

Unique Student Identifier (USI) Number

HAVE YOU GOT YOUR UNIQUE STUDENT IDENTIFIER (USI) NUMBER?

From 1 January 2015 **all students will be required** to have a USI from the government. You will need it to enrol (or re-enrol) at AWCI ANZ RTO.

IF NO, It's easy.... Follow these 6 simple steps

- STEP 1:** Have at least one form of ID ready: Driver's Licence, Australian Passport, Medicare Card, Birth Certificate, Visa (with non-Australian Passport), Immigration Card or Citizenship Certificate.
- STEP 2:** Have your personal contact details ready: Address, email and/or phone number.
- STEP 3:** Visit www.usi.gov.au and click on 'Create a USI'.
- STEP 4:** Agree to the terms and conditions and follow the steps.
- STEP 5:** Write your unique number down and keep it somewhere handy and safe.
- STEP 6:** Bring this number with you when you enrol.

DECLARATION

- ☐ I give permission for AWCI ANZ RTO to apply for a USI on my behalf.
- ☐ I acknowledge that personal information collected AWCI ANZ RTO in this enrolment form will be used by AWCI ANZ RTO in order to apply for or verify my USI. I understand that identification documents supplied by me solely for the purpose of a USI application will be destroyed once my USI application has been processed. This does not apply where identification documents are used for the purpose of student identification or applying for funding.

Signature of Applicant

Date

Name of Course:

Enrolment Form

Student Certification

I understand I am to view the course information, policies and procedures, and forms which are available on the AWCI website (www.awci.org.au) located under the RTO link.

Signed Date

Are you an AWCI Member?

Personal Details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname or Family Name

Given Name/s

Preferred Name

Date of Birth

Gender: Male ☐ Female ☐

RESIDENTIAL Address
(Number & Street)

Suburb

State

Post Code:

Home Telephone

Mobile:

Email address

Preferred Method of Contact

☐ Email ☐ Mobile ☐ Australia Post

POSTAL Address
(if different to RESIDENTIAL)

EMERGENCY contact person

Name	Relationship to you	Contact Number

Driver's Licence

(please provide the original to our RTO representative to sight or provide an original certified)

Number	Expiry Date: .../.../...

Do you have a Victoria Student Number (VSN)?
(would have been issued if you studied post 2009)

- ☐ Yes – Please specify number
☐ Yes – but VSN is unknown
☐ No – I have never been issued a VSN

Do you have a Unique Student Identifier (USI)?
(Government initiative January 2015)

- ☐ Yes – Please specify number
☐ No – I will obtain and advise you
 (If you need assistance, please contact our office)

Name of Course:

Language and Cultural Diversity

Place and Country of Birth

Place

Country

Are you a permanent Australian Resident? (evidence may be requested ie Medicare Card) ☐ Yes ☐ No

Citizenship Status

☐ Australian Citizen/ Eligible Resident

☐ Overseas Resident

Visa Type

Expiry

Indigenous Status

☐ Aboriginal

☐ Torres Strait Islander

☐ Aboriginal AND Torres Strait Islander

☐ NEITHER Aboriginal nor Torres Strait Islander

Do you speak a language other than English at home?

☐ No, English only

☐ Yes, please specify:

How well do you speak English?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

Do you require any assistance with the English language? ☐ No

☐ Yes

Disability

Do you consider yourself to have a disability, impairment or long-term condition?

☐ No

☐ Yes

If YES, then please tick any applicable boxes

Hearing/Deaf ☐

Learning ☐

Vision ☐

Physical ☐

Acquired Brain Impairment ☐

Intellectual ☐

Mental Illness ☐

Medical Condition ☐

Other

Educational Details

Are you still attending secondary school?

☐ No

☐ Yes – What year are you in?

What is your highest COMPLETED school level?

☐ Year 8 or lower

☐ Year 9 or equivalent

☐ Year 10

☐ Year 11

☐ Year 12

☐ Did Not Attend

In which YEAR did you complete that level

What is the name of the School you last attended?

Previous Qualification Achieved

Have you SUCCESSFULLY completed any of the following qualification? ☐ No

☐ Yes,

please indicate below against the qualification::

Please enter one of these Prior Education Recognition Identifiers against the applicable qualification level

A = Australian

E = Australian equivalent

I = International

If you hold multiple Prior Education Achievement Recognition Identifiers for any qualification, please use the following priority order to determine which identifier to use.

