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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you attended training at PEER before? (please tick) | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | |
| Do you have a WorkReady participant number | | | | | | | Yes  No | | | | | | | | | WorkReady number | | | | | | | | |  | |
| SACE ID number (school students only) | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Unique Student Identifier (USI) | | | | | *If you do not have a USI number please go to* [*www.usi.gov.au/*](http://www.usi.gov.au/) | | | | | | | | | | | | | | | | | | | | | |
| CITB number | | | | | *If you wish to access CITB funding please go to* [*www.citb.org.au/*](http://www.citb.org.au/) | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | VETtrak ID (office use only) | | | | | | | | | | |  | |
| Full Legal Name for Licensing and USI requirements | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | | | Given name(s) | | | | | | | | |  | | |
| Title | | Mr/ Miss/ Mrs/ Ms/ Other: | | | | | | | | | | | | | Preferred name | | | | | | | | |  | | |
| Date of birth | |  | | | | | | | | | | | | | Gender | | | | | | Male  Female  Other | | | | | |
| Street address | | | | |  | | | | | | | | | | Suburb and post code | | | | | | | | |  | | |
| Postal address (if different from above) | | | | |  | | | | | | | | | | Suburb and post code | | | | | | | | |  | | |
| Phone: | | | | |  | | | | | | | | | | Email address | | | | | | | | |  | | |
| Alternate email address | | | | |  | | | | | | | | | | Preferred contact method | | | | | | | | | Email  Phone  Mail | | |
| EMERGENCY CONTACT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | |  | | | | | | | | | | Relationship | | | | | | | | |  | | |
| Phone number | | | | |  | | | | | | | | | | Alternate number | | | | | | | | |  | | |
| ENROLMENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area | | | | | Apprenticeship  Vet in Schools  Other | | | | | | | | | | | | | | | | | | | | | |
| Course code | | | | |  | | | | | | | | | | Course Name | | | | | | | | |  | | |
| Currently an apprentice? | | | | | | Yes  No | | | | | | | | | If yes, what year? | | | | | | | | | 1st year  2nd year  3rd year  4th year | | |
| EMPLOYMENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer business name | | | | | | |  | | | | | | | | | | | | Employer email | | | | | | |  |
| Phone number | | | | | | |  | | | | | | | | | | | | Contact name | | | | | | |  |
| **ADDITIONAL INFORMATION USED FOR STATISTICAL REPORTING REQUIRED UNDER THE DATA PROVISION REQUIREMENTS 2012** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous status | | | | | | | | | Aboriginal  Torres Strait Islander  Both  Neither | | | | | | | | | | | | | | | | | |
| Country of birth | | | | | | | | | Australia  Other (Please Specify) | | | | | | | | | | | | | | | | | |
| Town or city of birth | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Language spoken at home | | | | | | | | | English  Other (Please Specify) | | | | | | | | | | | | | | | | | |
| Citizen status | | | | | | | | | Australian Citizen  Permanent Australian resident  Oversea resident | | | | | | | | | | | | | | | Visa  New Zealand citizen living in South Australia | | |
| Visa type | Skilled – regional sponsored Visa 475, 495  Skilled – regional sponsored Visa 487  Skilled – nominated/ state territory 489  State/ territory sponsored business owner Visa 163  State/ territory sponsored Senior Executive Visa 164  State/ territory sponsored Investor Visa 165 | | | | | | | | | | | | | | | | | | | | | Permanent resident Visa 176  Safe haven enterprise Visa 790  Bridging Visa E 050, 051  Temporary protection visa 785  Bridging Visa F 060  Other | | | | |
| Visa expiry date | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently enrolled at school? | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Name of school attending | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| If yes, which of the following applies to you? | | | | | | | | | | | | | High school student  TGSS  School based apprenticeship  Vet in schools | | | | | | | | | | | | | |
| Year level successfully completed: | | | | | | | | | | Did not go to School  Year 8 or below  Year 9 | | | | | | | | | | Year 10  Year 11  Year 12 | | | | | | |
| Highest level of education | | | | | | | | | | Certificate I  Certificate II  Certificate III  Certificate IV  Diploma level | | | | | | | | | | Advanced Diploma/ Associate Degree  Bachelor Degree or higher Education Degree  Miscellaneous Education | | | | | | |
| Labour Force Status | | | | | Employed – unpaid family business  Full-time employee  Not employed – not seeking employment  Self-employed – not Employing others | | | | | | | | | | | | | | | | | | Employer  Part-time employee  Unemployed – seeking full-time work  Not stated | | | |
| Are you registered with Centrelink? | | | | | Yes  No | | | | | | | | If yes, CRN and expiry date | | | | | | | | | | | | | |
| If yes, which allowance | | | | | Newstart allowance  Age pension  Parenting payment (single)  Youth allowance | | | | | | | | | | | | | | | | | | Disability support pension  Parenting payment (partnered)  Other | | | |
| Do you hold any of the following? | | | | | Health care card  Veterans affairs card | | | | | | | | | | | | | | | | | | Pensioners concession card  None | | | |
| Are you registered with an Employment Services provider (Job Network) | | | | | Yes  No | | | | | | | If yes, were you referred by them to PEER?  Yes  No  Consultant name  Provider name and suburb | | | | | | | | | | | | | | |
| Are you a prisoner? | | | | | | | | Yes  No | | | | | | If yes please contact the WorkReady Infoline 1800506266 | | | | | | | | | | | | |
| Are you under guardianship of the Minister? | | | | | | | | Yes  No | | | | | | If yes please contact the WorkReady Infoline 1800506266 | | | | | | | | | | | | |
| Do you have a disability? | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| If yes | | | | | | | | Acquired brain disorder  Hearing/ deaf  Intellectual  Learning  Medical condition | | | | | | | | | | Mental illness  Physical  Vision  Unspecified  Other | | | | | | | | |
| Known medical condition | | | | | | | | Yes  No | | | | | | | If yes, please specify | | | | | | | | | | | |
| Reason for study | | | | It was a requirement of my job  To get a job  To start my own business  To get a better job or promotion  To try for a different career | | | | | | | | | | | | | To get into another course of study  To develop my existing business  I wanted extra skills for my job  For personal interest or self-development  Other reasons | | | | | | | | | |

