

## Student Enrolment Form

### About this form

*Thank you for your interest in seeking enrolment into The Performance College. This application for enrolment form must be completed in English. If you require any assistance in completing this form, please contact us by phone or email.*

*You can send this form to us by post or email. Please provide a copy of your passport, your visa (if relevant), your High School Certificate, proof of English language proficiency as specified in the entry requirements and any other requested documents referred to in the course brochure.*

### Course details

Course you wish to enrol in	<input type="checkbox"/> CHC30121 - Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50121 - Diploma of Early Childhood Education and Care <input type="checkbox"/> BSB50420 - Diploma of Leadership and Management <input type="checkbox"/> BSB60420 - Advanced Diploma of Leadership and Management <input type="checkbox"/> BSB80120 - Graduate Diploma of Management (Learning)
Requested start date	

### Student details

Given name/s (including middle name if any)			
Surname			
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Preferred first name if different to the above		Preferred title	
Current residential address  <i>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 states or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park, or unbounded address site.</i>			

Phone number/s	
Email address	
Nationality	
Street Number and Name	
Suburb/City	
State	
Post Code	

Emergency contact (Name, relationships, and mobile phone number)	
Do you hold a current Australian visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of visa and expiry date	

### Language and cultural diversity

In which country where you born?	<input type="checkbox"/> Australia [1101] <input type="checkbox"/> Other; please specify:
Do you speak a language other than English at home?  <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only [1201] <input type="checkbox"/> Yes other; please specify:
Are you of Aboriginal or Torres Strait Islander origin?  <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

## Disability

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No – go the question about schooling
<p>If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list.</p> <p><i>You may indicate more than one area) Please refer to the Disability supplement at the back of this form for an explanation of the following disabilities.</i></p>	<input type="checkbox"/> Hearing/deaf [11] <input type="checkbox"/> Physical [12] <input type="checkbox"/> Intellectual [13] <input type="checkbox"/> Learning [14] <input type="checkbox"/> Mental illness [15] <input type="checkbox"/> Acquired brain impairment [16] <input type="checkbox"/> Vision [17] <input type="checkbox"/> Medical condition [18] <input type="checkbox"/> Another [19]

### Disability Supplement

If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list: Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

**'11 — Hearing/deaf'** Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe, or profound hearing loss after learning to speak, communicates orally and maximizes residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

**'12 — Physical'** A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life, for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, or post-polio syndrome.

**'13 — Intellectual'** In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

**'14 — Learning'** A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central. Nervous system dysfunction and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

**'15 — Mental illness'** Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

**'16 — Acquired brain impairment'** Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional, or independent functioning. Acquired brain impairment can occur because of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases, or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

**'17 — Vision'** This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired because of disease, illness, or injury.

**'18 — Medical condition'** Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalization; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma, or diabetes.

**'19 — Other'** A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

## Schooling

<p>What is your highest COMPLETED school level?</p> <p><i>Tick ONE box only</i></p>	<p><input type="checkbox"/> Year 12 or equivalent 12</p> <p><input type="checkbox"/> Year 11 or equivalent 11</p> <p><input type="checkbox"/> Year 10 or equivalent 10</p> <p><input type="checkbox"/> Year 9 or equivalent 09</p> <p><input type="checkbox"/> Year 8 or below 08</p> <p><input type="checkbox"/> Never attended school 02</p>
<p>Are you still enrolled in secondary or senior secondary education?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

## Previous qualifications studied.

<p>Have you successfully completed any of the qualifications listed below?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p>If YES, tick ANY applicable boxes</p>	<p><input type="checkbox"/> Bachelor's degree or higher degree [008]</p> <p><input type="checkbox"/> Advanced diploma or associate degree [410]</p> <p><input type="checkbox"/> Diploma (or associate diploma) [420]</p> <p><input type="checkbox"/> Certificate IV (or advanced certificate/technician) [511]</p> <p><input type="checkbox"/> Certificate III (or trade certificate) [514]</p> <p><input type="checkbox"/> Certificate II [521]</p> <p><input type="checkbox"/> Certificate I [524]</p> <p><input type="checkbox"/> Other education (including certificates or overseas qualifications not listed here) [990]</p>
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## Employment

