|  |  |  |
| --- | --- | --- |
| Have you attended training at PEER before? (please tick) | [ ]  Yes  | [ ]  No  |
| Do you have a WorkReady participant number | [ ]  Yes [ ]  No  | WorkReady number |       |
| SACE ID number (school students only) |       |
| Unique Student Identifier (USI)  |       *If you do not have a USI number please go to* [*www.usi.gov.au/*](http://www.usi.gov.au/) |
| CITB number |       *If you wish to access CITB funding please go to* [*www.citb.org.au/*](http://www.citb.org.au/) |
| **PERSONAL DETAILS** | VETtrak ID (office use only) |       |
| Full Legal Name for Licensing and USI requirements |
| Surname |       | Given name(s) |       |
| Title | Mr/ Miss/ Mrs/ Ms/ Other:  | Preferred name |       |
| Date of birth |       | Gender | [ ]  Male [ ]  Female [ ]  Other  |
| Street address |       | Suburb and post code |       |
| Postal address (if different from above) |       | Suburb and post code |       |
| Phone: |       | Email address |       |
| Alternate email address |       | Preferred contact method | [ ]  Email [ ]  Phone [ ]  Mail |
| EMERGENCY CONTACT DETAILS |
| Name |       | Relationship |       |
| Phone number |       | Alternate number |       |
| ENROLMENT INFORMATION |
| Area | [ ]  Apprenticeship [ ]  Vet in Schools [ ]  Other |
| Course code |       | Course Name |       |
| Currently an apprentice? | [ ]  Yes [ ]  No  | If yes, what year? | [ ]  1st year [ ]  2nd year [ ]  3rd year [ ]  4th year  |
| EMPLOYMENT INFORMATION |
| Employer business name |       | Employer email |       |
| Phone number |       | Contact name |       |
| **ADDITIONAL INFORMATION USED FOR STATISTICAL REPORTING REQUIRED UNDER THE DATA PROVISION REQUIREMENTS 2012** |
| Indigenous status | [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both [ ]  Neither |
| Country of birth | [ ]  Australia [ ]  Other (Please Specify)       |
| Town or city of birth |       |
| Language spoken at home | [ ]  English [ ]  Other (Please Specify)       |
| Citizen status | [ ]  Australian Citizen [ ]  Permanent Australian resident[ ]  Oversea resident  | [ ]  Visa [ ]  New Zealand citizen living in South Australia  |
| Visa type | [ ]  Skilled – regional sponsored Visa 475, 495 [ ]  Skilled – regional sponsored Visa 487[ ]  Skilled – nominated/ state territory 489 [ ]  State/ territory sponsored business owner Visa 163 [ ]  State/ territory sponsored Senior Executive Visa 164 [ ]  State/ territory sponsored Investor Visa 165  | [ ]  Permanent resident Visa 176 [ ]  Safe haven enterprise Visa 790[ ]  Bridging Visa E 050, 051 [ ]  Temporary protection visa 785[ ]  Bridging Visa F 060[ ]  Other  |
| Visa expiry date |       |
| Are you currently enrolled at school? | [ ]  Yes [ ]  No  |
| Name of school attending |       |
| If yes, which of the following applies to you? | [ ]  High school student [ ]  TGSS [ ]  School based apprenticeship [ ]  Vet in schools |
| Year level successfully completed: | [ ]  Did not go to School [ ]  Year 8 or below[ ]  Year 9  | [ ]  Year 10 [ ]  Year 11 [ ]  Year 12  |
| Highest level of education | [ ]  Certificate I [ ]  Certificate II[ ]  Certificate III[ ]  Certificate IV[ ]  Diploma level  | [ ]  Advanced Diploma/ Associate Degree [ ]  Bachelor Degree or higher Education Degree [ ]  Miscellaneous Education  |
| Labour Force Status | [ ]  Employed – unpaid family business [ ]  Full-time employee[ ]  Not employed – not seeking employment [ ]  Self-employed – not Employing others | [ ]  Employer [ ]  Part-time employee [ ]  Unemployed – seeking full-time work [ ]  Not stated |
| Are you registered with Centrelink? | [ ]  Yes [ ]  No  | If yes, CRN and expiry date       |
| If yes, which allowance  | [ ]  Newstart allowance [ ]  Age pension[ ]  Parenting payment (single) [ ]  Youth allowance | [ ]  Disability support pension[ ]  Parenting payment (partnered) [ ]  Other  |
| Do you hold any of the following? | [ ]  Health care card [ ]  Veterans affairs card | [ ]  Pensioners concession card[ ]  None  |
| Are you registered with an Employment Services provider (Job Network)  | [ ]  Yes [ ]  No  | If yes, were you referred by them to PEER? [ ]  Yes [ ]  No Consultant name      Provider name and suburb       |
| Are you a prisoner? | [ ]  Yes [ ]  No  | If yes please contact the WorkReady Infoline 1800506266 |
| Are you under guardianship of the Minister? | [ ]  Yes [ ]  No  | If yes please contact the WorkReady Infoline 1800506266 |
| Do you have a disability? | [ ]  Yes [ ]  No  |
| If yes | [ ]  Acquired brain disorder [ ]  Hearing/ deaf[ ]  Intellectual[ ]  Learning[ ]  Medical condition  | [ ]  Mental illness [ ]  Physical [ ]  Vision [ ]  Unspecified [ ]  Other  |
| Known medical condition | [ ]  Yes [ ]  No  | If yes, please specify       |
| Reason for study | [ ]  It was a requirement of my job [ ]  To get a job[ ]  To start my own business[ ]  To get a better job or promotion[ ]  To try for a different career  | [ ]  To get into another course of study [ ]  To develop my existing business [ ]  I wanted extra skills for my job [ ]  For personal interest or self-development [ ]  Other reasons  |

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| **Privacy Notice**Under the Data Provision Requirements 2012, PEER 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) may be used or disclosed by PEER for statistical, administrative, regulatory and research purposes. PEER may disclose your personal information for these purposes to:* Commonwealth and State or Territory government departments and authorised agencies;
* NCVER;

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:* populating authenticated VET transcripts;
* facilitating statistics and research relating to education, including surveys and data linkage;
* pre-populating RTO student enrolment forms;
* understanding how the VET market operates, for policy, workforce planning and consumer information; and
* administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, 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 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) **Student Declaration and Consent**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 confirm:**[ ]** I have honestly and accurately provided information contained on this enrolment form, I understand any offer or subsequent enrolment in a WorkReady training place made on the basis of false or misleading may be withdrawn by the WorkReady Training Provider and/ or the Minister for Employment, Higher Education and Skills**[ ]** I was provided course information prior to enrolment to make a detailed and informed decision on my enrolment**[ ]** I confirm that I have read the student handbook and are aware PEER’s Complaints and Appeals Policy and Procedure and PEER’s Privacy Policy as contained on PEER’s websiteI authorise PEER to:* Communicate and perform Credit Transfer Processes on any transcripts provided by myself from other RTO’s (refer to credit transfer documentation)
* Create, locate and update my Unique Student Identifier Number (USI) in order for my Qualification or Statement of Attainment to be generated for Nationally Accredited Training.
 |
| Full name |       |
| Signature |  | Date |       |

NOTE: If person giving consent is under 18 years of age at the time of enrolment, consent of their parent/ guardian is required to confirm understanding of attendance requirements and responsibilities of being a student at PEER.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/ Guardian Signature |  | Date |       |

Office Use Only: The above form was entered and processed by the below PEER employee:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name |       | Signature |  | Date |       |