



South Coast Community College Enrolment Form

Personal Details (Legal name as per photo ID)

Title Mr Mrs Miss Ms

Gender Male Female Other

Full **Legal** Name _____

Date of Birth ____/____/____ Town / City of Birth _____

Address _____

Contact Number _____

Email Address _____

USI Number _____

I give permission for South Coast Community College to **create** or **locate** a USI number on my behalf Yes No

Course Enrolment

Course Name & Code _____

Location & Date of Course _____

Where did you hear about this course? Social Media Newspaper Website Internet Yellow Pages Word of Mouth
OTHER _____

ADVETMISS Data Collection and SMART & SKILLED Funding Questions

Country of Birth _____

Are you of Aboriginal origin Yes No Are you of Torres Strait Islander origin Yes No

How well do you speak English Very Well Well Not Well Not at all

What is your highest completed school level? _____ What year did you complete that school level (YYYY) _____

Are you still attending secondary school? Yes No

Have you completed any of the following qualifications? Yes No

- Bachelor
- Diploma
- Certificate IV
- Certificate III Certificate II
- Certificate I
- Other education _____

Do you consider yourself to have a disability or impairment? Yes No

- Hearing/Deaf
- Physical
- Intellectual
- Learning
- Mental Illness
- Other _____

Which **BEST** describes your current employment status ?

- Full-Time employee
- Part-Time employee
- Self-employed
- Unemployed – Seeking full-time work
- Unemployed – Seeking part-time work
- Not employed - Not seeking employment

Which **BEST** describes your main reason for undertaking this course ?

- To get a job
- To develop my business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course or study
- For personal interest, self-development

Office USE ONLY

Course Fee Applied?	Course Registration Fee	FULL Course Fee	If NO, Funding Type Used?
Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____	_____

ADVTMISS Data Collection and SMART & SKILLED Funding Questions (continued)

Do you work in NSW? Yes No

What is your residency status? Australian citizen Australian permanent resident New Zealand citizen Other

Are you living in NSW Social Housing, or are you or your household on the NSW Housing Register? Yes No

Are you enrolling under a waiver? Yes No Asylum Seeker Refugee Home School Student Other

Have you undertaken any other Smart and Skilled qualifications this calendar year? Yes No

Are you registered or intending to be registered in an apprenticeship or traineeships for this qualification? Yes No

Do you receive a Centrelink payment? Yes No Age Pension Youth Allowance Parenting Payment
 Jobseeker Payment Disability Payment **(OTHER)** -

Are you an Employment Service Provider client? Yes No Are they paying your student fee? Yes No

If Yes, Name of Service Provider and Contact Person

Client Number of Service Provider

Emergency Contact Details

Full Name _____

Contact Number _____

Relationship _____

In the event of an emergency do you give South Coast College permission to organise emergency transport and treatment, and agree to pay all costs relating to the emergency Yes No

STUDENT DECLARATION

- I declare that the information in this Enrolment Agreement Form is true and correct.
- I confirm that I have read, understood and consent to the Terms and Conditions of South Coast Community College found in the Student Handbook and on South Coast Community website www.southcoastcolleges.com.au
- I give South Coast Community College permission to access my USI for the purposes of recording my results.
- I consent to South Coast Community College providing my information to Australian and Commonwealth and State Governments for the purpose of reporting to the Government as a part of my enrolment.
- I understand that my rights and responsibilities as a student are outlined in the Student Handbook and I should refer to this handbook for further information on USI, LLN Assessment, complaints and appeals, WHS, support services and other legislative and regulatory policies and procedures.

STUDENT SIGNATURE: _____

DATE: _____ / _____ / _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ / _____ / _____

(If under 18 years of age)

Office USE ONLY	Commitment ID	Student Fee Contribution	Date Processed
Smart & Skilled Eligible? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Comment Section



SMART AND SKILLED AND ACE DECLARATION FORM

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I, (First, Middle and Last Name) _____

of (current residential Address) _____

with Date of Birth / /

I understand and agree that, under the National Vocational Education and Training Regulator (*Data Provision Requirements Instrument 2020*), Eurobodalla Adult Education Centre Inc is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by Eurobodalla Adult Education Centre Inc for statistical, regulatory and research purposes. Eurobodalla Adult Education Centre Inc may disclose my personal information for these purposes to third parties, including:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Education (Department);
- NCVER;
- Organisations (including the Department) conducting student surveys; and
- Researchers.

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- 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 an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose my 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).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email or post, during or after I have ceased subsidised training with Eurobodalla Adult Education Centre Inc for the purposes of evaluating and assessing my subsidised training.

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 the manner outlined above.

PRINT FULL NAME _____

SIGNATURE _____

DATE _____

Print full name of Guardian _____

Signature of Guardian _____

DATE _____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required

Eurobodalla Adult Education Centre Inc trading as South Coast Community College; Adult Ed Community College RTO 6558
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