



Enrolment Form

Name and Contact Details			
Your Full Name:			
Home phone:	()	Work:	()
Mobile:		Email:	
Preferred Title:			

Course Details	
Tick course you are enrolling into	<input type="checkbox"/> CHC43315 Cert IV in Mental Health <input type="checkbox"/> CHC51015 Diploma of Counselling <input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> CHC81015 Graduate Diploma of Relationship Counselling <input type="checkbox"/> CHC52015 Diploma of Community Services <input type="checkbox"/> CHC32015 Cert III in Community services
Preferred start date:	<input type="checkbox"/> As soon as possible <input type="checkbox"/> From: ___/___/___
Have you ever studied with Gallang Education & Training before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Credit Transfer for any units? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information
Do you wish to apply for Recognition of Prior Learning? <i>If you indicate YES, you will be contacted to discuss this further.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe I'd like more information
Are you eligible for VET Investment Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Details			
Employer's legal name:			
Your position:			
Business address:			
		Postcode:	
Phone:	()	Fax:	()
Email:			
Supervisor:			

Unique Student Identifier (USI)

Enrolment Form

From 1 January 2015, Gallang RTO can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI - apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

20. Enter your unique student identifier (if you already have one) This USI - MUST be the same NAME as you are enrolling under										
--	--	--	--	--	--	--	--	--	--	--

ONLY complete this IF you want help with your USI GO to www.usi.gov.au to apply yourself

Additional Information for USI Application – only required if you do NOT already have a USI

21. Town/City of Birth Please write the name of the Australian or overseas town or city where you were born	
--	--

22. We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below. Please ensure that the name written in Personal Details section above is **EXACTLY** the same as written in the document you provide below.

<input type="checkbox"/> Australian Driver's License State/Territory issued: _____ License number: _____ Expiry Date: ____/____/____ (day/month/year)	<input type="checkbox"/> Australian Passport Document Number: _____ Expiry Date: ____/____/____ (day/month/year)
---	---

<input type="checkbox"/> Certificate of Registration by Descent Acquisition date ____/____/____ (day/month/year)	<input type="checkbox"/> Non Australian Passport (with Australian Visa) Passport number _____ Country of Issue: _____ Expiry Date: ____/____/____ (day/month/year)
--	--

<input type="checkbox"/> Medicare Card Card Number: _____ Individual reference number: _____ <i>next to your name on Medicare card</i> Expiry Date ____ / ____ (month/year) Card Colour <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Blue	<input type="checkbox"/> Citizenship Certificate Stock number: _____ Acquisition date ____/____/____ (day/month/year)
	<input type="checkbox"/> ImmiCard Card Number: _____

<input type="checkbox"/> Birth Certificate (Australian) optional to include Birth Certificate option Please note: – a Birth Certificate extract is not sufficient – please ensure Town/City of Birth at Question 23 is correct. – different details are required depending on the jurisdiction of issue – for clarification refer to this page: http://usi.gov.au/help-centre/proof-of-ID/Pages/birth_certificate_(australian).aspx#	<table border="1"> <tr> <td style="width: 50%;">Registration Number:</td> <td style="width: 50%;"></td> </tr> <tr> <td>State/Territory issued:</td> <td></td> </tr> <tr> <td>Registration Year:</td> <td></td> </tr> <tr> <td>Date printed/issued:</td> <td></td> </tr> <tr> <td>Certificate/document number</td> <td></td> </tr> </table>	Registration Number:		State/Territory issued:		Registration Year:		Date printed/issued:		Certificate/document number	
Registration Number:											
State/Territory issued:											
Registration Year:											
Date printed/issued:											
Certificate/document number											

In accordance with section 11 of the *Student Identifiers Act 2014*, Gallang RTO will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we

Enrolment Form

have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

Enrolment Form

Personal Details			
1. Enter your full name			
Surname:			
Given names: *			
<p><i>* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want the RTO to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.</i></p>			
2. Date of Birth	__ / __ / ____ (dd-mm-yyyy)	Gender:	
3. What is the address of your usual residence? <i>Please provide the physical address (street number and name) 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's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>			
Building/ property name:			
Flat/unit details:		Street or Lot Number	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	
4. What is your postal address (if different from above)?			
Building/ property name:			
Flat/unit details: or Post box number		Street or Lot Number	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	

Language and cultural diversity	
5. In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
6. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only - <i>Go to question 9</i> <input type="checkbox"/> Yes, other, please specify: _____
7. How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
8. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander

Enrolment Form

Disability

9. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <u>go to question 12</u>	
10. If yes, please indicate the area of disability, impairment or long-term condition (<i>tick as many as apply</i>)		
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Other (Please specify): _____

Schooling

11. What is your highest COMPLETED school level (<i>tick one box only</i>)		
<input type="checkbox"/> 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 – <u>Go to question 14</u>
12. In which YEAR did you complete that school level?		
13. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous qualification achieved

14. Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes – <u>indicate below Question 16</u>
	<input type="checkbox"/> No – <u>Go to Question 17</u>
15. If yes, please enter ONE of these Prior Education Achievement Recognition Identifiers for ANY applicable qualification level. <i>If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A – Australian 2. E– Australian equivalent 3. I – International</i>	
Bachelor’s degree or Higher Degree <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate III (or Trade Certificate) <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
Advanced Diploma or Associate Degree <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate II <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
Diploma (or Associate Diploma) <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificate I <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	Certificates other than the above <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I

Employment

16. Of the following categories, which BEST describes your current employment status? (<i>Tick one box only</i>)		
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Not employed – not seeking employment
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking full-time work	

Enrolment Form

Study reason

17. Of the following categories, which BEST describes your main reason for undertaking this course? *(Tick one box only)*

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

Next of kin/emergency contact

Name:		Relationship to you:	
Address:			
		Postcode:	
Home phone:	()	Work:	()
Mobile:		Email:	

Privacy Statement & Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Gallang Education and Training RTO

I understand that the RTO is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by Gallang RTO or the following third parties for administrative, regulatory and/or VET regulators research purposes:

If you would like the RTO to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I, _____ authorise

Gallang Place Aboriginal and Torres Strait Islander Corp to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Student Signature:		Date:	/ /
Printed Name:			