Pre-Training Review
and
Enrolment Form
HLTSS00064 Infection Control Skill Set

Student Name:_____

Student Signature: _____

STUDENT USE ONLY	
Do you hold a Concession Card?	☐ YES ☐ NO
Were you referred to the course? (JSA, DES, etc.)	☐ YES ☐ NO
Please state how old you were on the 1st of January, 2020?	_____

OFFICE USE ONLY	
Did the student supply a Concession Card?	☐ YES ☐ NO
Did the student supply a referral form?	☐ YES ☐ NO
If student was U/20 on 01/01/2020, did student supply proof of age ID?	☐ YES ☐ NO

CONTENTS

1. PRE-TRAINING REVIEW INTRODUCTION

A Pre-Training Review is conducted to ensure the training and assessment you are to undertake is designed to meet your individual needs and workplace requirements (if you are employed). The pre-training review will ensure Stirling Institute of Australia:

1. understands your objectives for undertaking this course;
2. explores your current competencies and provides you the opportunity for these to be assessed through Recognition of Prior Learning (RPL) or
3. for units, you have achieved in the past you can apply for a Credit Transfer;
4. checks your Language, Literacy, and Numeracy (LLN) skills are suitable to undertake this course;
5. provides you with the support you may require to successfully undertake this course.

For the list of units in the Skill Set students can review their Training Plan when they intend to seek RPL or a Credit Transfer.

Student enrolling with Stirling Institute of Australia should refer to the Student Handbook and our website for details of the additional support services available.

At this PTR session, you will be given the following documents:

1. Student Handbook
2. Language, Literacy, and Numeracy Assessment (attached with this booklet)
3. Statement of Fees
4. Skills First Program Eligibility Check
5. A document outlining the following:
    a. Units of Competency
    b. Entry Requirements
    c. Mode of Study
    d. Work Placement Hours (if applicable)
    e. Additional Requirements
    f. Assessment Methods
6. Enrolment Form (attached to this booklet)

Stirling Institute of Australia (TOID: 21132, CRICOS: 03797M) believes that the best way to learn is to experience and hence our friendly team is always there to help with your questions/queries. Please feel free to contact us at 1300 790 265 or info@sia.edu.au

2. PERSONAL DETAILS

Please fill in your contact details below:

PERSONAL DETAILS	
Title	
Given Name *(Legal Given Name)*	
Middle Name/s *(Legal Middle Name/s)*	
Surname *(Legal Family Name)*	
Preferred Name *(if applicable)*	
Date of Birth *(dd/mm/yy)*	
Gender *(tick **ONE** box only)*	☐ Male ☐ Female ☐ Other
Home Phone	
Work Phone	
Mobile	
Email address	

EMERGENCY CONTACT DETAILS	
First Name	
Last Name	
Relationship	
Home Phone	
Mobile	

RESIDENTIAL ADDRESS			
Building / Property Name			
Flat / Unit Number		Street Number (or Lot Number)	
Street Name			
Suburb / Town			
State		Postcode	

POSTAL ADDRESS			
Same as above ☐ *(Proceed to Language and Cultural Diversity section)*			
Building / Property Name			
Flat / Unit Number		Street Number (or Lot Number)	
Street Name (or PO Box Number)			
Suburb / Town			
State		Postcode	

LANGUAGE AND CULTURAL DIVERSITY

In which Country were you born?
☐ Australia
☐ Other - Please specify
_____

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

☐ Yes, other - please specify
_____

Are you of Aboriginal and/or Torres Strait Islander origin? *(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)*
☐ No   ☐ Yes, Aboriginal   ☐ Yes, Torres Strait Islander

DISABILITY

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

☐ Yes   ☐ No *(if no proceed to Schooling section)*

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:
(You may indicate more than one area)

Please refer to the Disability supplement for an explanation of the following disabilities.

