1300 995 153

Welcome Enrolment Pack

Learner Name:

- Application/Enrolment Form
- Learner Consent Form
- Learner Declaration Form
- Colour Photocopy of Photo ID
- Colour Photocopy of Green Medicare Card ***and/or*** Study rights evidence
- Under 18 Parent or Guardian Disclosure (If Applicable)

Please note: AAAS will require the original copies of all enrolment documentation and will sight the original Photo Identification on Induction Day.

WELCOME

Thank you for choosing the Australian Academy of Advanced Skills (AAAS). We look forward to working with you to assist you achieve your career goals.

AAAS is committed to providing a high-quality standard of vocational education and training. We strive to provide a happy, friendly and encouraging atmosphere in which to learn.

AAAS will ensure that you will receive the opportunity to fulfil your personal potential during your training and our qualified and experienced staff will endeavour to accommodate the training to your individual needs.

In this enrolment pack, you will find information about AAAS's enrolment information, forms and documents. If you any clarification in completing this form, please do not hesitate to talk to our friendly staff for any assistance.

We sincerely hope your time at AAAS is memorable with a positive learning experience.

Yours sincerely

Australian Academy of Advanced Skills (AAAS) Team

1300 995 153

Application / Enrolment Form

AUSTRALIAN ACADEMY OF ADVANCED SKILLS

Welcome to Australian Academy of Advanced Skills (AAAS) to energise your career goals!!

USI		**GENDER:**	*Please Tick [✓]* ☐ FEMALE ☐ MALE ☐ OTHER
FIRST NAME		**MIDDLE NAME**	
FAMILY NAME		**DATE OF BIRTH**	/ /
EMAIL (1)		**EMAIL (2)**	
MOBILE		**TELPHONE**	
RESIDENTIAL ADDRESS			
	SUBURB	**STATE**	**POST CODE**
POSTAL ADDRESS	☐ *Please tick [✓] - if your postal address is the same as above, or provide your postal address* ***(PO Box not acceptable)***		
ADDRESS			
	SUBURB	**STATE**	**POST CODE**

EMERGENCY CONTACT DETAILS / GUARDIAN OR PARENT

FULL NAME		**RELATIONSHIP**	
TELEPHONE / MOBILE		**EMAIL**	
In the event of an emergency do you give AAAS permission to organise emergency transport and treatment (for example, ambulance if necessary) and agree to pay all costs associated with your emergency treatment/transport?		*Please tick [✓]* ☐ NO ☐ YES	

COURSE / QUALIFICATION OF INTEREST

CODE and TITLE			
LOCATION		**START DATE**	/ /

How did you hear about this course?

☐ Previous Learner ☐ Friend / Relative ☐ Internet ☐ Newspaper ☐ Radio ☐ TV
☐ EXPO ☐ Facebook ☐ Other (*please specify*) _____

Recognition of Prior Learning (RPL) / Direct Credit Transfer (CT) - *if applicable*

Do you wish to apply for RPL / CT for any of the units of competency offered by AAAS?

Please Tick [✓] ☐ NO ☐ YES – *If YES, you will be contacted by a trainer/assessor, who will provide further information*

The following information is required so AAAS can report statistics (no names) to the State/Territories, Commonwealth Government Federal and their authorised agencies.

SECONDARY EDUCATION — *Please tick [✓] highest level achieved*

☐ 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?

— — — —

Are you still attending secondary school?
☐ NO ☐ YES

REASON FOR STUDY — *Which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? Please tick [✓] only one*

☐ To get a job
☐ To develop my existing business
☐ To start my own business
☐ To try for a different career
☐ To get a better job or promotion
☐ It was a requirement of my job
☐ I wanted extra skills for my job
☐ To get into another course of study
☐ For personal interest or self-development
☐ Other reason

Application / Enrolment Form dfa

AUSTRALIAN ACADEMY OF ADVANCED SKILLS

TERTIARY EDUCATION — *Have you SUCCESSFULLY completed any of the following qualifications? If YES, please tick [✓] all applicable boxes*

☐ Bachelor degree or higher degree ☐ Certificate III (or trade certificate)
☐ Advanced diploma or associate degree ☐ Certificate II
☐ Diploma (or associate diploma) ☐ Certificate I
☐ Certificate IV (or advanced ☐ Other education (including certificates or overseas qualification not listed above) certificate/technician)
☐ None

EMPLOYMENT STATUS — *Which BEST describes your current employment status? Please tick [✓] only one*

☐ Full-time employee
☐ Part-time employee
☐ Self-employed – not employing others
☐ Self-employed – employing others
☐ Employed – unpaid worker in a family business
☐ Unemployed – Seeking full-time work
☐ Unemployed – Seeking part-time work
☐ Not employed – Not seeking employment
☐ Apprenticeship / Traineeship *(if applicable please provide employer name and contact details below)*

LANGUAGE AND CULTURAL DIVERSITY — *Please tick [✓] relevant boxes*

Are you of Aboriginal or Torres Strait Islander origin?
☐ Australia
☐ No ☐ Other *(please specify)*
☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander

In which country were you born?

