Northern Territory Training Services

STUDENT ENROLMENT FORM

Thank you for your interest in enrolling in Gisborne Services Pty Ltd . Please ensure that you answer ALL the following questions to ensure correct processing of your enrolment.

Once you have completed this form submit it to the Administration Manager either in person or via email to: admin@ntts.edu.au

☑Please tick where appropriate

OFFICE USE ONLY – Type of enrollment			
FFS	Funded	CT	RPL
20A			

Personal Details		
Surname:	**Given Name**:	**Middle Names**:
Date of Birth:	Sex: ☐ Male ☐ Female ☐ Unspecified	
Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms		
Residential Address:		
Suburb:	State:	Postcode:
Postal Address:		
Suburb:	State:	Postcode:
Mobile Number:	Other Number:	
Email Address:		
Unique Student Identifier (USI)*: ***(complete if you already have a USI)***		
Otherwise, you may create a USI for yourself by going to **https://www.usi.gov.au/ or tick box below**		
□ **I give authorisation to access or apply** (pursuant to sub-section 9(2) of the Student Identifiers Act 2014) for a USI on my behalf		
Proof of Identification:	Verified By: *(trainer's name)*	Signature:

**You will not receive your Certificate or Statement of Attainment without obtaining a USI unless you fall under the exemptions. Refer to your Student Handbook for information regarding the USI.*

Emergency Contact			
Surname:		Given Name/s:	
Relationship to Student:		Contact Number:	
Course/Code Details:			
Course Code and name:			
Date of your course:			
Do you wish to apply for Credit Transfer (CT)? ☐ Yes (Evidence is required) ☐ No			

Do you wish to apply for Recognition of Prior Learning (RPL)?	☐ Yes (A separate process is required) ☐ No

Origin / Disabilities **(You may be required to undertake a short language, literacy, and numeracy (LLN) assessment based on your responses in this section)**	
Country of birth:	**Town of Birth**:
Main language spoken at home:	☐ English only ☐ Other, please specify:
How well do you speak English?	☐ Very well ☐ Well ☐ Not well ☐ Not at all
Are you Indigenous?	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander
If Yes name your community and community location:	
Do you suffer from any disabilities?	☐ Yes ☐ No (Skip the next question)
Please Indicate the areas of disability, impairment, or long-term condition:	☐ Hearing/Deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental Illness ☐ Acquired Brain Impairment ☐ Vision ☐ Medical Condition ☐ Other
Do you require additional support from the college because of this disability, impairment, or long-term condition?	☐ No ☐ Yes, please specify:
Educational / Employment History	
What is your highest completed school level?	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9 or equivalent ☐ Year 8 or below ☐ Never attended school
What year did you complete the above school level?	
Are you still attending secondary school?	☐ Yes ☐ No
What is the highest qualification you have completed?	☐ Bachelor's degree or Higher Degree ☐ Advanced Diploma or Associate Degree ☐ Certificate IV (or Advanced Certificate/Technician ☐ Certificate III (or Trade Certificate) ☐ Certificate II ☐ Certificate I ☐ Certificate other than the above

Which best describes your current employment status?	☐ Full-time employee ☐ Part-time employee ☐ Self-employed - not employing others. ☐ Self-employed - employing others ☐ Employed - unpaid worker in family business. ☐ Unemployed - seeking full-time work. ☐ Unemployed - seeking part-time work. ☐ Not employed - not seeking employment
Which best describes your main reason for undertaking this course?	☐ 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 reasons

Please ensure that you have read the Self Declaration very carefully before you sign this form. Please contact the Administration Manager at Gisborne Services Pty Ltd if you have any questions.

Self-Declaration
□ I declare that the information on this enrolment form is to the best of my knowledge, true, accurate and absolute at the time of this enrolment.
□ I further acknowledge that any false information and not disclosing relevant information for enrolment of this qualification may result in the cancellation of my enrolment at Gisborne Services (NTTS)
□ I understand that it is my full responsibility to provide all relevant and required documentation and answer all questions truthfully
□ I further understand that the course deposit is non-refundable if I withdraw from the course within 7 days prior to commencement and I have read and understood all fee and refund information
□ I consent to collection, use and disclosure of my personal information pursuant to information at www.usi.gov.au/documents/privacy-notice-whenrto-applies-their-behalf and VET data provision requirements
□ I authorise Gisborne Services (NTTS) to divulge information regarding my results to persons who pay for my course
□ I further declare that I have read **or have been supplied with a copy of** the Student Handbook.
□ I give permission to send a copy of my statement of attainment to my employer

VET Data Use Statement Under the Data Provision Requirements 2012 and National VET Data Policy (which includes the National VET Provider Collection Data Requirements Policy), Registered Training Organisations are required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Recognised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER), and may be used and disclosed for the following purposes:

- populate authenticated VET transcripts;
- facilitate statistics and research relating to education, including surveys and data linkage;
- pre-populate RTO student enrolment forms;
- understand how the VET market operates, for policy, workforce planning and consumer information; and
- administer VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVEREmployee, 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 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student Name:	
Student Signature: *if student is under 18 yrs a parent/guardian's consent will also be required	**Date:**