

GALLANG EDUCATION & TRAINING

ENROLMENT FORM



CHECKLIST

Important! If information is missing or incomplete your application will not be processed, and you will be asked to re-submit.

ENROLMENT FORM COMPLETED					✓
All questions on this application have been completed – Pages 1 to 8					<input type="checkbox"/>
PROOF OF QLD RESIDENCY ATTACHED (examples include) Verified by Justice of the Peace					✓
A current Qld Driver's Licence (Front & back)	OR	A current Qld Bank Statement	OR	A Current Qld Rates notice	<input type="checkbox"/>
PROOF OF CITIZENSHIP (Examples include) Verified by Justice of the Peace					✓
A current GREEN Medicare Card	OR	A Current Australian or New Zealand Passport	OR	A current Permanent Residency Visa	<input type="checkbox"/>
UNIQUE STUDENT IDENTIFIER (USI) PROVIDED – Create one at www.usi.gov.au					✓
USI created & provided in this enrolment form.					<input type="checkbox"/>
PROOF STUDENT IS AN EXISTING WORKER IN THE COMMUNITY SERVICES AND HEALTH INDUSTRY (For CHC43315 Certificate IV in Mental Health only)					✓
Evidence to prove the student is an existing worker in the required industry is an official letter or email (with signature block) from the employer listed within the student's enrolment form. This letter or email must include statements confirming the student's employment status, the length of current employment and confirmation the student has been actively fulfilling work duties for this period.					<input type="checkbox"/>
This evidence from the nominated employer is able to be provided up to 7 calendar days before or after the student's enrolment in the qualification.					<input type="checkbox"/>
For self-employed students – Evidence of ABN, invoicing and client list.					<input type="checkbox"/>
COURSE/QUALIFICATION TO BE ENROLLED IN IS CLEARLY IDENTIFIED					✓
Student has ticked (✓) one of the qualifications identified in the COURSE DETAILS section of this application form.					<input type="checkbox"/>
FOR FURTHER ASSISTANCE					
Phone 07 3899 5041			Email: - training@gallang.qld.edu.au		

PRIVACY NOTICE

Why we collect your personal information.

As a registered training organisation Gallang Education & Training collects your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information.

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as a registered training organisation.

How we disclose your personal information.

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How NCVER and other bodies handle your personal information.

NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), Commonwealth authorities, state and territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- Administration of VET, including program administration, regulation, monitoring and evaluation
- Facilitation of statistics and research relating to education, including surveys and data linkage
- Understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>.

If you would like to seek access to or correct your information, in the first instance, please contact Gallang Education & Training using the contact details listed below.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact Gallang Education & Training to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Phone: 07 3899 5041 | **Email:** Training @gallang.qld.edu.au | **Website** www.gallang.qld.edu.au

COURSE DETAILS

The course/qualification I am enrolling in is the one I have ticked (✓) in the table below, please only tick one:

- *CH43315 Certificate IV in Mental Health
- CHC51015 Diploma of Counselling
- BSB50420 Diploma of Leadership and Management

The funded training through Department of Employment, Small Business & Training (DESBT), it is a requirement that for enrolment in *CHC43315 Certificate IV in Mental Health the participant is required to be an existing worker in the community services and health industry. By ticking (✓) this box I am confirming I am an existing worker in the community services and health industry and that details of my current employment can be confirmed by the organisation noted below.

Details of my employer are:

Organisation Name	
Organisation Address	
Organisation Phone Number	
Supervisor Name	

PERSONAL DETAILS

1. Please enter your full name:

Please write the same name you used when you applied for your Unique Student Identifier (USI), including any middle names.

Single name only? Please tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section).

Family Name (Surname)	
First given name	
Middle name (If applicable)	

2. Please enter your Date of Birth in the table below:

Day (XX)/month (XX)/year (XXXX)			
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3. Gender (Tick ONE box only)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>

4. Please enter your contact details

Home Phone	
Mobile Phone	
Work Phone	
Email address	
Alternative Email - Optional	

5. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building/property name	
Flat/unit details	
Street or lot number	
Street name	
Suburb, locality or town	
State/territory	
Postcode	
Building/property name	
Flat/unit details	

6. What is your postal address (if different from above)?

Building/property name	
Flat/unit details	
Street or lot number	
Street name	
Postal delivery information (e.g. PO Box xxx)	
Suburb, locality or town	
State/territory	
Postcode	

LANGUAGE & CULTURAL DIVERSITY**7. In which country where you born? (Please tick ✓)**

Australia	<input type="checkbox"/>
Other - Please Specify	<input type="checkbox"/>

8. What is your current citizenship status? (Please tick ✓)

Australian or New Zealand Citizen	<input type="checkbox"/>
Permanent resident of Australia	<input type="checkbox"/>
Holder of a refugee or humanitarian visa	<input type="checkbox"/>
Other - Please Specify	<input type="checkbox"/>

9. Do you speak a language other than English at Home? (Please tick ✓ either NO or YES)

If more than one language, indicate the one that is spoken most often)

NO - English only	<input type="checkbox"/>
YES Other – Please specify	<input type="checkbox"/>

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

For persons of both Aboriginal and Torres Strait Islander origin, please tick (✓) both 'YES' boxes.

