

Student Enrolment Form

Please complete all sections in blue

OFFICE USE ONLY	Eligible for Vic Training Guarantee <input type="checkbox"/>
	Registered Job Seeker <input type="checkbox"/> ESP Name _____ ESP tel no _____
	LLN <input type="checkbox"/> SPCF <input type="checkbox"/> JSRF Requested <input type="checkbox"/> JSRF Received <input type="checkbox"/> PO Requested <input type="checkbox"/> PO Received <input type="checkbox"/>
	Entered on VETtrak <input type="checkbox"/> Student ID _____
	(Age /HACC only) PC <input type="checkbox"/> Interview Time _____ Date _____

HAVE YOU PREVIOUSLY ENROLLED AT GEST? Yes No

COURSE NAME: _____	ENROLMENT DATE: / / _____
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PERSONAL DETAILS

Title (Circle)	Mr Mrs Ms Miss Dr	CERTIFICATE NO: (OFFICE USE ONLY)
Last Name	_____	
First Name	_____	
Date of Birth	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>

RESIDENTIAL ADDRESS AND TELEPHONE NUMBER

Street/Road Number & Name	_____		
Town or City Name	_____	Postcode	_____
Mobile Phone Number	_____	Other Phone (home or work)	_____
Email Address	_____		

EMERGENCY CONTACT DETAILS OF NEXT OF KIN

Name	Phone	Relationship

REASON FOR STUDY

Of the following categories, which best describes your main reason for undertaking this course?
 (Tick **ONE** box only)

- | | |
|--|---|
| <input type="checkbox"/> 01 To get a job | <input type="checkbox"/> 06 It was a requirement of my job |
| <input type="checkbox"/> 02 To develop my existing business | <input type="checkbox"/> 07 I wanted extra skills for my job |
| <input type="checkbox"/> 03 To start my own business | <input type="checkbox"/> 08 To get into another course of study |
| <input type="checkbox"/> 04 To try for a different career | <input type="checkbox"/> 11 Other reasons |
| <input type="checkbox"/> 05 To get a better job or promotion | <input type="checkbox"/> 12 For personal interest or self development |

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? Australia Other (please specify) _____

Do you speak a language other than English? No, English only Other (please specify) _____

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

Are you of Aboriginal or Torres Strait Islander origin?

Yes, Aboriginal Yes, Torres Strait Islander No Not stated

Are you a permanent Australian Resident? Yes No

DISABILITY

In order to provide appropriate support services, we invite you to give us information about any disability you have. Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If YES, then please indicate the area of disability, impairment or long-term condition: (you may indicate more than one area)

- | | | |
|--|---|---|
| <input type="checkbox"/> 11 Hearing impairment or deafness | <input type="checkbox"/> 14 Learning | <input type="checkbox"/> 17 Vision |
| <input type="checkbox"/> 12 Physical | <input type="checkbox"/> 15 Mental illness | <input type="checkbox"/> 18 Medical condition |
| <input type="checkbox"/> 13 Intellectual | <input type="checkbox"/> 16 Acquired brain impairment | <input type="checkbox"/> 19 Other |

If YES, so you require special assistance: Yes No

PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications? (If YES, tick highest qualification achieved)

No Yes What was the qualification? _____

Qualifications:

- 410 Advanced Diploma or Associate Degree
- 008 Bachelor or Higher Degree
- 420 Diploma or Associate Diploma
- 511 Certificate IV (or Advanced Certificate/Technician course)
- 514 Certificate III or Trade Certificate
- 521 Certificate II
- 524 Certificate I
- 990 Certificate/s other than those listed above

OTHER

How did you hear about this course?

- | | | |
|--|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> Television |
| <input type="checkbox"/> Friend/family members | <input type="checkbox"/> Career/Course Advisor | <input type="checkbox"/> Job Services Australia/Case Manager |
| <input type="checkbox"/> GEST or other website | <input type="checkbox"/> Other: (please name source) | |

EMPLOYMENT

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

- | | |
|---|---|
| <input type="checkbox"/> 01 Full-time employee | <input type="checkbox"/> 02 Part-time employee |
| <input type="checkbox"/> 03 Self-employed – not employing others | <input type="checkbox"/> 04 Employer |
| <input type="checkbox"/> 05 Employed – unpaid worker in family business | <input type="checkbox"/> 06 Unemployed – seeking full-time work |
| <input type="checkbox"/> 07 Unemployed – seeking part-time work | <input type="checkbox"/> 08 Not employed – not seeking employment |

SCHOOLING

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

- | | |
|---|--|
| <input type="checkbox"/> 12 Completed Year 12 | <input type="checkbox"/> 09 Completed Year 9 or equivalent |
| <input type="checkbox"/> 11 Completed Year 11 | <input type="checkbox"/> 08 Completed Year 8 or lower |
| <input type="checkbox"/> 10 Completed Year 10 | <input type="checkbox"/> 02 Did not attend school |

In which year did you complete that level? Year: _____

Are you still attending secondary school? Yes No

CONCESSION

Do you hold a current Centrelink Concession Card?

