

STUDENT ELIGIBILITY & ENROLMENT FORM - Certificate 3 Guarantee

This eligibility and enrolment form is for Queensland residents applying for the Queensland Department of Education's VET Investment - Certificate 3 Guarantee program.

NOTE: Accompanying evidence is required to confirm that you meet eligibility requirements.

After you have completed this qualification you will be required to complete a Training and Employment Survey.

The information contained in this form is used for enrolment and statistical purposes; to assist in research and evaluation by relevant government agencies and Mathisi Pty Ltd.

STUDENT ELIGIBILITY & ENROLMENT FORM - Certificate 3 Guarantee					
RTO NAME:	Mathisi			RTO ID:	31946
Course Applied for:	Select	Course			
	<input type="checkbox"/>				
Personal Details					
First Name:		Middle Name:		Surname:	
Have you been known by another name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so what name?		
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (**) 	Date of Birth:	_/_/____
Home Phone:			Mobile:		
Email:			Alternate Email:		
Preferred Contact Method: (TICK) <input checked="" type="checkbox"/>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail				
Residential Address:					
Suburb, Locality or Town:			State and Postcode:		
Postal Address:	<input type="checkbox"/> Same As Residential Address Above <input type="checkbox"/> Different to the Above Address: _____				
Language and Cultural Diversity					
In which country were you born? (If no, please indicate your country of birth.)	<input type="checkbox"/> Australia (1101) <input type="checkbox"/> Other _____				
What Town or city you were born in?					
Are you a permanent resident of Queensland?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
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 (1201) <input type="checkbox"/> Yes, other - Please specify: _____				
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				
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander				

Disability			
Do you consider yourself to have a disability, impairment or long-term condition? Please refer to the <i>Disability Supplement on the next page</i> for an explanation of the disabilities mentioned below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area).	<input type="checkbox"/> Hearing/Deaf (11)	<input type="checkbox"/> Physical (12)	<input type="checkbox"/> Intellectual (13)
	<input type="checkbox"/> Learning (14)	<input type="checkbox"/> Mental Illness (15)	<input type="checkbox"/> Acquired Brain Impairment (16)
	<input type="checkbox"/> Vision (17)	<input type="checkbox"/> Medical Condition (18)	<input type="checkbox"/> Other (19)
Are you in Australia on a Visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes - If "Yes", what type/number of Visa _____		
<p>For Certificate III Guarantee program / Higher Level Skills program I confirm I have been advised: (Please tick to acknowledge) ✓</p> <ul style="list-style-type: none"> <input type="checkbox"/> I will no longer be eligible for a government subsidised training place for the program I am about to complete. <input type="checkbox"/> I will be required to pay the co-contribution fee as nominated <input type="checkbox"/> I have been given details of all terms & conditions of enrolment including a refund policy at: http://www.mathisi.com.au/studenthandbookV34.pdf Been directed to the QLD government's fact sheets at: Cert III guarantee: https://desbt.qld.gov.au/_data/assets/pdf_file/0018/8145/c3g-factsheet-student.pdf <p>I have been provided with a Training Fact Sheet including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a breakdown of all costs including how and when fees will be charged and collected at the unit of competency level; <input type="checkbox"/> training timelines, delivery mode, delivery location; <input type="checkbox"/> support services available to assist to complete training; <input type="checkbox"/> a requirement to complete a student employment survey within three months of completing or discontinuing training. 			
Delivery mode preference:	<input type="checkbox"/> On-line/Distance <input type="checkbox"/> Face to face <input type="checkbox"/> Combination		
Are you seeking credit from existing qualifications	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is RPL being sought as part of this qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Course commencement date preference:	_____		

Disability Supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — 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.

'12 — 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.

'13 — 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.

'14 — 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.

'15 — 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.

'16 — 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.

'17 — 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.

'18 — 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.

'19 — 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.

Schooling

What is your highest COMPLETED school level?

(Tick ONE box only.)

- | | |
|--|---|
| <input type="checkbox"/> Year 12 or equivalent (12) | <input type="checkbox"/> Year 11 or equivalent (11) |
| <input type="checkbox"/> Year 10 or equivalent (10) | <input type="checkbox"/> Year 9 or equivalent (9) |
| <input type="checkbox"/> Year 8 or below (8) | |
| <input type="checkbox"/> Never attended school (2) (<i>Never completed any primary or secondary level education</i>) | |

- is collected by the Registrar for the purposes of:
 - ✓ applying for, verifying and giving a USI;
 - ✓ resolving problems with a USI; and
 - ✓ creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
 - ✓ Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - the purposes of administering and auditing VET, VET providers and VET programs;
 - education related policy and research purposes; and
 - to assist in determining eligibility for training subsidies;
 - ✓ VET Regulators to enable them to perform their VET regulatory functions;
 - ✓ VET Admission Bodies for the purposes of administering VET and VET programs;
 - ✓ current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - ✓ schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - ✓ the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - ✓ researchers for education and training related research purposes;
 - ✓ any other person or agency that may be authorised or required by law to access the information;
 - ✓ any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar’s Privacy Policy or by contacting the Registrar on usi@education.gov.au or telephone 1300 857 536, international enquiries +61 2 6240 8740. The Registrar’s Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act 1988, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below (numbered 1 to 8). Please ensure that the name written in ‘Personal Details’ section is exactly the same as written in the document you provide below.

In accordance with **section 11 of the Student Identifiers Act 2014**, Training Institute Australia 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 have made the application or the information is no longer needed for that purpose.