<p>Of the following categories, which BEST describes your current employment status? (Tick ONE box only)</p> <p><i>For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).</i></p>	<p><input type="checkbox"/> Full-time employee [01]</p> <p><input type="checkbox"/> Part-time employee [02]</p> <p><input type="checkbox"/> Self-employed – not employing others [03]</p> <p><input type="checkbox"/> Self-employed – employing others [04]</p> <p><input type="checkbox"/> Employed – unpaid worker in a family business. [05]</p> <p><input type="checkbox"/> Unemployed – seeking full-time work [06]</p> <p><input type="checkbox"/> Unemployed – seeking part-time work [07]</p> <p><input type="checkbox"/> Not employed – not seeking employment [08]</p>
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## Study reason.

<p>Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/ apprenticeship. (Tick ONE box only)</p>	<p><input type="checkbox"/> To get a job [01]</p> <p><input type="checkbox"/> To develop my existing business [02]</p> <p><input type="checkbox"/> To start my own business [03]</p> <p><input type="checkbox"/> To try for a different career [04]</p> <p><input type="checkbox"/> To get a better job or promotion [05]</p> <p><input type="checkbox"/> It was a requirement of my job [06]</p> <p><input type="checkbox"/> I wanted extra skills for my job [07]</p> <p><input type="checkbox"/> To get into another course of study [08]</p> <p><input type="checkbox"/> For personal interest or self-development [09]</p> <p><input type="checkbox"/> To get skills for community/voluntary work [10]</p> <p><input type="checkbox"/> Other reasons [11]</p>
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## Unique Student Identifier (USI)

From 1 January 2015, The Performance College can be prevented from issuing you with a nationally recognized VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI).

If you have not yet obtained a USI, you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device.

Enter your Unique Student Identifier (USI) here:

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<p>If you do not have a USI, would you like us to apply for a USI on your behalf?</p>	<ul style="list-style-type: none"> <li>• Yes – please complete ‘Applying on your behalf’, questions and application declaration.</li> <li>No – skip to next section</li> </ul>
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## Applying on your behalf

If you would like The Performance College to apply for a USI on your behalf, you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto> applies-their-behalf 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. Please provide your town/city of birth and ensure that the name written in ‘Personal Details’ section is the same as written in the document you provide below. In accordance with section 11 of the Student Identifiers Act 2014, The Performance College will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as

practicable after we have made the application, or the information is no longer needed for that purpose unless we are required by or under any law to retain it.

Town/City of Birth (please write the name of the Australian or overseas town or city where you were born)	
Australian Driver's License State	
Australian Passport Number	
Citizenship Certificate	
Medicare Card Medicare card number  Individual reference number (next to your name on Medicare card): ____ Card colour (circle one): Green / Yellow / Blue Expiry date ____/____/____ (format DD/MM/YYYY)	
Passport Number / Non-Australian Passport (with Australian Visa) Passport number, Country of issue, Visa Grant Number	
Stock number _____ Acquisition date (day/month/year)	

## USI application declaration

I authorize The Performance College to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

<b>Student Signature:</b>	<b>Date:</b>
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## Privacy Notice

### Why we collect your personal information.

As a registered training organization (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. If you do not provide this information, we will be unable to process your enrolment.

### 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

Under the Data Provision Requirements 2012, The Performance College 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 and your training activity data) may be used or disclosed by The Performance College for statistical, regulatory and research purposes. The Performance College may disclose your personal information for these purposes to third parties, including: Commonwealth and State or Territory government departments and authorized agencies; NCVER; Organisations

conducting student surveys; and Researchers. Personal information disclosed to NCVER may be used or disclosed for the following purposes: Issuing statements of attainment or 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. NCVER will collect, hold, use, and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the 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)) You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

Our contact details are:

E: [info@tpc.edu.au](mailto:info@tpc.edu.au)

T: 1300 444 228

You may also request our privacy policy if you wish.

### Student declaration

I declare that the information provided is true and correct	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to the collection, use and disclosure of my personal information as per the Privacy Notice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of applicant</b>	
<b>Signature</b>	
<b>Date</b>	