Yes No No, but I am currently applying for a Centrelink Concession or Health Care Card

Customer Reference Number (CRN): _____

Benefit Code (eg: LI = low income): _____

Card Expiry Date: _____

VICTORIAN STUDENT NUMBER (VSN)

Enter your Victorian Student Number?

Known Please print VSN number: _____

If you have not provided a VSN, is this because:

I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria.

Leave both the VSN and the above tick box blank if you don't have or don't know your VSN

GEST STUDENT ENROLMENT PRIVACY STATEMENT

I understand that Gippsland Employment Skills Training Incorporated is required to provide to the Victorian Government through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at the following website <http://www.skills.vic.gov.au/corporate/providers/data-collection> Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires Gippsland Employment Skills Training Inc to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact Gippsland Employment Skills Training Inc's Privacy Officer on 03 5127 4544 or email frontdesk@gest.com.au.

Student Signature: _____ **Date:** _____

DECLARATION

I acknowledge that:

1. Arrangements must be made to pay all fees and charges applicable to this enrolment.
2. If I withdraw within four (4) weeks of course commencement, an administration fee will be incurred and is non-refundable. (I must complete and sign a Withdrawal Form to be eligible for a refund.)
3. If I withdraw after four (4) weeks of course commencement, there is no refund on tuition and service fees.
4. There is no refund on commercial (fee-for-service) if I withdraw or do not attend.
5. If I have a fee payment arrangement set up and then withdraw from my course (by completing and signing a Withdrawal Form), I will pay any outstanding fees that are required.
6. If I default on my payment arrangement, GEST will take legal action to recover the debt and add debt collection costs to my overall debt.
7. My participation in this course is subject to the right of GEST to cancel or amalgamate courses or classes; I agree to abide by all rules and regulations of GEST.
8. GEST is required to forward information to government under its statutory reporting obligations. I hereby authorise GEST to release information concerning my student record to: any government department or government funded agency.
9. I may be contacted by the Victorian Skills Commission to undertake a NCVET survey and/or an invitation to participate in a Department endorsed project and/or being contacted by the Commission (or persons authorised by the Commission) for audit purposes.
10. I confirm that I have been informed about recognition of prior learning (RPL) and credit transfer options at GEST and also about support services that I can access while I am an enrolled student.
11. I authorise GEST or its agent, in the event of illness or accident during any GEST organised activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
12. My academic results will be withheld until my debts are fully paid and any property belonging to GEST has been returned.

Student Signature: _____ **Date:** _____

Section A: To be completed by an authorised delegate of the registered training organisation

OFFICE USE ONLY

I confirm that in relation to _____
(Student's name)

I have sighted the following original, or a certified photocopy of the original, documents:

- an Australian Birth Certificate; **or**
- a current Australian Passport; **or**
- a current New Zealand Passport; **or**
- a naturalisation certificate; **or**
- a Temporary Protection Visa; **or**
- a green Medicare Card; **or**
- formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence; **or**
- a signed declaration by a relevant referee

and if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth:

- a current drivers licence; **or**
- a current learner permit; **or**
- a Proof of Age card; **or**
- a 'Keypass' card.

Authorised RTO Delegate:
 Name: _____
 Position: _____
 Signature: _____ Date: _____

Section B: To be completed by the student (if relevant to the student's eligibility)

I, _____ declare that:
(Student's full name)

a. The highest qualification I currently hold is:

(Include full title of qualification, eg. Certificate III in Aged Care; Intermediate VCAL, Year 10)

b. I have commenced or I am scheduled to commence government subsidised course/s in 2012

c. I am currently undertaking government subsidised course/s.

Signature: _____ Date: _____

OFFICE USE ONLY

Enrolment Fee Amount: \$	Method of Payment
Fees and charges	Please tick one of the following methods of payment:
Tuition \$	Cash <input type="checkbox"/>
Services \$	Cheque <input type="checkbox"/>
Materials \$	EFTpos <input type="checkbox"/>
Total Payable \$	
Amount Paid (see Instalment Request Attached) if Different. \$	
Receipt Number	

INSTALMENT PLAN (Only applies to courses that run longer than 1 week)
Upfront Instalment: 50% Upfront Payment: \$
Agreed Instalment Payments to be paid weekly or fortnightly: \$
Agreed Instalment End Date:
INSTALMENT PAYMENTS MUST BE PAID BY THE AGREED INSTALMENT END DATE

Approved by (Authorised Enrolment Officer)		
Print Name	Signature	Date / /

Tax Invoice Number:		
If a Tax Invoice is required please complete the following.		
Company/Business Name:		
Postal Address:		
Contact Person:	Contact Phone Number:	
Please note that all enrolment communication in relation to this course will be directed to the student.		
Approved by (Authorised Enrolment Officer)		
Print Name	Signature	Date / /

RTO: 3828
7 Anzac Street, (PO Box 570)
MOE, VIC, 3825
Ph: 03 51274544
Fax: 03 51274693
www.gest.com.au
frontdesk@gest.com.au
ABN: 29 911 894 613