☐ Hearing / Deaf   ☐ Mental Illness

☐ Physical   ☐ Acquired Brain

Impairment

☐ Intellectual   ☐ Vision

☐ Learning   ☐ Medical Condition

☐ Other

3. EDUCATIONAL AND EMPLOYMENT EXPERIENCE

SCHOOLING

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

☐ Year 12 or equivalent ☐ Year 11 or equivalent
☐ Year 10 or equivalent ☐ Year 9 or equivalent
☐ Year 8 or below ☐ Never attended School

Are you still enrolled in secondary or senior secondary education?
☐ Yes ☐ No

PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the qualifications listed below?

☐ Yes ☐ No *(if no proceed to Employment section)*

If Yes, please enter **one** of these Prior Education Achievement Recognition Identifiers to **any** applicable qualification level.
Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use:
   A – Australian
   E – Australian Equivalent
   I – International

A   E   I
☐ ☐ ☐ 008 – Bachelor Degree or Higher Degree
☐ ☐ ☐ 410 – Advanced Diploma or Associate Degree
☐ ☐ ☐ 420 – Diploma (or Associate Diploma)
☐ ☐ ☐ 511 – Certificate IV (or Advanced Certificate / Technician)
☐ ☐ ☐ 514 – Certificate III (or Trade Certificate)
☐ ☐ ☐ 521 – Certificate II
☐ ☐ ☐ 524 – Certificate I
☐ ☐ ☐ 990 – Certificates other than the above

EMPLOYMENT (continued)

Which of the following classifications BEST describes the industry of your current or previous Employer?

☐ A – Agriculture, Forestry and Fishing
☐ B – Mining
☐ C – Manufacturing
☐ D – Electricity, Gas, Water and Waste Services
☐ E – Construction
☐ F – Wholesale Trade
☐ G – Retail Trade
☐ H – Accommodation and Food Services
☐ I – Transport, Postal and Warehousing
☐ J – Information Media and Telecommunications
☐ K – Financial and Insurance Services
☐ L – Rental, Hiring and Real Estate Services
☐ M – Professional, Scientific and Technical Services
☐ N – Administrative and Support Services
☐ O – Public Administration and Safety
☐ P – Education and Training
☐ Q – Health Care and Social Assistance
☐ R – Arts and Recreation Services
☐ S – Other Services

EMPLOYMENT

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

☐ 01 – Full-time employee
☐ 02 – Part-time employee
☐ 03 – Self-employed – not employing others
☐ 04 – Self-employed – employing others
☐ 05 – Employed – unpaid worker in family business
☐ 06 – Unemployed – seeking full-time work
☐ 07 – Unemployed – seeking part-time work
☐ 08 – Not employed – not seeking employment

STUDY REASON

Of the following categories, select the one which BEST describes the main reason you are undertaking this course / traineeship / apprenticeship (Tick **ONE** box only)

☐ 01 – To get a job
☐ 02 – To develop my existing business
☐ 03 – To start my own business
☐ 04 – To try for a different career
☐ 05 – To get a better job or promotion
☐ 06 – It was a requirement of my job
☐ 07 – I wanted extra skills for my job
☐ 08 – To get into another program of study
☐ 09 – For personal interest or self-development
☐ 10 – To get skills for community/voluntary work
☐ 11 – Other reasons

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only) *If never employed go to Study Reason*	RESIDENCY STATUS
☐ 1 – Managers ☐ 2 – Professionals ☐ 3 – Technical and Trade Workers ☐ 4 – Community and Personal Service Workers ☐ 5 – Clerical and Administrative Workers ☐ 6 – Sales Workers ☐ 7 – Machinery Operators and Drivers ☐ 8 – Labourers ☐ 9 – Other	☐ Australian Citizen ☐ NZ Citizen ☐ Australian Permanent Resident ☐ Other If **other**, please state your Visa Status / Type and Passport Number: Visa Status _____ Passport Number_____

4.   CREDIT TRANSFER AND SKILLS RECOGINITION

A. Credit Transfer		
If you have already completed equivalent units of competency, then you will be granted a credit transfer for these units. You will be required to present your evidence (usually a statement of results or statement of attainment) at the time of enrolment.		
Do you wish to apply for 'Credit Transfers'? If Yes, you will be provided with a Credit Transfer application form to complete.	☐ **Yes**	☐ **No**

B. Recognition of Prior Learning (RPL)		
RPL is an assessment process that recognises the skills and knowledge you have already gained. If you have completed other courses, if you have relevant work experience and work-based training or life experience, you may be able to apply for RPL for some or all the units in the course you are applying for.		
Do you wish to apply for 'Recognition of Prior Learning (RPL)'?	☐ **Yes**	☐ **No**

5.   BACKGROUND, LEARNING STYLE AND REASON FOR STUDY

1.   Reasons for study

From the list below select the main reasons for choosing this course (you may tick more than one)
☐   To gain employment
☐   To gain knowledge and build study skills
☐   To access pathways into further study
☐   Develop skills for my current job
☐   Develop skills for a change of career
☐   Other (please specify)

2.   Please provide a comment on why you wish to complete this course.

_____

_____

_____

3.   Learning Style

Indicate below your preferred learning style(s) (you may tick more than one). My learning style includes:

☐   Participating in classes face to face with teacher and other students.
☐   Group work with other students, discussion with other students
☐   Continuous and regular communication with my trainer
☐   Self-directed tasks and activities
☐   Hands on tasks, role plays and activities
☐   Self-paced flexible learning books
☐   On the job, workplace training and assessment

4.   Are you/have you worked or volunteered in an area related to individual support, ageing or disability?

_____

_____

_____

5.   What do you know about individual support in the ageing and disability related industries?

_____

_____

_____

_____

6.   What do you hope to achieve by gaining these skills or qualification?

_____

_____

6.   LEARNING EXPERIENCES

a. In the past, have you encountered any difficulties with learning new things?	☐ **Yes** ☐ **No**
b. If yes, please give a brief description of your past learning experiences:	

c. Do you have any learning or physical (i.e. RSI, current injury, etc) barriers we will need to take into consideration?	☐ **Yes** ☐ **No**

d. Please give a brief description of your barriers, we will take your information into consideration during the training program:
e. From the information, you currently have about the course, is there anything we need to know to support your learning?

7.   LANGUAGE, LITERACY, AND NUMERACY INTRODUCTION (LLN)

This LLN Assessment is used to evaluate your core skills and should take around 20 to 30 minutes to complete. Your Assessor can support you as you complete the questions and activities if required.

Assessors will make a comment about the amount of the support they have provided to you when making the judgment about your capabilities.

If you are not able to complete the LLN Assessment just let your trainer know and they will recommend a Bridging Course to help you develop the required core skills to fully participate in the qualification.

You may use a calculator for the numeracy section if necessary.

The areas that are covered are as follows:

Oral Communication, Numeracy, Reading and Writing, and IT Knowledge.

7.1 Oral Communication

Self- Assessment

Tell us about your reading and speaking skills.

Do you need help with:	Yes	Sometimes	No
Writing in paragraphs			
Using a telephone book			
Reading a medicine bottle or electricity bill			
Reading a birthday card			
Writing a short letter			
Using a dictionary			
Using a calculator			
Using a computer			
Reading books			
Reading and understanding the newspaper			
Keeping a journal for study purposes			
Writing job applications			
Studying alone and independently			
Calculating fractions, decimals and percent			
Writing an essay for study			
Comment on other areas of interest: E.g. Cars, gardening			
Are there any areas that you would like to improve?			

7.2   Numeracy

(you may use a calculator, if necessary)

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a)   Jane was placing an online order for medical supplies. The store was offering Practitioner discounts and many items were reduced. Bandages and dressings were reduced by one quarter (¼), Fit balls were reduced by half (½) and Rigis tapes were reduced by three quarters (¾).

   1.   Convert the following into percentage:

      a.   ¼ _____

      b.   ½ _____

      c.   ¾ _____

   2.   Write the following as a decimal:

      a.   ¼ _____

      b.   ½ _____

      c.   ¾ _____

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b)   Todd is a Dietitian. He needs to know metrics well so he can provide guidance to his clients on how much they should be eating each day. Can you help Todd by writing out some metric measurements so he can understand them?

   1.   Todd has been told to buy 1.2Kg of chicken for recipe. How many grams is this?

      _____

   2.   The recipe Todd has given his client includes 1.2Kg of chicken. This recipe is for 4 people. How many grams of chicken would each person get?

      _____

   3.   Todd has told his client he should drink 8 glasses of water per day. A glass holds 250mls. If the client drinks 8 glasses as directed, how many litres would the client drink per day?

      _____

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c)   Todd gets paid $28.50 per hour, he has worked the following hours for this week without any breaks:

Monday	12pm– 6pm	Thursday	12pm – 6pm
Tuesday	11am– 7pm	Friday	10am – 4pm
Wednesday	10am– 4pm	Saturday	8am– 12pm

   1.   How many hours has Todd worked this week (You can use a calculator)?

      _____

   2.   What will Todd's gross salary be for this week (You can use a calculator)?

      _____

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a) Work out these calculations. (You can use a calculator for this)

45 x 36 =   45 + 45 =

80 – 45 =   45 ÷ 5 =

b) Match the below images to their correct name by **DRAWING LINES:**

Cone

Pyramid

Cube

Square

Triangle

7.3 Reading and Writing

Read the following case study and answer the questions:

Case Study

At Bounce, Back Allied Health Clinic there is a monthly Clinical Team meeting to provide an opportunity for Clinicians to network with their co-workers and discuss any difficult cases in a peer review.

At the clinic, they offer the following services:

- Physiotherapist
- Dietitian
- Podiatrist
- Speech Pathologist
- Exercise Physiologist

The meeting on 24th June started at 16:30, the Physiotherapist was noted as an apology. The case review was presented by the Dietitian. The case reviewed was regarding a 75-year-old woman who was overweight, unfit and had high blood pressure. The client suffered from back and joint pain. The Client was also struggling to climb stairs. The client has been seeing the Dietitian for a number of months and has not seen much success with the strategies put in place so far.

The Dietitian asked each Allied Health Professional for their opinion on what treatments or actions she could suggest to her client. The meeting finished at 17:55.

Write an explanation to answer the questions.

1. What time did the meeting start? Write your answer in 12-hour clock format.

_____

_____

2. How long did the meeting go for? Work out in hours and minutes.

_____

_____

3. As the physiotherapist wasn't at the meeting, draft an email from the dietitian explaining the case that was discussed and asking them for their opinion on what treatment would be beneficial.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

4. Write 1 paragraph about one of your hobbies or interests (e.g. music, sports, reading, etc).

_____

_____

_____

_____

_____

_____

7.4 IT Knowledge

Read the following questions and provide more information:

1. Do you have any email address? If yes, please mention your email address below.

   ☐ **Yes** ☐ **No (If no please go to Question. 4)**

   Email address:

2. How often do you use your email address?

   ☐ **Once a day** ☐ **Once a week** ☐ **Once a month**

3. If Stirling Institute sends you link through your email address will you be able to open the link and access the information mentioned on the link.

   ☐ **Yes** ☐ **No**

4. Do you use Social media sites? Yes / No

   ☐ **Yes** ☐ **No**   If yes, please mention some of the sites that you use or familiar with.

8.   UNIQUE STUDENT IDENTIFIER (USI) DETAILS

UNIQUE STUDENT IDENTIFIER (USI) DETAILS

From 1 January 2015, we Stirling Institute of Australia can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at http://www.usi.gov.au/create-your-USI/ on computer or mobile device.

Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Enter your Unique Student Identifier (USI) if you already have one   ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Do you give Stirling Institute of Australia permission to contact the USI Register on your behalf if clarification of your details is required?

☐ Yes   ☐ No

If you **DO NOT** have a USI would you like Stirling Institute of Australia to apply for a USI on your behalf?

☐ Yes – *you will need to complete the form below. You will be contacted by the USI Office once your USI has been registered.*

☐ No – *you will need to provide a USI before Stirling Institute of Australia can issue any certificates or records of training in your name*

Application for Unique Student Identifier (USI)

If you would like us Stirling Institute of Australia (RTO 21132) to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information contained at the end of this form and https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf.

I [NAME] ……………………………………………………………………………….authorise Stirling Institute of Australia (RTO 21132) 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 (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

Town/City of Birth _____

(*please write the name of the Australian or overseas town or city where you were born*)

Forms of Identity will be collected as part of the Eligibility Check for Skills First. If you are not enrolling under the Skills First program you will need to provide **one** form of identity from the following list:

☐ Australian Drivers Licence   ☐ Medicare Card (Green)   ☐ Australian Birth Certificate   ☐ Citizenship Certificate

UNIQUE STUDENT IDENTIFIER (USI): PRIVACY NOTICE

Consent for collection, use or disclosure of personal information

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the Student Identifiers Act 2014.
- is collected by the Registrar for the purposes of:
  - o applying for, verifying and giving a USI;
  - o resolving problems with a USI; and
  - o creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
  - o Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
  - o the purposes of administering and auditing VET, VET providers and VET programs;
  - o education related policy and research purposes; and
  - o to assist in determining eligibility for training subsidies;
  - o VET Regulators to enable them to perform their VET regulatory functions;
  - o VET Admission Bodies for the purposes of administering VET and VET programs;
  - o current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - o schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - o the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - o researchers for education and training related research purposes;
  - o any other person or agency that may be authorised or required by law to access the information;
  - o any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar's Privacy Policy or by contacting the Registrar on usi@education.gov.au or telephone 1300 857 536, international enquiries +61 2 6240 8740. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act 1988, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

9.   VICTORIAN STUDENT NUMBER (UNDER 25'S ONLY)

Enter your Victorian Student Number (VSN) __ __ __   __ __ __   __ __ __   *No more questions if you provide your VSN*

Have you attended any Victorian school since 2010, OR done any training with a Vocational Education and Training (VET) registered training organization or an Adult and Community Education provider in Victoria since 2012?

☐ No – I have not attended a Victorian school since 2010 or a TAFE or other VET training provider since the beginning of 2012. *No more questions if you answered No above.*

☐ Yes – I have attended a Victorian school since 2010:   Most recent Victorian school attended _____

And / or

☐ Yes – I have participated in training at a TAFE or other training organization since the beginning of 2012. List the most recent training organisations with which you have participated in training in Victoria since 2012 (List up to 3 training organisations)
_____

_____

10.   CONCESSION AND REFERRAL

CONCESSION

Do you hold or are you a dependent of a person who holds any of the following valid* concessions?

☐ Health Care Card - Commonwealth   ☐ Pensioner Concession Card   ☐ Veteran Gold Card

* Concession cards must be valid (i.e. not expired) at time of enrolment and remain valid for the expected duration of your course.

Additional valid concession
☐ Asylum Seeker – Asylum Seeker Resource Centre Referral Form
☐ Asylum Seeker – Asylum Seeker Australian Red Cross Victims of Human Trafficking Program Referral Form

If an applicant presents a concession via a Digital Wallet through a Centrelink Express Plus mobile application, of which a copy is not possible, you must complete the following table:

Name of authorised delegate who sighted the digital concession card:	
Date the digital concession card was sighted:	
Document number of the concession card:	
Name of concession holder:	

REFERRAL

Were you referred by any of the following?
          ☐ Not referred   ☐ Asylum Seeker Resource Centre   ☐ Australian Red Cross
          ☐ Training Referral Letter, Department of Education and Training (LVP / LVL Latrobe Valley Retrenched Workers)
          ☐ State Revenue Office email 'Back to Work' participant (BWL / BWP)
          ☐ Disability Employment Services (DES)
          ☐ Job Active
If you have been referred by any of the above a referral form / other support documentation will be required. Please provide to the enrolment team so that a copy can be taken.

11. PHOTO, VIDEO AND TESTIMONIALS CONSENT

Stirling Institute of Australia seeks consent to disclose personal information in the form of photographs, images and videos of persons for the purpose of promotional activities and advertisement of the company.

☐ Until further notice, I hereby consent to the use of images and/or audio on film, video, photographic or any other form of electronic recording taken of me by or on behalf of Stirling Institute of Australia.

☐ I understand and authorise the use or reproduction of any of these images and recordings referred to above in all or any of the following media: Film, Video, Internet, printed matter, posters, magazines, newspapers and advertisements.

☐ I understand that these images and recordings may be used for the purposes of marketing, advertising, tender or business submissions, illustrations, graphic design, entering competitions, and exhibitions or in any publication in any manner in Australia or elsewhere in the world by Stirling Institute of Australia for advertising or public relations purposes related to the activities, programs and services of Stirling Institute of Australia.

☐ I acknowledge that I do not have copyright of these images and recordings and that ownership of these images and recordings reside with Stirling Institute of Australia.

☐ I agree and understand that the use or reproduction of any of these images and recordings will be without acknowledgement and without me being entitled to remuneration or compensation.

☐ I also acknowledge that I am not entitled to any remuneration, royalties or any other payment from Stirling Institute of Australia in respect of the use by Stirling Institute of Australia of the photographs and/or videos.

☐ I consent for testimonials written by me to be published on marketing material published by Stirling Institute

☐ I understand and agree that I will notify Stirling Institute of Australia if I decide to withdraw this permission.

I hereby authorise Stirling Institute of Australia to use my image as outlined above ☐ **Yes**   ☐ **No**

12. STUDENT DECLARATION

VICTORIAN GOVERNMENT VET STUDENT ENROLMENT PRIVACY NOTICE

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and the *Health Records Act 2001 (Vic).*

Collection of your data:

Stirling Institute of Australia (SIA) is required to provide the Department with student and training activity data. This includes personal information collected in the SIA's enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

SIA provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx

Use of your data:

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.
A student's USI may be used for specific VET purposes including the verification of student data provided by SIA; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data:

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory:

The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006 (Vic)*. The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014 (Cth)* and the *Student Identifiers Regulation 2014 (Cth)*.

Survey participation:

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.
Please note you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information:

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction, and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.
For further information, please contact SIA's Privacy Officer or Quality and Compliance Manager in the first instance by phone 1300 790 265 or email info@sia.edu.au

Further information

For further information about the way the Department collects and handles personal information, including access, correction, and complaints, go to: http://www.education.vic.gov.au/Pages/privacypolicy.aspx

For further information about Unique Student Identifiers, including access, correction, and complaints, go to: http://www.usi.gov.au/Students/Pages/student-privacy.aspx

NATIONAL VET DATA PRIVACY NOTICE

Under the Data Provision Requirements 2012, Stirling Institute of Australia (SIA)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 Stirling Institute of Australia (SIA)is for statistical, administrative, regulatory and research purposes. Stirling Institute of Australia (SIA)is may disclose your personal information for these purposes to:
- Commonwealth and State or Territory government departments and authorised agencies; and
- 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 program 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

STUDENT DECLARATION CHECKLIST

Please ensure that you have understood and completed in full the following *(tick to indicate completion)*

☐ **Pre-training Review**

☐ **Student Handbook** (Provided in this PTR session)

☐ **Language, Literacy, and Numeracy Assessment**

☐ **Statement of Fees** (Provided in this PTR session)

☐ **Skills First Program Eligibility Check** (Completed in this PTR session)

☐ **Enrolment Form**

☐ **Training Plan** (Provided in this PTR session)

☐ **Photo, Video and Testimonial Consent**

ENROLMENT AGREEMENT AND STUDENT DECLARATION

In signing this Student Declaration and Consent, I agree that:

- I am aware of the consequences that may arise from providing false, misleading, or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Stirling Institute of Australia

- I declare that the information I have provided to Stirling Institute of Australia, in this application for study and supporting documentation, is true and correct

- I understand that it is my responsibility to provide all relevant and required documentation

- I have been advised and understand that HLTSS00064 Infection Control Skill Set is 2 weeks course and will need to attend the class for this duration

- I am aware and acknowledge that I will be required to attend a minimum of 8 hours of work placement as a part of this course and placements occur Monday to Friday

- At enrolment and/or prior to practical work-placement students will be required to complete a Police Clearance (PC). https://www.nationalcrimecheck.com.au/

- I have read and understood the Privacy Information detailing that Stirling Institute of Australia is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement

- I have received the Student Handbook, course information and communication about all fees and charges relevant to my enrolment

- I understand that successful completion of my training program does not guarantee employment

- I have understood and completed in full, the Enrolment Form and Training Plan

- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above

- I have understood and directed Stirling Institute of Australia regarding the use of my image in photos or videos.

I acknowledge that I have read and agree the Victorian Government's VET Student Enrolment Privacy Notice, the USI Privacy Notice, the National Data Privacy Notice and the privacy and use of my image in photo / video for promotional use.
(Please sign below)

Student Name			
Signed		Date	

PARENT CONSENT (Applicable if under 18 years of age)

As the Parent/Guardian of the applicant identified above, I confirm that all information provided in this enrolment form is to the best of my knowledge true, correct and accurate. *(Please sign below)*

Parent/Guardian signature or school for school-based traineeship *(if under 18 years of age)*

Parent / Guardian Name			
Signed		Date	

13. PRE-TRAINING EVALUATION

Following review of the information gathered in the Pre-Training Review and using the outcome from the LLN assessment evaluate the students' suitability to undertake the training course.

1. The student has confirmed in the Pre-Training Review the course they are enrolling in will meet their career goals.	☐ **Yes** ☐ **No**
2. Does the student have any Credits relevant to the units listed on the training plan (list the codes and attach a certified copy of the testamur/s)?	☐ **Yes** ☐ **No**
3. If yes, was the student given a Credit Transfer form?	☐ **Yes** ☐ **No**

4. The student has confirmed that this Skill Set meets **one of the following** objectives which also aligns with the Skills First Charter.	
a. To gain employment Obtain the required skills to make them job-ready	☐ **Yes** ☐ **No**
b. To gain knowledge and build study skill Undertake further education	☐ **Yes** ☐ **No**
c. To access pathways into further study Undertake further education	☐ **Yes** ☐ **No**
d. Develop skills for my current job Obtain the required skills to make them job-ready / undertake further education	☐ **Yes** ☐ **No**
e. Develop skills for a change of career Obtain the required skills to make them job-ready	☐ **Yes** ☐ **No**
f. Other Access training if they are disadvantaged learners	☐ **Yes** ☐ **No**
If no to all of the above objectives, the student will only be able to enrol into this qualification as a fee-paying student and will not be eligible to apply for skills first funding.	
5. Are the proposed learning strategies and materials appropriate for the student? Note: Refer to section 5 and 6 of the Pre-Training Review document in making your assessment.	
Suitable: o Prefers Face to Face Delivery in a Classroom with a teacher and group of students o Group Work with other students, discussion with other students o Self-directed tasks and activities o Hands on tasks, role plays and activities o On the job, workplace training and assessment **Not Suitable:** o **Prefers only** online delivery and assessment o **Only selected** continuous and regular communication with trainer o **Only selected** Self-paced flexible learning books	☐ **Yes** ☐ **No**

a. Duration of the Skill Set	☐ **Yes**	☐ **No**
b. Work Placement Requirements and Commitment	☐ **Yes**	☐ **No**
c. Assessment methods and commitment	☐ **Yes**	☐ **No**

Has the student indicated any **past learning experiences, personal circumstances or physical barriers** which should be taken into consideration?		
1. Past learning experiences	☐ **Yes**	☐ **No**
2. Personal Circumstances	☐ **Yes**	☐ **No**
3. Physical Barriers	☐ **Yes**	☐ **No**
If yes to any of the above, does an academic action plan need to be created? **If yes,** please ensure an academic action plan has been created in consultation with the trainer, training manager and student prior to the commencement of the course.	☐ **Yes** ☐ **No**	

