



# Enrollment Form Submission

All answers to your completed enrollment form can be found in this document. Please retain this information in a safe place for your records.  
For further information, please contact us by email at [contact@ccst.com](mailto:contact@ccst.com)

Select the course you are enrolling in

- ☒ HLTAID012 Provide First Aid in an Education and Care Setting
- ☐ CHC30121 Certificate III in Early Childhood Education and Care
- ☐ CHC50121 Diploma in Early Childhood Education and Care

Your Unique Student Identifier (USI)  
V46FQ83FWR

## Address Details

- Title
- ☒ Mr
  - ☐ Mrs
  - ☐ Miss
  - ☐ Other

Other

Last Name  
Li

First Name  
Wei

Middle Name

Preferred Name  
Wei Li

Date of Birth  
23-05-1982

## PhotoID



## Emergency Contact

Name

Huijin Huang

Relationship to enrolee

Wife

Address

12 samuel place felixstow

Subrub

Postcode

5070

Phone

0434688568

# Part a) Eligibility

## 1. Residency Details

In w hich country w ere you born?

- ☐ Australia
- ☐ Other – please specify

please specify

China

## Resident Type

- ☒ Australian citizen
- ☐ Permanent Australian Resident
- ☐ New Zealand citizen living in South Australia
- ☐ Visa type – check (Go to 2)

## 2. Visa type (if applicable)

- ☐ Skilled – Regional sponsored (provisional) Visa, subclass 475 and subclass 495
- ☐ Skilled – Regional sponsored (provisional) Visa, subclass 487
- ☐ Skilled – Regional sponsored (provisional) Visa, subclass 489
- ☐ State/Territory Sponsored Business Ow ner (provisional) Visa, subclass 163
- ☐ State/Territory Sponsored Senior Executive (provisional) Visa, subclass 164
- ☐ State/Territory Sponsored Investor (provisional) Visa, subclass 165

## 3. Highest level of Education

Have you SUCCESSFULLY completed any of the follow ing qualifications in AUSTRALIA? If yes tick applicable box and attach copies.

- ☒ Bachelor Degree for Higher Degree level
- ☐ Advanced Diploma or Associate Degree level
- ☒ Diploma
- ☐ Certificate IV (or advanced certificate/technician)
- ☐ Certificate III(or trade certificate)
- ☐ Certificate II
- ☐ Certificate I
- ☐ Other education (including certificates or overseas qualifications not listed above)
- ☐ No post school qualifications

4. Concession

Do you have any of the follow ing concessions?

- ☐ Health Care Card
- ☐ Pensioners Concession card
- ☐ Veterans Affairs Concession Card
- ☒ None

Date

5. Centrelink benefit expiry Date

6. Prisoner

- ☐ Yes (If yes contact the Skills for All info line 1800 506 266)
- ☒ No

7. Were you/are you under the Guardianship of the minister?

- ☐ Yes (If yes contact the WorkReady info line 1800 506 266)
- ☐ No

8. Are you currently enrolled in secondary school?

- ☐ Yes
- ☒ No

If yes which of the following applies :

- ☐ School Based Apprenticeship, Training Contract
- ☐ Training Guarantee for SACE Students
- ☐ Exemption from attending School

## Part b) Demographic – Mandatory information for AVETMISS reporting

All of these questions must be answered by the student

### 10.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

### 11.Employment Information

Of the following categories, which BEST describes your current employment status

- ☐ Full-time employment
- ☒ Part-time employment
- ☐ Self-employed - not employing others
- ☐ Self-employed – employing others
- ☐ Employed – unpaid worker in a family business
- ☐ Unemployed – seeking full-time work
- ☐ Unemployed – seeking part-time work
- ☐ Not employed – not seeking employment

#### Suburb of employment

KLEVMZIG

#### Post code of employment

5086

### 12.Do you speak a language other than English at home?

(If you speak more than one language, indicate the one that is spoken most often.)

- ☐ English only
- ☒ Yes, other

#### Please specify

chinese

### 13.How well do you speak English?

- ☐ Very well
- ☒ Well
- ☐ Not well
- ☐ Not at all

14.Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait islander origin, mark both boxes ‘Yes’)

- ☒ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander

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

- ☐ Yes
- ☐ No

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

16.Your major reason for study?

- ☐ Get a Job
- ☐ To develop my Existing business
- ☐ To start my ow n business
- ☐ To try for a different career
- ☐ To get a better job or promotion
- ☒ It w as a requirement of my job
- ☐ I w anted extra skills for my job
- ☐ To get into another course of study
- ☐ For personal interest or self-development
- ☐ Other reasons

17.Are you registered with an Employment Service Provider?