Main language spoken at home?

Are you an Australian Citizen? ..... ☐ NO ☐ YES
Are you a Permanent Australian Resident? ..... ☐ NO ☐ YES
Are you a New Zealand Citizen? ..... ☐ NO ☐ YES

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? ☐ NO ☐ YES — *If YES please tick [✓] the relevant boxes*

☐ Hearing/deaf ☐ Acquired brain impairment
☐ Physical ☐ Vision
☐ Intellectual ☐ Medical condition ☐ Learning ☐ Other *(please specify)*
☐ Mental illness

LEARNER DECLARATION

- I understand that there is a cooling-off period of fourteen (14) calendar days during which this application of enrolment can be withdrawn by all parties involved (RTO / Learner / Employer / Relevant Government Departments) with full refund of any fees paid up in advance, on the condition that I return all course materials, resources and other RTO property to AAAS in its original condition;
- I have read and understood the information set out in this application form, and by signing this application I agree to the terms and conditions relating to AAAS's consumer protection information, course fees, course requirements, policies and procedures on privacy, complaints, appeals, work health and safety, acceptable behaviour, and the other conditions set out in the Learner Handbook which is available for viewing on our website http://www.aaas.edu.au
- I understand that, in compliance with relevant Australian State/Territory law, AAAS is required to provide statistical information about its Learners and, in some cases, personal information to relevant Government Departments for administration and research purposes;
- I declare that the information I have provided is true and correct, to the best of my knowledge. I have read, understood, and I accept the responsibilities and obligations for this arrangement.

/ /

Learner Signature *Date (DD / MM/ YY)*

NOTE: For Learners under the age of 18, a parent or legal guardian must print their name and sign this form below

Full name of parent or legal guardian

/ /

Signature of parent or legal guardian *Date (DD / MM/ YY)*

Any question or assistance to complete this form contact us on

1300 995 153

Learner Consent Form

Leaner Full Name: _____

USI CONSENT

Consent for collection, use or disclosure of personal information

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).
You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- ❖ is collected by the Registrar as authorised by the ***Student Identifiers Act 2014***.
- ❖ is collected by the Registrar for the purposes of:
  - applying for, verifying and giving a USI;
  - resolving problems with a USI; and
  - creating authenticated vocational education and training (VET) transcripts; ❖ may be disclosed to:
  - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
    - ➢ the purposes of administering and auditing VET, VET providers and VET programs;
    - ➢ education related policy and research purposes; and
    - ➢ to assist in determining eligibility for training subsidies;
  - VET Regulators to enable them to perform their VET regulatory functions;
  - VET Admission Bodies for the purposes of administering VET and VET programs;
  - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - researchers for education and training related research purposes;
  - any other person or agency that may be authorised or required by law to access the information;
  - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- ❖ will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the **Registrar's Privacy Policy** or by contacting the Registrar on **usi@education.gov.au** or telephone **1300 857 536**, international enquiries +61 2 6240 8740. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with. You may also make

a complaint to the Information Commissioner about an interference with privacy pursuant to the ***Privacy Act 1988***, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

Learner Consent Form

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO GOVERNMENT AGENCIES

Understand and agree that, under the Data Provision Requirements 2012, **Australian Academy of Advanced Skills Pty Ltd (AAAS) | RTO 45240** is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, unique student identifier, date of birth, contact details, training outcomes and performance or sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **personal Information**) and disclose that personal information to the **National Centre for Vocational Education Research Ltd** (**NCVER**).

My personal information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by AAAS for statistical, regulatory and research purposes. AAAS may disclose my personal information for these purposes to third parties including:

- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, NCVER; Organisations conducting student surveys; and Researchers.
- Job-active, Employment Service Providers and other relevant third-parties if applicable.

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 Administering VET, including program administration, regulation, monitoring and evaluation.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of survey at the time of being contacted. NCVER will collect, hold, use and disclose my personal information in accordance with the ***Privacy Act* 1988** (Cth), the VET Data Policy and all NCVER polices and protocols (including those published on NCVER's website at www.ncver.edu.au).