<input type="checkbox"/> Driver’s License	<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Australian Birth Certificate <i>(NB: A birth extract is not sufficient)</i>	<input type="checkbox"/> Australian Passport
<input type="checkbox"/> Non-Australian Passport <i>(with Australian Visa)</i>	<input type="checkbox"/> ImmiCard	<input type="checkbox"/> Citizenship Certificate	<input type="checkbox"/> Certificate of Registration by Descent

Data Provision Privacy Notice and Student Declaration

Privacy Notice and Student Declaration:

Under the Data Provision Requirements 2012, Mathisi 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 and your training activity data) may be used or disclosed by Mathisi for statistical, regulatory and research purposes.

Mathisi may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;

- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

You may also receive a student survey from other Commonwealth and State or Territory government departments and authorised agencies. 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).

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 declare that:

- All the information submitted is true and complete, and by signing below, I understand, the RTO may reject or revoke my application if it finds any information provided to be incomplete, inaccurate or misleading.
- That I have commenced employment and that a representative of the RTO has visited, discussed, and I agree to abide by the RTO's policies and procedures as they apply.
- I agree to pay the training fees listed below if this enrolment is not under a traineeship arrangement (if this enrolment is under a traineeship the employer is responsible for fees).
- That the information supplied may be used for research, statistical analysis, program evaluation, post-completion surveys and internal management purposes.
- That the RTO will observe privacy laws, NVR record management requirements, and the RTO policies & procedures in the handling of all information received.

C3G Learner Signature:		Date:	
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Are you under 18?

NO

YES – parent to sign below

Parent Signature:		Date:	
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Fees for C3G course

<input type="checkbox"/>	Non-Concession: \$30.00
<input type="checkbox"/>	Concession: \$15.00

APPLICATION FOR FEE CONCESSION

To be Eligible for a Concession on your Enrolment Fees a clear photocopy/photo of the original document must be attached to this document.	Document Attached
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Recipient of Concession allowance eligibility;	
<u>Evidence may include:</u>	
A current	
<input type="checkbox"/> A current Health Care Card, that shows the CRN	<input type="checkbox"/> Yes
<input type="checkbox"/> A Repatriation Health Benefits Card issued by the Department of Veterans' Affairs	
<input type="checkbox"/> You identify as having a Disability	

RTO CHECK

Aboriginal or Torres Strait Islander Students	
I declare that I am or Aboriginal or Torres Strait descent and will be able to provide documentary evidence if required.	<input type="checkbox"/> Yes

Students Signature: _____		
Students with a Disability <u>Evidence may include:</u> <ul style="list-style-type: none"> <input type="checkbox"/> A current Disability Concession Card <input type="checkbox"/> a letter, statement or any other evidence from Centrelink (including CRN) confirming receipt of Disability Support Pension <input type="checkbox"/> Evidence of Support e.g. letter from Medical Practitioner or approved health professional <input type="checkbox"/> a letter, statement or any other evidence from Centrelink (including CRN) confirming dependence on a recipient of the Disability Support Pension 		<input type="checkbox"/> Yes
ELIGIBILITY DECISION: You must have answered YES to one of the above criteria for the Learner to be eligible to for a Concession Fee and attached a copy of the evidence.		<input type="checkbox"/> Concession
I declare that as the authorised delegate of the RTO, I have attached at least one (1) original piece of the required evidence and verify that the Eligibility Decision above confirms whether the Learners meets the Fee Concession requirements as per the Fees and Charges Policy for the current year.		
RTO Representative Name:		Date:
RTO Signature:		

Language, Literacy and Numeracy (LLN) Assessment		
Learner Name:		
Assessor Name:		
<p>LLN Below is a Language, Literacy and Numeracy Assessment that should be conducted on enrolment to determine that the candidate has the required LLN skills to complete the training. If Language, Literacy or numeracy issues are identified our RTO has a range of support services available to the candidate in order to complete the training.</p> <p>Please refer to the Qualification Assessment Training Plan or marketing C3G Flyer for the assessment requirements for completion of this qualification and the applicable units of competency.</p>		
Language, Literacy and Numeracy Assessment Ask the candidate to complete the following LLN tasks.		Satisfactory
		Yes
		No
<p>Circle the 3 incorrectly spelt words.</p> <p>Flower Shold Colwer Sun Soldier Febrary Twelfth</p>		
<p>Choose one of the options in the brackets to make the sentence correct. (Please Circle)</p> <p>Ben and [<i>I/ me</i>] are working on a new project at the moment.</p>		
<p>You have \$5. You buy two apples and a mango. Apples cost 60 cents and mangoes cost \$2. How much change should you receive?</p> <p><input type="checkbox"/> \$1 <input type="checkbox"/> \$1.40 <input type="checkbox"/> \$1.80 <input type="checkbox"/> \$2.20</p>		
<p>Sydney held the Olympics in 2000. How many years ago was this? _____</p>		
<p>Please add up the following numbers.</p> <p>1 + 17 + 8 = _____ 6+12+4= _____ 2+15+7+1= _____ 3+8+7+5= _____</p>		
Comments from the RTO Representative: Please note below any comments in relation to the points indicated:		
Comments from the RTO Representative: Notes of : <ul style="list-style-type: none"> Equity Assistance needs identified Disability or impairment LLN needs or support services required Feedback about client services Feedback about enrolment & induction 	Notes:	
Learner signature:		
Assessor signature:		
		Date: