

Enrolment Form



Gallang Place Aboriginal and Torres Strait Islander Corp

Name and Contact Details			
Your Full Name: <i>(Must be exactly what is in your legal ID's)</i>			
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 (Please note you can only enroll in one of these courses at a time)		
Preferred start date:	<input type="checkbox"/> As soon as possible <input type="checkbox"/> From: ___/___/___		
Have you completed any studies funded by the QLD Government before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you wish to apply for Credit Transfer (CT/s) for any units? <i>If YES, certified copies of transcripts from previous qualifications must be provided, please request a Credit Transfer Application Form from out office immediately before you start your course.</i> Please note Credit Transfers are only awarded for the exact same Unit/s of competencies that you have been deemed competent in.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide more information		
Do you wish to apply for Recognition of Prior Learning (RPL)? <i>If you indicate YES, please advise our office immediately for further information before you start your course.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide more information		
Unique Student Identifier (USI)			
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. You will not be able to start your course without your USI number. Please contact our office if you need assistance.			
Enter your unique student identifier (if you already have one) This USI - MUST be the same NAME as you are enrolling under			
Town/City of Birth Please write the name of the Australian or overseas town or city where you were born.			
Personal Details			
1. Date of Birth	__ / __ / ____ (dd-mm-yyyy)	Gender:	
2. What is the address of your usual residence? 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.			

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Personal Details			
Building/ property name:			
Flat/unit details:		Street or Lot Number	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	
3. 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			
4. Are you an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No please specify: _____ Please note your registration for this course may not be approved if you do not hold the correct visa.		
5. Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____		
6. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)	<input type="checkbox"/> No, English only - <u>Go to question 8</u> <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		
Disability			
8. 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 10</u>		
9. If yes, please indicate the area of disability, impairment or long-term condition (tick as many as apply)			
<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): _____			
Education			
10. Are you still attending secondary school?	<input type="checkbox"/> Yes (If Yes, indicate Year level below): <input type="checkbox"/> No		
<input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Other: _____			

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Personal Details	
11. In which YEAR did you complete that school level?	
12. What is the highest level of qualification you have completed <i>(tick one box only)</i>	
<input type="checkbox"/> Certificate I, II or III	<input type="checkbox"/> Certificate IV
<input type="checkbox"/> Diploma	
<input type="checkbox"/> Other: _____	
13. If you have ticked any of the above please provide copies of all qualifications you may hold relating to the course you are registered in.	

Employment Details	
14. 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"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Employed – unpaid worker in a family business
	<input type="checkbox"/> Not employed – not seeking employment
	<input type="checkbox"/> Unemployed – seeking full-time work
Employer’s legal name:	
Your position:	
Business address:	
	Postcode:
Phone: ()	Fax: ()
Email:	
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking full-time work

Study reason	
15. Of the following categories, which BEST describes your main reason for undertaking this course? <i>(Tick one box only)</i>	
<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: _____

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Next of kin/emergency contact			
Name:		Relationship to you:	
Address: (If different from yours)			
			Postcode:
Home phone:	()	Work:	()
Mobile:		Email:	
ABSTUDY – Aboriginal & Torres Strait Islander candidates only			
<ul style="list-style-type: none"> • ABSTUDY assists with some expenses incurred during your studies, for your entitlement and further information, please visit - https://www.servicesaustralia.gov.au/abstudy • If you need assistance in completing your ABSTUDY form, contact any Centrelink office or the ABSTUDY Student Call Centre on 13 12 02 or 1800 132 317. • For those that are on the Human Services support system, please contact the Human Services Department to inform them of your studies once you have received the enrolment confirmation letter from Gallang Training & Education (GET). <p>** You must make contact with ABSTUDY yourself for your eligibility.</p>			
Privacy Statement & Student Declaration			
<p>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</p> <p>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:</p> <p>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.</p> <p>I, _____ authorise</p> <p>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.</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.</p>			
Student Signature:		Date:	/ /
Printed Name:			