The above government agencies may use my personal information for any purpose relating to the exercise 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.

DECLARATION

- I have read, I understand, and I accept the responsibilities and obligations for this arrangement;
- Acknowledge and AAASs to create, verify, view, update, search or access report of my Unique Student Identifier (USI) number under the ***Student Identifiers Act 2014*** and ***Privacy Act 1988*** as mentioned in the privacy notice above; and;

- 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 the manner outlined above.

	/ /
Learner / Trainee Signature	*Date*

NOTE: for learners under the age of 18, please complete the Under 18 parent or legal guardian disclosure form

End of Document

Learner Declaration Form

The purpose of this form is to authorise another person and/or an organisation to enquire or act on your behalf with Australian Academy of Advanced Skills (AAAS)

Learner Full Name: _____

Your authorised person's details:

Mr ☐ Mrs ☐ Miss Other ☐

First Name

Middle Name

Family Name

Authorised person's date of birth

/ /

Your authorised organisation's details:

Organisation Name

Organisation Contact Number

Learner relationship to authorised person/organisation *(example: partner / friend / guardian / case manager, councillor)*

DECLARATION (Please indicate below) ☑

- ☐ Details of the fees chargeable and Learner information was provided by AAAS. I have read, I understand and I accept the responsibilities and obligations for this arrangement.
- ☐ I declare that the information I have provided is true and correct, to the best of my knowledge.

- ☐ I understand that, in the circumstance that I am not available; I authorise the person/organisation named on this form to act on my behalf in relation to the release of my personal details, assessment documents and other AAAS forms completed by me.
- ☐ I understand that, the authorised person/organisation named in this form **MUST** provide valid photo identification, and/or identification that enables AAAS staff to verify their identity, at the time of implementing this request with AAAS on my behalf.

	/ /
Learner Signature	*Date*

NOTE: For Learners under the age of 18, please complete the Under 18 a parent or legal guardian disclosure form.

Any question or assistance to complete this form contact us on

1300 995 153

End of Document

Under 18 learners – Parent / Guardian Disclosure
[If applicable]

EXCLUSION OF LIABILITY, RELEASE AND ASSUMPTION OF RISK FOR PERSONS UNDER THE AGE OF 18 YEARS.
Australian Academy of Advanced Skills (AAAS) is a Registered Training Organisation **(RTO No: 45240)** and is regulated by the Australian Skills Quality Authority (ASQA). At AAAS, our community is diverse, and includes recent migrants, refugee groups, humanitarian entrants, Aboriginal and Torres Strait Islanders, learners with disadvantaged backgrounds and the long-term unemployed. The welfare of our learners is paramount and as important to us as helping those individuals achieve qualifications that set them on the path to employment and on to positively impacting our local communities and industries.

Our aim is always to appoint a team that is professional and fully equipped to deliver training and assessing activities which are engaging, informative and interactive; whilst at the same time taking all reasonable measures to care for the safety and wellbeing of our learners.

Parent/Guardian Full Legal Name please print below | Date of birth

I, _____ _____

declare that I am the LEGAL PARENT/GUARDIAN of the person mentioned below;

FIRST NAME		**MIDDLE NAME**	
FAMILY NAME		**DATE OF BIRTH**	/ /
RESIDENTIAL ADDRESS			
		POST CODE	
EMAIL			

TELEPHONE		**MOBILE**	
POSTAL ADDRESS	☐ *Please tick [✓] - if your postal address is the same as above, otherwise provide your postal address below*		
ADDRESS			
		POST CODE	

[✓] ***legal parent/guardian please indicate below***

☐ I give consent and authorisation for the underage learner mentioned above to attend and/or participate in all training activities including
Field Trips and other indoor / outdoor events whilst undertaking this course with **AAAS| RTO 45240**;

☐ I agree to release **AAAS| RTO 45240** from all liability whilst providing enrolled learning/education programs;

☐ I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and I have explained the contents in this document to the learner as detailed above;

☐ I declare that the information I have provided is true and correct to the best of my knowledge, I understand and I accept the responsibilities and obligations as set out in this arrangement.

Learner signature

Date

NOTE: For learners under the age of 18, a parent and/or legal guardian must provide consent on behalf of the learner.

Full name of parent or legal guardian

Signature of parent or legal guardian

Date

IMPORTANT: this document, once signed by the learner and legal parent/guardian, will be retained by AAAS and a copy made available upon request in compliance with relevant Australian and State and/or Territory law.

-END OF DOCUMENT-