- ☐ Yes
- ☒ No

If Yes the follow ing information must be supplied

Name of Provider

Job Seeker ID

STUDENT DECLARATION

I declare that the information I have provided to the best of my know ledge is true and correct.  
I understand any offer or any subsequent enrolment in a WorkReady training place made of false or misleading information may be withdraw n by the WorkReady Training Provider and/or the Minister for Employment, Higher Education and Skills.  
I agree to provide photo ID as proof of identity as required by WorkReady guidelines 8.3.

I agree to provide my Unique Student Identification number as per the Australian Government requirements.

I agree to follow Child Care Services Training's Policies and Procedures and Code of Practice.

I understand that enrolment into this WorkReady subsidised course may impact my future entitlement to government subsidised training.

I hereby consent to the collection and use of my personal information in the manner outlined in Child Care Services Training - Confidentiality Statement

Under the Data Provision Requirements 2012, Child Care Services Training is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

I understand my personal information (including the personal information contained on this enrolment form), may be used or disclosed by Child Care Services Training for statistical, administrative, regulatory and research purposes. Child Care Services Training may disclose my 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.

I 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](http://www.ncver.edu.au)).

**Signature**

Wei Li

PRINT FULL NAME OF GUARDIAN IF UNDER 18

Wei Li

SIGNATURE OF GUARDIAN



Payment of Fees

\*Fees to be paid in full prior to course start date\*

Cost Student co-contribution fee \$350.00

- ☐ Student responsible for fee
- ☒ Workplace responsible for fee

If workplace please complete:

Workplace

Contact Name

Phone

Email

□

APPENDIX 1 - PARTICIPANT AGREEMENT

COLLECTION AND USE OF PERSONAL INFORMATION

I acknow ledge and agree that:

1. I wish to participate in an activity funded by the Skills and Employment Division in the Department for Industry and Skills;
2. I accept that the Minister for Industry and Skills (**Minister**) will allocate to me a **Participant Number**, to be used to record my participation in, and the results of, activities funded by the Skills and Employment Division in the Department for Industry and Skills;
3. I accept that the assessment as to whether I am eligible to enrol in any specific activity funded by the Skills and Employment Division in the Department for Industry and Skills will be undertaken by a training provider who has a WorkReady contract with the Minister;
4. I consent to the Minister, its employees, agents and contractors collecting from the training provider my results in all courses which I have been enrolled and using this information for the purpose of determining whether I am eligible to enrol in an activity funded by the Skills and Employment Division in the Department for Industry and Skills. I consent to the Minister, its employees, agents and contractors using this information for the Department for Industry and Skills' performance measurement and reporting activities;
5. I consent to the Minister, its employees, agents and contractors collecting and using any student identifier (as that term is defined in the Student Identifiers Act 2014) assigned to or relating to me and using that student identifier to obtain transcripts and other information relating to me and using this information to determine my eligibility for an activity funded by the Skills and Employment Division in the Department for Industry and Skills and to record and track my progress through the activities funded by the Skills and Employment Division in the Department for Industry and Skills;
6. I accept and agree that the Minister, its employees, agents and contractors will be in receipt of my **Personal Information** and that they may be required to share my personal information with: • registered training organisations who have a current WorkReady contract with the Minister; other South Australian government agencies (including regulators) responsible and/or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and/or compliance; • Commonwealth government agencies (including regulators) responsible and/or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and/or compliance; and • government agencies (including regulators) in other Australian states and territories responsible and/or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and/or compliance.
7. By providing my Personal Information as outlined above, I am consenting to the Minister, its employees, agents and contractors contacting me during or after I have ceased my training or education for the purposes of: • statistical reporting and analysis in respect to training outcomes; • undertaking an evaluation of the training; promoting the training and WorkReady (or any other program run by the Minister which relates to training); • assessing quality of training; • recording the information about my training; reporting on the WorkReady Program (or any other program run by the Minister which relates to training).
8. I agree to notify the Minister if the Personal Information outlined above changes;
9. Where required by the Minister, I agree to access my student profile maintained by the Minister and its employees, agents and contractors and advise if any of the Personal Information contained in my student profile is incorrect;
10. I agree to participate in data collection activities (including surveys, workshops, focus groups and other methods of collecting information from participants) conducted by the Department for Industry and Skills to evaluate skills and employment programs.

PRINT FULL NAME

Signature

Wei Li

PRINT FULL NAME OF GUARDIAN IF UNDER 18

Wei Li

Signature OF GUARDIAN