



Course Code and Title:		PRO-LIFT ADMINISTRATION ONLY:	
		LOGBOOK SET UP <input type="checkbox"/>	PAID \$
		FULL COURSE <input type="checkbox"/>
PERSONAL DETAILS			
TITLE:	MR / MRS / MISS / MS / DR / REV / HON		
GIVEN NAMES:		GENDER:	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
FAMILY NAME:		DATE OF BIRTH:	/ /
EMAIL ADDRESS:			
CITIZENSHIP			
WERE YOU BORN IN AUSTRALIA, IF NO, WHICH COUNTRY WERE YOU BORN	YES <input type="checkbox"/> Town of birth:..... NO <input type="checkbox"/> (Please state country and town).....		
DO YOU IDENTIFY YOURSELF AS ANY OF THE FOLLOWING:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Resident <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Other (Please State Citizenship)		
CONTACT DETAILS			
RESIDENTIAL ADDRESS:			
CITY/SUBURB:		STATE:	POSTCODE:
POSTAL ADDRESS:	AS ABOVE <input type="checkbox"/> OR:		
CITY/SUBURB:		STATE:	POSTCODE:
HOME PHONE:		MOBILE PHONE:	
DO YOU IDENTIFY YOURSELF AS ANY OF THE FOLLOWING:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/> Prefer not to say		
LANGUAGE			
DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, MAIN LANGUAGE SPOKEN AT HOME:			
EDUCATION			
ARE YOU STILL ATTENDING SCHOOL:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, CURRENT YEAR LEVEL:
WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL:	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Did not go to school		
IF STILL ATTENDING SCHOOL LUI NUMBER:			
SINCE LEAVING SCHOOL, HAVE YOU COMPLETED ANY OTHER TRAINING/QUALIFICATIONS?			
NO <input type="checkbox"/> YES <input type="checkbox"/> (IF YES PLEASE SELECT FROM THE BELOW):			
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other/Miscellaneous			



EMPLOYMENT DETAILS

COMPANY NAME:			
POSITION:			
COMPANY CONTACT:			
COMPANY ADDRESS:			
PHONE:			
EMAIL ADDRESS:			
EMPLOYMENT STATUS:	<input type="checkbox"/> Full Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed (unpaid in family business) <input type="checkbox"/> Unemployed (seeking part time work)	<input type="checkbox"/> Part Time <input type="checkbox"/> Employer <input type="checkbox"/> Unemployed (seeking full time work) <input type="checkbox"/> Unemployed (not seeking work)	
DO YOU GIVE PERMISSION FOR A COPY OF YOUR CERTIFICATE TO BE PROVIDED TO A THIRD PARTY? IF YES, PLEASE TICK RELEVANT PARTY	YES <input type="checkbox"/> NO <input type="checkbox"/>	EMPLOYER <input type="checkbox"/> TRAINER <input type="checkbox"/>	OTHER (Please Specify) <input type="checkbox"/>

DISABILITIES

DO YOU CONSIDER YOURSELF TO HAVE A MEDICAL CONDITION OR DISABILITY THAT WOULD AFFECT YOUR PERFORMANCE?

NO Not Stated/Prefer Not to Say YES (IF YES PLEASE DESCRIBE):

WHICH BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE:

<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> I want extra Skills for my current position
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> It is pre-requisite for another course of study
<input type="checkbox"/> It is a requirement for my job	<input type="checkbox"/> To get a better job or promotion
<input type="checkbox"/> To get a job	<input type="checkbox"/> To start my own business
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> Other

EMERGENCY CONTACT DETAILS (Person you want us to contact in an emergency)

FAMILY NAME:		GIVEN NAME:	
RELATIONSHIP:		CONTACT NO:	

MARKETING AND CONSENT

WOULD YOU LIKE TO RECEIVE COURSE INFORMATION FROM PRO-LIFT TRAINING:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU ALLOW PRO-LIFT TRAINING TO USE ANY PHOTOGRAPHIC MATERIAL OR IMAGES AND/OR TESTIMONALS FOR ADVERTISING PURPOSES:	<input type="checkbox"/> Photographic Images Only <input type="checkbox"/> Both Images and Testimonial	<input type="checkbox"/> Testimonial Only <input type="checkbox"/> Neither
HOW DID YOU HEAR ABOUT PRO-LIFT TRAINING?	<input type="checkbox"/> Internet/phonebook <input type="checkbox"/> Workplace	<input type="checkbox"/> Word of mouth <input type="checkbox"/> Email marketing <input type="checkbox"/> Repeat customer <input type="checkbox"/> Other



