	AAC: SUCC Employer:	TOID: 4567 <u>Melbourne Office</u> Level 5 (East Tower) 608 St Kilda Road Melbourne Victoria 3004 Phone: (03) 9510 5030	acting Pty Ltd 09.01.2023 <u>Sydney Office</u> Suite C4, 119 Willoughby Road Crows Nest NSW 2065 www.swc.com.au info@swc.com.au					
	TRAINING NSW	Fax: (03) 9510 0300 Freecall: 1800 464 454						
Perso	nal Information ENROLMENT	FORM						
3.1	Surname	Given Names						
3.2	Home Address	Suburb	Postcode					
3.3	Email address							
3.4	Telephone Home Mobi	le	Work					
3.5	DAY MONTH YEAR Date of Birth Male	Female N	lot specified					
3.6	Were you born in Australia? Yes No Australian cit Citizenship (Tick applicable box) Australian cit Permanent re a foreign nati a New Zealan least 6 month	If no, country you were bo izen esident onal with Australian permane nd passport holder who has b ns; or	orn in					
	Town/City of birth							
3.7	Are you living in NSW social housing or have anyone in your h Yes I No I	ousehold on the NSW Housi	ng Register?					
Emplo	yment Details							
3.8	Full Time Part Time Hours per Week	Employment Start Date:						
Educat	tion, Employment and Training							
3.9	Are you still attending secondary school? Yes No							
3.10	D If you have left school, what is the highest completed school level (or equivalent)? Did not go to school O Year 8 or lower O Year 9 O Year 10 O Year 11 O Year 12 O Year completed							
3.11	Since leaving school, have you completed any qualification?							
	Certificate III or Trade Certificate OCertificate IV or Advanced/Technician Certificate OCertificate II OCertificate I OCertificate other than previous ODiploma or Associate Diploma OBachelor Degree or Higher Diploma OAdvanced Diploma or Associate DegreeOName and level of Qualification:							
3.12	Do you have a record of previous training as an apprentice and/or trainee? Yes□ No□ If yes, provide previous registration number:							
3.13	Are you seeking recognition of current competencies or skills? Yes No If yes, attach details							
3.14	Are you a welfare recipient? No Yes If yes, type of	welfare						
3.15	5 Learner Worksite:							
3.16	Are you of Aboriginal or Torres Strait Islander origin? Yes,	Aboriginal 🛛 Yes, Torre	es Strait Islander 🗆 No					
3.17	Do you speak a language other than English at home? Yes	No If yes, specify						

3.18	Reason for study?	Extra skills for	or my job 🗖	Job requireme	nt 🗖	Not stated 🗅	Get a job 🖵
	To develop my existing	j business 🛛	To start my ow	n business 🛛	To tr	y a different caree	r 🗖
	To get a better job or p	romotion 🛛 T	o get into another	course of study	🗆 F	or personal interes	st or self-development 🖵

3.19	Do you consider yoursel	f to have	e a disability, im	pairment	or long-	term condition?	Yes🛛	No🗖	If yes tick below	
	Visual/Sight Hearing	/Deaf❑	Physical 🛛	Intellec	tual□	Learning 🗖	Mental	Illness 🗆	נ	
	Acquired brain impairme	ent□	Medical conditi	on🗖	Other□	l				

3.19 Have you undertaken any other Smart and Skilled qualification this calendar year? Yes D No D

3.20 Do you already have a Unique Student Identifier (USI)?

Employer and Learner Signatures

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand and agree that, under the Data Provision Requirments 2012, SWC Training 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 Vocation 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 SWC Training for statistical, regulatory and research purposes. SWC Training 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 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 standards 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 1998 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NVCER'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 SWC Training for the purposes of evaluating and assessing 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.

For more information in relation to how student information may be used or disclosed please contact SWC Training's Privacy Officer on phone 03 9510 5030 or email info@swc.com.au

I acknowledge that I will no longer be eligible for a government subsidised training place once I complete this qualification level target through the program.

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

I acknowledge that I have received a copy of the SWC Learner Materials.

I have truthfully disclosed information about my highest prior qualification. SWC will verify the declaration against its own records and other public sources of information where practicable and relevant.

I have truthfully disclosed information about my Citizenship Status.

I authorise SWC to apply for a Unique Student Identifier (USI) on my behalf. I have read the privacy information at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf

Learner Signature_

Date____

Employer/Mentor Name	Employer/Mentor Signature	 Date
(if applicable)		