

Complete all sections of this form in BLOCK LETTERS and ensure that you sign wherever necessary

## Personal Details:

### 1. Enter your full name

Surname ( Legal Family Name ) :

Given Names ( Legal Given Names ) :

2. Enter your birth date (Day/Month/Year) :

DD / MM / YYYY

3. Sex (Tick ONE box only) : ☐ Male ☐ Female

### 4. What is the address of your usual residence?

Suburb, locality or town:

Postcode:

### 5. What is your postal address?

Building/Property name:

Flat /Unit number/Street number:

Street Name:

P.O Box or Roadside Delivery Box:

Suburb, locality or town:

State/Territory:

Postcode:

## Language and Cultural Diversity:

### 6) In which country were you born?

☐ Australia

☐ Other - Please specify \_\_\_\_\_

### 7) 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

**English only –Go to Question 9**

☐ Yes, Other - Please specify language spoken: \_\_\_\_\_

### 8) How well do you speak English?

☐ Very Well

☐ Well

☐ Not Well

☐ Not at all

### 9) Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

☐ Yes, Aboriginal & Torres Strait Islander

☐ No, Neither Aboriginal nor Torres Strait Islander

What is your Australian Citizenship/Residential Status? ☐ Australian Citizen ☐ Permanent Resident

☐ Other, Please specify :

## Disability:

### 10) Do you consider yourself to have a disability, impairment or long-term condition?

Yes ☐

No ☐

**No - Go to Question 12**

### 11) If YES, then please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area.)

☐ Hearing/Deaf ☐ Physical ☐ Intellectual ☐ Learning ☐ Mental Illness ☐ Acquired Brain Impairment

☐ Vision ☐ Medical Condition ☐ Other, Please specify:

☐ Multiple Disabilities ☐ Disabled (not defined)

## Schooling:

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

- |  |  |
|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 9 or equivalent  |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 8 or below       |
| <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Never attended school |

**Never attended school – Go to Question 14**

**13. In which YEAR did you complete the school level?** : \_\_\_\_\_

**14. Are you attending secondary school ?** Yes ☐ No ☐

## Previous Qualifications Achieved:

**15. Have you SUCCESSFULLY completed any of the following qualifications?** Yes ☐ No ☐ **No—Go to Question 17**

**16. If Yes, then tick ANY applicable boxes.**

- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree                    | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma or Associated Degree               | <input type="checkbox"/> Certificate II                         |
| <input type="checkbox"/> Diploma ( or Associate Diploma )                    | <input type="checkbox"/> Certificate I                          |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above.     |
|  | <input type="checkbox"/> Multiple Qualifications                |

## Employment

**17. Of the following categories ,which BEST describes your current employment status? (Tick ONE box only.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Employed - unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Unemployed - seeking full - time work         |
| <input type="checkbox"/> Self employed - not employing others | <input type="checkbox"/> Unemployed - seeking part-time work           |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> Not employed - not seeking employment         |

## Study Reason:

**18. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/ apprenticeship?** (tick ONE box only)

- |  |  |
|--|--|
| <input type="checkbox"/> To get a Job                              | <input type="checkbox"/> To develop my existing business     |
| <input type="checkbox"/> To start my own business                  | <input type="checkbox"/> To try for a different career       |
| <input type="checkbox"/> To get a better job or promotion          | <input type="checkbox"/> It was a requirement of my job      |
| <input type="checkbox"/> I wanted extra skills for my job          | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> Other reasons                       |

## Course Details:

**Please fill in the details of the course you are seeking enrolment**

Course Title:

Commencement Date: Campus: ☐ IHNA Melbourne ☐ IHNA Perth

Course Delivery Mode: ☐ Face to face ☐ Blended

## Next of Kin:

Full Name:

Relationship:

Address:

Telephone:

Mobile:

Email:

## Victorian Student Number:

### 19) To be completed by all students aged up to 24 years enrolling in Victoria:

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years. Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form. Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

Enter your Victorian Student Number (VSN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	No more questions if you provided your VSN.
Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?	<input type="checkbox"/> No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. <b>No more questions if you answer No above.</b>
	<input type="checkbox"/> Yes - I have attended a Victorian school since 2009: <b>Most recent Victorian school attended.....</b> and / or
	<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011 List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)
	..... ..... .....

## Privacy Statement :

I understand that:

- IHNA is required to provide its regulatory and funding authorities with student and training activity data which may include information I provide in this enrolment form. These bodies may disclose information for lawful purposes, to its consultants, advisors, other government agencies, professional bodies and/or other organisations. IHNA may also collect and disclose my personal information for a number of purposes including the allocation to me of a national or state student identification numbers and updating my personal information on these national/state registers
- I may be contacted by the regulatory or funding authorities or IHNA representatives for endorsed surveys or audit purposes
- If I am enrolled in Victoria, IHNA is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisors, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.
- The Education and Training Reform Act 2006 requires IHNA to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

I acknowledge and agree to the terms described in this privacy statement:

Student Signature:	Date:    /    /
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## Feedback

Can you suggest any improvements to our pre enrolment information, Application or enrolment process?