PRIVACY NOTICE

Under the *Data Provision Requirements 2012*, Pro-Lift Training & Assessment Services 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 and your training activity data) may be used or disclosed by Pro-Lift Training & Assessment Services for statistical, regulatory and research purposes. Pro-Lift Training & Assessment Services may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- 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 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.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

UNIQUE STUDENT IDENTIFIER

USI	<p>The Unique Student Identifier (USI) is a commonwealth government initiative</p> <p>Students will need a USI to obtain their certificate or qualification from their registered training organisation, when studying nationally recognised training in Australia.</p> <p>A USI gives you access to your online USI account which will help keep all your training records together. For more information, visit www.usi.gov.au.</p>
USI Number:	<p>Do you have a USI Number?</p> <p>No <input type="checkbox"/> (please read below) Yes <input type="checkbox"/> USI No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
USI Application Permission	<p>To provide Pro-Lift Training & Assessment Services permission to search and/or apply for a USI on your behalf please read and complete the following.</p> <p>I, (full name).....</p> <p>born in (city/town)..... give</p> <p>Pro-Lift Training & Assessment Services permission to search and/or apply for a USI on my behalf. I understand that I will receive a request to complete the USI registration if one is created on my behalf. By signing below, I confirm that I have been provided access to the Privacy Notice.</p> <p>Signature:..... Date:.....</p>



**USI Number
Application
and Privacy**

Pro-Lift Training & Assessment Services, can on your behalf apply for a USI to the Student Identifiers Registrar (Registrar) using the information provided in the enrolment form and the personal identification you provide. When applying for a USI on your behalf the Registrar will verify your identify through the Document Verification Services (DVS) managed by the Attorney-General's Department using documents such as a Medicare Card, Birth Certificate, Driver's Licence, Australian Passport, citizenship document, certificate of registration by descent, ImmiCard, or Australian entry visa.

In accordance with Section 11 of the Student Identifiers Act 2014 (Cth) (SI Act) Pro-Lift Training & Assessment Services will securely destroy personal information which we collect solely for the purpose of applying for a USI on your behalf. Your personal information is protected by the Privacy Act 1988 CTH (Privacy Act) <http://www.usi.gov.au/Pages/privacy-policy.aspx>

You can access Pro-Lift Training & Assessment Services Privacy Policy and Complaints Policy through on the website www.prolifttraining.com or requesting a copy from any staff member.

STUDENT DECLARATION (Please read carefully)

By signing this enrolment form 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 accordance with the Privacy Notice in the previous section.
- I am aware that the funding amount for this program may be up to a maximum of _____ and that I am responsible for any additional costs.
- I understand misleading information may result in the funding being revoked for that applied short course/s
- I understand if CSQ funding is revoked, the short course will have to be paid in full by myself as per the standard course costings of the RTO at time of enrolment
- I understand that if my application for funding assistance is denied I will receive feedback as to why
- I understand that even if unsuccessful in the funding eligibility I am still able to access the short course listed at the regular cost as stated by the RTO at time of enrolment/application
- I understand that if I do not complete the course and have to complete log book informal training that I am not guaranteed that funding will be available upon completion of the course
- I understand that in the event that upon completing the course, funding has been exhausted I will have to pay in full the course cost at time of enrolment
- All information supplied will not be given to a third party unless required by law or governing body requirements/compliancing.
- I have access to policies and procedures when requested to ensure I understand obligations and rights under scope of training and assessing of short courses
- I have provided the required documentation
- I understand that disclosing misleading information may lead to cancellation of this session and may also lead to certifications being null and void.
- I give consent for CSQ to contact me for the purpose of, but not limited to, conducting a review, a destination survey or to advise me of current or future CSQ products and services.

STUDENT SIGNATURE:		DATE:	
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STUDENTS UNDER THE AGE OF 18

(If under the age of 18 years, this form must be signed by a parent/guardian to complete this enrolment).

PARENT/GUARDIAN NAME:			
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PARENT SIGNATURE:		DATE:	
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Please Note: Pro-Lift Training & Assessment Services cannot issue a Statement of Attainment or Qualification to a trainee until a valid USI number is supplied and recorded.

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