b>	<input type="checkbox"/> Same as above		
PO Box Number or Street Address*		Suburb / City*	
State*		Postcode*	

## UNIQUE STUDENT IDENTIFIER (USI)\*

Do you have a USI number?

Yes USI number: \_\_\_\_\_

No If you **DO NOT** have a USI and you would like WA PCYC to apply for a USI on your behalf, you must authorise us to do so and declare that you have read the privacy information [HERE](http://www.usi.gov.au/about-us/privacy) (www.usi.gov.au/about-us/privacy). 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 WA PCYC to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read the privacy information and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed in the student handbook.

- Please provide WA PCYC with either one of the following identification documents (photos of ID is acceptable):
- Australian Driver's License
  - Australian Passport
  - Immicard
  - Medicare Card
  - Non-Australian Passport
  - Citizenship Certificate
  - Australian Birth Certificate (with Australian Visa)
  - Certificate of Registration by Descent

## ORIGIN\*

Were you born in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth (if not Australia)	
What is your Citizenship status?	<input type="checkbox"/> Australia Citizen <input type="checkbox"/> Permanent Resident of Australia <input type="checkbox"/> Permanent Visa Holder <input type="checkbox"/> Temporary Resident on a visa If visa option selected, please specify your visa details:	Town of Birth	
Do you identify as:	<input type="checkbox"/> Neither Aboriginal or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander	Do you speak another language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify

## EDUCATION\*

Are you attending school at present?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
School currently / last attended										
What was your HIGHEST COMPLETED year level?	<input type="checkbox"/> Never Attended <input type="checkbox"/> Yr 8 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Year 12									
What calendar year was this completed in?										
Have you successfully completed any of the qualifications listed below?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td><input type="checkbox"/> Cert I</td> <td><input type="checkbox"/> Cert IV</td> <td><input type="checkbox"/> Bach Degree</td> </tr> <tr> <td><input type="checkbox"/> Cert II</td> <td><input type="checkbox"/> Diploma</td> <td><input type="checkbox"/> If other, please specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Cert III</td> <td><input type="checkbox"/> Adv Diploma</td> <td></td> </tr> </table>	<input type="checkbox"/> Cert I	<input type="checkbox"/> Cert IV	<input type="checkbox"/> Bach Degree	<input type="checkbox"/> Cert II	<input type="checkbox"/> Diploma	<input type="checkbox"/> If other, please specify: _____	<input type="checkbox"/> Cert III	<input type="checkbox"/> Adv Diploma	
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<input type="checkbox"/> Cert II	<input type="checkbox"/> Diploma	<input type="checkbox"/> If other, please specify: _____								
<input type="checkbox"/> Cert III	<input type="checkbox"/> Adv Diploma									

## EMPLOYMENT\*

Of the following categories, which BEST describes your current employment status?	<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Self Employed – NOT employing others <input type="checkbox"/> Self Employed – Employing others	<input type="checkbox"/> Employed – Unpaid worker 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 work
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## STUDY REASON\*

Of the following categories, select the one which BEST describes your main reason for undertaking this course:	<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"/> For other reasons: _____
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## MEDICAL & WELLBEING INFORMATION\*

Please indicate any medical, physical, social and/or emotional needs or conditions you have, including details of any prescription medications currently being taken. If applicable, a Medical Action Plan should be provided to WA PCYC.													
Do you have any past or present medical conditions that WA PCYC staff might need to know?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
If <b>Yes</b> , please indicate any past or present medical conditions below. <i>Please refer to Special Conditions for Disabilities.</i>	<table border="0"> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Epilepsy / Seizures</td> <td><input type="checkbox"/> Pregnancy</td> </tr> <tr> <td><input type="checkbox"/> Blackouts / Migraines</td> <td><input type="checkbox"/> Eyesight Ailment</td> <td><input type="checkbox"/> Recent Injury</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Fainting / Dizziness</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Heart / Blood Condition</td> <td></td> </tr> </table>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / Seizures	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Blackouts / Migraines	<input type="checkbox"/> Eyesight Ailment	<input type="checkbox"/> Recent Injury	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fainting / Dizziness	<input type="checkbox"/> Other	<input type="checkbox"/> Disability	<input type="checkbox"/> Heart / Blood Condition	
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<input type="checkbox"/> Disability	<input type="checkbox"/> Heart / Blood Condition												
Please specify													
Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
If Yes, please list any allergies you have:													
Do you consider yourself to have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
If you indicated <b>YES</b> to having a disability, impairment or long-term condition, please select the area(s) in the following list and describe	<table border="0"> <tr> <td><input type="checkbox"/> Acquired Brain Impairment</td> <td><input type="checkbox"/> Learning</td> <td><input type="checkbox"/> Physical</td> </tr> <tr> <td><input type="checkbox"/> Hearing Deaf</td> <td><input type="checkbox"/> Medical Condition</td> <td><input type="checkbox"/> Vision</td> </tr> <tr> <td><input type="checkbox"/> Intellectual</td> <td><input type="checkbox"/> Mental Illness</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Physical	<input type="checkbox"/> Hearing Deaf	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other			
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<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other											
Please specify													

**IMPORTANT** – If an impairment or disability has been declared, the parent/s, carer/s or guardian/s must arrange a meeting with the relevant activity or program trainer to develop approaches that will enable participation by the child or young person.

