

# ENROLMENT FORM

Qualification Code & Title: CHC434

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## STUDENT DETAILS:

Unique Student Identifier (USI): \* 10 Digit Unique identification. If you do not have a USI, please refer to the USI section. You must write your name exactly as on your identity document.

USI: 3453453455

First Name: test

Last Name: test

Age Declaration:

I am at least 18 years of age

Date of Birth (DD/MM/YYYY): 1998-10-10

Gender:  Male  Female  Other

## Address Details

House and Street Number: Agraham

Post Code: 535558 Suburb: Bobbili

State: VIC

Postal Address:

Same as Above  Enter postal address below

Are you able to read, write, and understand English?

Yes  No

Mobile Number: 3453453455

Work Phone: 3453453455

Home Phone: 3453453455

Email Address: saisatya51@gmail.com

Emergency Contact (Name & Relation): / cousin

Emergency Mobile: 4564564566

## Language and Cultural Diversity

Country of Birth: India

City of Birth: Bobbili

Do you speak a language other than English?

No  Yes Language Spoken (at Home):

Are you Aboriginal and/or Torres Strait Islander?

No  Yes, Aboriginal  Yes, Torres Strait Islander

Disability (see Disability Supplement):

Yes (if yes, tick relevant)  No

Hearing/Deaf

Physical

Intellectual

Medical Condition

Mental Illness

Acco

Other:

What is your highest school level COMPLETED? (tick one only)

Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  Year 9 or equivalent  Year 8 or below

Are you still enrolled in secondary or senior secondary education?

Yes  No

In which YEAR did you complete the above school level?

Mode of Delivery:

Classroom  Online (Virtual)  Blended  Workplace Based

Choose A Qualification:

Have you successfully completed any of the following qualifications? (Tick most relevant)

- Certificate I  
 Certificate II  
 Certificate III (Trade Cert)  
 Certificate IV  
 Diploma  
 Advanced Diploma  
 Bachelor's or Higher  
 Other  
 None

Attained:

- Attained in Australia       Australian Equivalent       International

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  
 Unemployed - not seeking employment

Industry of Work (ANZSCO): INdustry

Reason for Enrolling:

- To get a job  
 To get a better job or promotion  
 It was a requirement for my job  
 I wanted extra skills for my job  
 To start my own business  
 To get into another course  
 To try for a different career  
 To develop my existing business  
 For personal interest or self-development  
 Community/voluntary work  
 Other reasons

Other:

Credit Transfer (CT) / Recognise Prior Learning (RPL):

- Yes       No

Do you have access to a computer and the internet?

- Yes       No

Computer literacy: Good Numeracy skills: Excellent

Do you require additional support?

- No       Yes (please specify):

**UNIQUE STUDENT IDENTIFIER / PRIVACY / REFUND**

I understand that my results will be uploaded into USI records as per company policy. If you have not yet obtained a USI you can apply at  
<https://www.usi.gov.au/your-usi/create-usi>

Yes, I understand and declare (USI)

Privacy Notice: NCVER will collect, hold, use and disclose your personal information in accordance with the law. For more information see [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy)

Yes, I understand and declare (Privacy)

Refund Policy: Details of the RTO Fees and Charges / Refund Policy can be found on our website.

Yes, I understand and declare (Refund)

**Office Use Only:**

Student ID #: 2026ENR0007

Enrolment Coordinator/Admin: test test

Invoice Provided

Receipt Collected

LMS Access Granted

Resources Access

Uploaded into SMS

Welcome Pack Sent

**Candidate Declaration:**

I understand and declare: I have read the Student Handbook including Privacy, Fee Administration and Refund Policy; I agree to allow collection of LLN and assessment information; I give consent to release my details to relevant government bodies; I agree to participate in mandatory course requirements; I confirm details provided are true.

Yes, I understand and declare.

Full Name of the Candidate: satya sai

Date: 2005-10-10

Signature: test