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| **Privacy Notice**  Under the Data Provision Requirements 2012, PEER is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).  Your personal information (including the personal information contained on this enrolment form) may be used or disclosed by PEER for statistical, administrative, regulatory and research purposes. PEER may disclose your personal information for these purposes to:   * Commonwealth and State or Territory government departments and authorised agencies; * NCVER;   Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:   * populating authenticated VET transcripts; * facilitating statistics and research relating to education, including surveys and data linkage; * pre-populating RTO student enrolment forms; * understanding how the VET market operates, for policy, workforce planning and consumer information; and * administering VET, including programme administration, regulation, monitoring and evaluation.   You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.  NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at [www.ncver.edu.au](http://www.ncver.edu.au)  **Student Declaration and Consent**  I declare that the information I have provided to the best of my knowledge is true and correct.  I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.  I confirm:  I have honestly and accurately provided information contained on this enrolment form, I understand any offer or subsequent enrolment in a WorkReady training place made on the basis of false or misleading may be withdrawn by the WorkReady Training Provider and/ or the Minister for Employment, Higher Education and Skills  I was provided course information prior to enrolment to make a detailed and informed decision on my enrolment  I confirm that I have read the student handbook and are aware PEER’s Complaints and Appeals Policy and Procedure and PEER’s Privacy Policy as contained on PEER’s website  I authorise PEER to:   * Communicate and perform Credit Transfer Processes on any transcripts provided by myself from other RTO’s (refer to credit transfer documentation) * Create, locate and update my Unique Student Identifier Number (USI) in order for my Qualification or Statement of Attainment to be generated for Nationally Accredited Training. | | | |
| Full name |  | | |
| Signature |  | Date |  |

NOTE: If person giving consent is under 18 years of age at the time of enrolment, consent of their parent/ guardian is required to confirm understanding of attendance requirements and responsibilities of being a student at PEER.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/ Guardian Signature |  | Date |  |

Office Use Only: The above form was entered and processed by the below PEER employee:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name |  | Signature |  | Date |  |