NO	<input type="checkbox"/>
YES - Aboriginal	<input type="checkbox"/>
YES - Torres Strait Islander	<input type="checkbox"/>

DISABILITY**11. Do you consider yourself to have a disability, impairment or long-term condition? (Please tick ✓)**

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If NO, go to Question 13

12. If you indicated the presence of a disability, impairment or long-term condition, please select/tick the areas in the following list.

You may indicate more than one area. Please refer to the Disability Supplement (Page 9) which provides an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/>
Physical	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>

Acquired brain impairment	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Medical condition	<input type="checkbox"/>
Other	<input type="checkbox"/>

SCHOOLING

13. What is your highest COMPLETED school level? (Please tick (✓) ONE box only)

If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.

Year 12 or equivalent	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>

Year 9 or equivalent	<input type="checkbox"/>
Year 8 or below	<input type="checkbox"/>
Never attended school	<input type="checkbox"/>

14. Are you still enrolled in secondary or senior secondary education? - Please tick (✓)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

PREVIOUS QUALIFICATIONS ACHIEVED

15. Have you SUCCESSFULLY completed any of the qualifications listed in question 16? Please tick (✓)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If NO, go to Question 17.

16. If YES, tick ANY applicable boxes.

Bachelor Degree or higher degree	<input type="checkbox"/>
Advanced diploma or associate degree	<input type="checkbox"/>
Diploma (or associate diploma)	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>
Certificate III (or trade certificate)	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Other education - (including certificates or overseas qualifications not listed above)	<input type="checkbox"/>

EMPLOYMENT

17. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>	Unemployed – seeking full-time work	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>	Unemployed – seeking part-time work	<input type="checkbox"/>
Self employed – employing others	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>

STUDY REASON

18. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job	<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>	For personal interest or self-development	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>	To get skills for community/voluntary work	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>
It was a requirement of my job	<input type="checkbox"/>		

UNIQUE STUDENT IDENTIFIER

19. Please enter your Unique Student Identifier USI

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Information about USI - Gallang Education & Training is unable to issue a student with a nationally recognised VET qualification or statement of attainment when they complete their course if they do not have a Unique Student Identifier (USI).

If you have not obtained a USI you should apply directly at <https://www.usi.gov.au/students/create-your-usi>

HOW DID YOU HEAR ABOUT GALLANG EDUCATION & TRAINING

Of the following categories, select the one which best describes how you heard about Gallang Education and Training.

Former student of Gallang Education & Training	<input type="checkbox"/>	Family/Friend/community	<input type="checkbox"/>	Website	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Other	<input type="checkbox"/>

STUDENT DECLARATION

By submitting this form, I am applying to enrol in the course I have selected in the Course Details section of this form and declare that:

- I have been provided with sufficient information (for example, Student Information Handbook, pre-enrolment information, and course and fee information) with which to make an informed decision prior to enrolment.
- To the best of my knowledge, all the information I have provided to Gallang Education & Training is true and correct.
- I have received the Gallang Education & Training LL&N Kit, completed the required material and returned completed material to training@gallang.qld.edu.au as per instructions received.
- I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment.
- I agree to abide by the policies and procedures of Gallang Education & Training outlined in the Student Information Handbook on the Gallang Education & Training website.
- I agree to the fees being charged, payment terms and refund policy and procedure. I agree I will be liable for any debt arising from any outstanding fee amount for the course I have enrolled in.
- I have read, understood and consent to the privacy statement provided on this enrolment form.
- I am not currently enrolled in, nor have I previously completed, this course.
- I understand that I can access additional support from Gallang Education & Training by contacting the organisation during business hours.
- I understand that I am not permitted to receive assistance for this training from anyone other than Gallang Education & Training AND that all work/assessments I submit must be my own work.
- I agree to complete all units of competency by the progression point due dates outlined in my training plan, and I understand that failure to do so will result in loss of funding and additional fees will apply.
- I understand that Gallang Education & Training reserves the right to withdraw me from this course at the organisation's reasonable discretion.
- I am aware that I may receive a National Centre for Vocational Education Research (NCVER) student survey and that I may be required to participate in an evaluation or survey.

- I have provided my USI to Gallang Education & Training and understand that Gallang Education & Training is unable to issue a student with a nationally recognised VET qualification or statement of attainment when they complete their course if they do not have a Unique Student Identifier (USI).
- If my training is being subsidised by the Queensland Government, Department of Employment Small Business & Training (DESBT) I understand that:
 - I may be required to participate in any survey as directed from DESBT.
 - I cannot undertake Recognition of Prior Learning (RPL) for a full qualification.
 - I must not already hold or be enrolled in a Certificate IV or higher-level qualification, relevant to the specific program under which this training is being provided.
 - There could be implications for me of accessing a subsidised training place in the future.
 - For the qualification CHC43315 Certificate IV in Mental Health I must provide evidence to support that I am an Existing Worker in the Community Services and Health industry
 - If I am found to be not eligible for DESBT funding after payment has been made I will be required to pay additional fee-for-service costs.

STUDENT NAME

STUDENT SIGNATURE

DATE

Please Note: Incomplete applications will not be processed.

DISABILITY SUPPLEMENT

The following information is provided to assist when completing Questions 11 and 12.

- **'Hearing/deaf'**

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

- **'Physical'**

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

- **'Intellectual'**

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

- **'Learning'**

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

- **'Mental illness'**

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

- **'Acquired brain impairment'**

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

- **'Vision'**

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

- **'Medical condition'**

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

- **Other**

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.