1 A = Australian

2 E = Australian equivalent

3 I = International

____ Bachelor Degree or Higher Degree

____ Advanced Diploma or Associate Degree

____ Diploma (or Associate Diploma)

____ Certificate IV (or Advanced Certificate/Technician)

____ Certificate III (or Trade Certificate)

____ Certificate II

____ Certificate I

____ Certificates other than the above

Employment Status

Which category BEST describes your current employment status?

☐ Full-time employee

☐ Part-time employee

Self employed-not employing others ☐

Employer ☐

Employed-unpaid family worker ☐

Unemployed – seeking part-time work ☐

Unemployed –seeking full-time work ☐

Not Employed – not seeking ☐

Current Position
Held

Employment
commencement
date

 /

Hours worked
per week
(Average)

Name of Course:

Cont... Employment Status

Which classification BEST describes your occupation?
(If unemployed, please go to the next question)

- | | |
|---|--|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Technicians & Trade Workers | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Clerical & Administrative Workers | |
| <input type="checkbox"/> Community & Professional Service Workers | |

Employer Company Name Contact person

Employer address Employer Phone No

Study Reason

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> To get a Job | <input type="checkbox"/> Develop existing business | <input type="checkbox"/> To start own business | <input type="checkbox"/> Different career |
| <input type="checkbox"/> Better job/promotion | <input type="checkbox"/> Requirement of job | <input type="checkbox"/> Extra skills for job | <input type="checkbox"/> Get into another course of study |
| <input type="checkbox"/> Personal interest/self-development | <input type="checkbox"/> Other reasons | | |

Declaration

I declare that to the best of my knowledge and belief, the information contained on this form is correct and complete.

Student (signature): Date:/...../.....

Privacy Statement

I understand that AWCIA NZ RTO is required to provide the Government, through the Department of Education and Early Childhood Development, 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 VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The department 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, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires AWCIA NZ RTO to collect and disclose my personal information for a number of purposes including the allocation to me of a Student Number and updating my personal information on the Student Register.

For more information in relation to how student information may be used or disclosed please contact Tanya Chudasko on 03 9553 6363 or email adminvic@awci.org.au

- ☐ Yes, I agree that photographs taken for training purposes can be utilised by AWCIA NZ RTO for promoting training.
- ☐ Yes, I acknowledge and agree to the terms described in this privacy statement.

Student (signature): Date:/...../.....

OFFICE USE ONLY

AWCI Membership Number AND State

FUNDING ELIGIBILITY CHECKED: FUNDING SOURCE

VSN/USI YES/NO DECLARATIONS SIGNED YES/NO DATA ENTERED – VETTRAK NO.

AUSTRALIAN APPRENTICESHIP CENTRE (AAC)

ACC DATE Signed Up/ DATE TO BE signed

ACC CONTACT CONTACT NUMBER

ENTERED/ PROCESSED BY and DATE

VERIFIED BY and DATE

Payment Schedule

Course Fees

Please Circle

Accredited Short Courses	Member	Non-Member	Apprentice
(Unit) CPCCOHS1001A – Work Safely in the Construction Industry	\$180*	\$200*	\$50*
(Unit) CPCCBBC4047A – Quality Assure Fire-Rated Lining Systems	\$450*	\$495*	
Industry Insulation Installers Course	\$750*	\$750*	
Speed Panel	\$350*	\$550*	
Stilts Safety & Maintenance Course	\$150*	\$165*	\$60*

*This table of fees does not include GST.

PAYMENT DETAILS

Please indicate the person who will be responsible for the paying of this account

☐ Self (please complete the Payment Details section below)

☐ Employer

Name

Address

Phone

Contact Name

PAYMENT DETAILS

Once your application has been approved, we will then process your payment.

STUDENT NAME: _____ PAYMENT AMOUNT \$ _____

NAME OF COURSE: _____ DATE OF COURSE ____/____/____

PAYMENT OPTION:(Please circle one of the following)

Visa

MasterCard

Cheque

Cash

Direct Deposit

CREDIT CARD NUMBER: _____ Expiry Date: ____/____

CARD HOLDERS NAME: _____ CVV No: _____
(3 digit number on back of card)

CARD HOLDERS SIGNATURE: _____

DIRECT DEPOSIT

BSB: 033-047

ACCOUNT: 502869

Email address for receipt to be sent to: _____