

Home Modifications Enrolment Form

Please answer all questions to complete your enrolment.

Personal details

1. Enter your full name

Family Name (Surname)

Given Names

2. Enter your birth date

Day/month/year

3. Sex (Tick ONE box only)

Male M

Female F

Unspecified X

4. What is the address of your usual residence?

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name

Flat/unit details

Street or lot number
(e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

5. What are your contact details?

Phone

Mobile

Fax

Email

Unique Student Identifier (USI)

6. What is your Unique Student Identifier?

USI:

If you do not have a Unique Student Identifier, please apply for one at <http://www.usi.gov.au> and notify AT Australia before course commencement.

(This should only take about 5 to 10 minutes to complete.)

Language and cultural diversity

7. In which country were you born?

Australia 1101

Other – please specify _____

In which town/city were you born?

8. Citizenship

Australian

Permanent Res

Temp Resident

Other specify: _____

9. 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 1201 **English only – Go to question 11**

Yes, other – please specify _____

10. How well do you speak English?

Very well 1

Well 2

Not well 3

Not at all 4

11. 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

12. Do you consider yourself to have a disability, impairment or long-term condition?

Yes Y

No N **No – Go to question 14**

13. 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 11

Physical 12

Intellectual 13

Learning 14

Mental illness 15

Acquired brain impairment 16

Vision 17

Medical condition 18

Other 19

Schooling

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

Year 12 or equivalent 12

Year 11 or equivalent 11

Year 10 or equivalent 10

Year 9 or equivalent 09

Year 8 or below 08

Never attended school 02 **Never attended school – go to question 16**

15. In which **YEAR** did you complete that school level?

16. Are you still attending secondary school?

Yes Y

No N

Previous qualifications achieved

17. Have you **SUCCESSFULLY** completed any of the following qualifications?

Yes Y

No N **No – go to question 19**

18. If **YES**, then tick **ANY** applicable boxes.

	Year	Recognition Aust/Other
Bachelor degree or higher degree	<input type="checkbox"/>	008
Advanced diploma or associate degree	<input type="checkbox"/>	410
Diploma (or associate diploma)	<input type="checkbox"/>	420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>	511
Certificate III (or trade certificate)	<input type="checkbox"/>	514
Certificate II	<input type="checkbox"/>	521
Certificate I	<input type="checkbox"/>	524
Certificates other than the above	<input type="checkbox"/>	990

Employment

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

(Tick ONE box only)

Full-time employee	<input type="checkbox"/> 01
Part-time employee	<input type="checkbox"/> 02
Self employed – not employing others	<input type="checkbox"/> 03
Employer	<input type="checkbox"/> 04
Employed – unpaid worker in a family business	<input type="checkbox"/> 05
Unemployed – seeking full-time work	<input type="checkbox"/> 06
Unemployed – seeking part-time work	<input type="checkbox"/> 07
Not employed – not seeking employment	<input type="checkbox"/> 08

20. Current Employment Details

AT Australia will contact your employer to complete a questionnaire. Their feedback will play an important role in developing the quality of training at AT Australia.

Occupation
Organisation Name
Employer's Contact Name
Employer's Contact Phone
Employer's Email

Study reason

21. 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"/> 01
To develop my existing business	<input type="checkbox"/> 02
To start my own business	<input type="checkbox"/> 03
To try for a different career	<input type="checkbox"/> 04
To get a better job or promotion	<input type="checkbox"/> 05
It was a requirement of my job	<input type="checkbox"/> 06
I wanted extra skills for my job	<input type="checkbox"/> 07
To get into another course of study	<input type="checkbox"/> 08
For personal interest or self-development	<input type="checkbox"/> 12
Other reasons	<input type="checkbox"/> 11

22. Are you intending to complete the assessment or undertake the course work only?
(Tick ONE box only)

Complete Assessment 01

Course work only 02

If course work only, please explain why (eg CPD points)

Course Details

Course Name	Home Modifications Course
Course Duration	Two Full Day or equivalent
Fee payable (Online)	\$1100.00 (including GST)
Fee payable (Face to Face)	\$1320.00 (including GST)

Total fee to be paid on enrolment of the course.

Course Dates

*refer to training calendar for dates

Please indicate selection below:

Course Dates	Location

Payment Information

Payment Method

Invoice Please provide the following details :

- Invoice to: _____
- Company Name: _____
- Full Address: _____
- Email to send invoice: _____

Cheque (Make cheques payable to Independent Living Centre NSW)

Direct Deposit
 Payable to Independent Living Centre NSW
 St George Bank, BSB 112 879
 Acct No. 4295 40510

Visa **Mastercard**

Name on Card: _____

Card No: | _ _ _ _ | | _ _ _ _ | | _ _ _ _ | | _ _ _ _ |

Exp Date: | _ _ / _ _ | Amount: \$ _____

Signature: _____

Registration will not be finalised until payment is received. A receipt will be issued.

Cancellation and refunds: when a cancellation or refund is unavoidable, you can:

- Substitute a person in the course
- Request a refund up to 7 days prior to the course (less 10% admin fee)
- Request a transfer to another course

Special considerations: if you have any special needs or dietary requirements (applicable for on-site trainings only) please attach the relevant information to your registration form.

Privacy Notice

Why we collect your personal information

As a registered training organisation (RTO), Assistive Technology Australia collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients. For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

Surveys

You may receive a student survey which may be run by a government department or an NCVET employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact Assistive Technology Australia to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice
- request for Assistive Technology Australia's Privacy Policy

Email: training@at-aust.org
Telephone: 02 9912 5800

Declaration

I have read and understand the details provided to me in the **training guide**
I have read and understand the details provided to me in the **student handbook**
I have read, understand and accept the Privacy Notice provided in this Form
I understand the conditions, assessment and appeals process
I agree to participate in the training and assessment
I understand that recording (video or audio) is NOT allowed during the training session

Consent for Employer Satisfaction Survey

I consent to Assistive Technology sending my employer an Employer Satisfaction Survey
 I agree I disagree

Student's Signature

Date

Would you like to receive AT Australia training mailouts for upcoming courses (via email)?

Yes, add me to your mailout list **No, I am not interested**

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