14. LLN LEVEL SKILLS

The Observation Checklist below provides guidance when making the final judgement of the student's capability. *Tick Yes or No to determine if the student met the below criteria.*

OBSERVATION CHECKLIST

	Learning Indicators	**Yes**	**No**
3.01	Plans, implements and adjusts processes as required to achieve learning outcomes and begins to seek new challenges.		
3.02	Experiments with new learning strategies in familiar contexts and applies some strategies in less familiar contexts.		
	Reading Indicators	**Yes**	**No**
3.03	Evaluates and integrates information and ideas to construct meaning from a range of familiar, and some unfamiliar, texts and text types.		
3.04	Selects and applies a range of reading strategies as appropriate to purpose and text type.		
	Writing Indicators	**Yes**	**No**
3.05	Communicates relationships between ideas and information in a style appropriate to audience and purpose.		
3.06	Selects vocabulary, grammatical structures and conventions appropriate to the text.		
	Oral Communication Indicators	**Yes**	**No**
3.07	Selects and uses appropriate strategies to establish and maintain spoken communication in familiar and some unfamiliar contexts.		
3.09	Derives meaning from a range of oral texts in familiar and some unfamiliar contexts.		
	Numeracy Indicators	**Yes**	**No**
2.09	Identifies and comprehends relevant mathematical information in familiar activities or texts		
2.10	Selects and uses appropriate familiar mathematical problem-solving strategies to solve problems in familiar contexts		
2.11	Uses informal and some formal oral and written mathematical language and representation to communicate mathematically		

15. LLN ASSESSMENT RECORD OUTCOME

Did the student require assistance completing the LLN ACSF level 3 Assessment?	☐ **Yes** ☐ **No**

If yes, please specify _____

Note: Prompting to stay on task, demonstrates the student is not at ACSF level 3.

Indicate if the student has achieved the required levels below:	Yes	No
LLN 3- Learning		
LLN 3 – Reading		
LLN 3 – Writing		
LLN 3 – Oral		
LLN 2 – Numeracy		

IT Knowledge	☐ Average ☐ Good ☐ Excellent

Identified issues relevant for Training Department:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

16. LLN RECOMMENDATIONS

Select the appropriate pathway below:

LLN Assessment Outcomes	Tick one option:
The student has successfully completed this Language, Literacy and Numeracy assessment without any support. They can now commence HLTSS00064 Infection Control Skill Set.	
The student requires additional Language, Literacy and Numeracy assessment support to be able to complete HLTSS00064 Infection Control Skill Set. **An Academic Action plan needs to be created with the student.**	
The student is not at the required ACSF level to commence HLTSS00064 Infection Control Skill Set. A bridging course is required prior to the vocational training program commencing. Document reason:	

Is an Academic Action Plan required for any of the following? ☐ Yes ☐ No **If yes, the Training Manager must complete the Academic Action Plan in consultation with the Trainer and Student.**	Tick if applicable
Language, Literacy or Numeracy Support	
Adjustments required to the learning strategies and / or materials	
Past learning experiences	
Personal circumstances	
Physical barriers	

Taking into account the assessments made, is enrolment in the proposed training program suitable, and the most suitable training for the student?	
Yes	**Document reasons:**
Yes, with support/ adjustments	**Document reasons; and identified supports/ adjustments to be documented in the Training Plan:** *E.g. LLN support, digital capability support, wellbeing support, career counsellor*
No	**Document reasons:**

RTO Delegate Name	
RTO Delegate Signature	
Date	

17. DISABILITY SUPPLEMENT

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

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.

'1 — 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 maximises 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.

'2 — 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.

'3 — 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.

'4 — 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.

'5 — 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.

'6 — 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 as a result 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.

'7 — 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 as a result of disease, illness or injury.

'8 — 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 hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'9 — 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.