**PRIVACY** – Please refer to the WA PCYC Privacy Policy in relation to withholding and destroying personal information.

**MEDICAL CONTACT\***

Name of your doctor	
Medical Centre name and address	
Phone number*	

**PARENT / GUARDIAN\* (must be over 18)**

Relationship to Student*	
First and Last Name*	
Street Address*	
Suburb*	Postcode*
Mobile*	

**EMERGENCY CONTACT 1\* (must be over 18) Leave blank if same as above**

Relationship to Student*	
First and Last Name*	
Street Address*	
Suburb*	Postcode*
Mobile*	

**EMERGENCY CONTACT 2\* (must be over 18)**

Relationship to Student*	
First and Last Name*	
Street Address*	
Suburb*	Postcode*
Mobile*	

**STUDENT LEGAL INFORMATION\***

Is the student in the 'care of the state'?	<input type="checkbox"/> Yes (please attach proof)	<input type="checkbox"/> No
Is the student legally independent?	<input type="checkbox"/> Yes (please attach proof)	<input type="checkbox"/> No
Are there any legal issues concerning the student (e.g. court orders, DVO, Child protection)	<input type="checkbox"/> Yes (please attach proof)	<input type="checkbox"/> No
Are there any limitations on contact between the student and a parent or another person? If yes, please attach copies of current court order or document that contains limitations	<input type="checkbox"/> Yes (please attach proof)	<input type="checkbox"/> No

## PARENT / GUARDIAN / CAREGIVER CONSENT (if under 18 years of age) \*

By signing this form, you consent to the following:

### PARTICIPATION

- I acknowledge that the Western Australian Police and Community Youth Centres Inc. (WA PCYC) is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.
- At any time, should our terms and conditions not be followed, the participants engagement in the course may be withdrawn.
- I authorise WA PCYC to obtain all necessary medical treatment which may be required by the participant while in the care, control, or custody of WA PCYC, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner. I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.
- I authorise WA PCYC to exercise all reasonable control or actions as necessary in any circumstances involving me or the participant's behaviour while in the care, control or custody of WA PCYC.
- I authorise transportation by WA PCYC and attendance to any excursion as so directed by WA PCYC staff whilst undertaking Vocational Training at their Centre. I acknowledge that these excursions may be visitation programs to Industry Sites, Educational Facilities, Learning and/or Leisure Activities including water sports. These excursions will be at various sites throughout Western Australia as directed by staff at WA PCYC.

### MEDIA & PHOTOGRAPHY

I authorise WA PCYC to use my, or the participant's, photographic image, video and/or voice and/or words (all known as "digital resource") for reporting and promotional purposes. I assign any and all rights, title and interest in the digital resource to which I or the participant's or my ward may be entitled in law, to WA PCYC, and agree to make no claim for compensation for the use of the digital resource.

### PRIVACY NOTICE

Under the Data Provision Requirements 2012, WA PCYC is required to collect personal information about the participants and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

The participant's personal information (including the personal information contained on this enrolment form and training activity data) may be used or disclosed by WA PCYC for statistical, regulatory and research purposes.

WA PCYC may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies,
- NCVER.

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

- populating authenticated VET (Vocational Education and Training) 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 an NCVER student survey which may be administered by a government department or NCVER employee, agent or third-party contractor or another authorised agency. 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 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

### CODE OF CONDUCT

By Participating in a PCYC activity or program, participants agree to and sign the Student Behaviour Contract that is located in the enrolment pack and described in the student handbook.

## DECLARATION AND CONSENT

### » Parental/guardian consent is required for all students under the age of 18

- 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 accept those sections of this form relating to participation.
- I have read the details of the media and photography consent section of this form and agree that WA PCYC may collect and use materials.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I have read and understood the Student Behaviour Contract and acknowledge that any misconduct may lead to suspension or cancellation of participation in and access to a PCYC Centre.
- I have reviewed the Student Handbook supplied to me and have been informed about and accept my rights and obligations.

Parent / Caregiver / Guardian Name\* \_\_\_\_\_

Signed\* \_\_\_\_\_ Date\* \_\_\_\_\_

Student Name\* \_\_\_\_\_

Signed\* \_\_\_\_\_ Date\* \_\_\_\_\_