

STUDENT ENROLMENT FORM

Personal details 1. Enter your full

YES 🗆

NO □

1.	Enter your full name "						
	Family name (surname)						
	Given names						
	* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.						
2.	Enter your birth date (day/m	nonth/year)					
3.	Gender (Tick ONE box only) Enter your contact details		emale 🗆	Other	. 🗆		
	Home phone	Work	ohone				
	Mobile						
5.	What is the address of your Please provide the physical a Street number		ame not pos Unit numbe		vhere you usu	ally reside.	
-	Street name		Suburb or to	wn			
-	State/territory		Postcode				
-							
6.	What is your postal address	(if different from above)?					
_	Street or lot number Flat/unit details						
_	Street name Suburb, locality or town						
_	Postal delivery (e.g. PO Box 254)						
-	State/territory		Postcode				
9. Dis	Are you of Aboriginal or Tori ability Do you consider yourself to	Other (please specify) res Strait Islander origin?	No □ Ye	es, Aboriginal l		res Strait Islander 🗆	
11	.If you indicated the presence the following list: (You may	e of a disability, impairment		n condition, p	lease select th	e area(s) in	
	Hearing/deaf □	Acquire	d brain impai	rment			
	Physical	Vision				-	
Intellectual		Medical condition				-	
	Learning	Other					
	Mental illness					-	
	ooling						
	.What is your highest COMPL	LETED school lovel2 /Tick ON	E hay anly)				
12				Voor 10 or o	quivalent		
	Year 12 or equivalent Year 9 or equivalent	☐ Year 11 or equivalent☐ Year 8 or below		Year 10 or e			
						_	
13	.Are you still enrolled in seco	ndary or senior secondary e	ducation?	Yes 🗆	No □		
	evious qualifications ach .Have you SUCCESSFULLY cor		tions listed i	n question 15	below?		

Bachelor's degree or higher degree								
Certificate III (or trade certificate)								
Certificate I	-							
Other education (including certificates or overseas qualifications not listed above)								
Employment	_							
16. Of the following categories, which BEST describes your current employment status	s? (Tick ONE box only)							
Full-time employee								
Self-employed – not employing others								
Employed – unpaid worker in a family business Unemployed – seeking								
Unemployed – seeking part-time work	eking employment							
Study reason	Study reason							
17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)								
To get a job	n business							
	rement of my job 🗆							
I wanted extra skills for my job To get into another course of stud								
For personal interest or self-development								
Unique Student Identifier (USI)								
From 1 January 2015, we INT Nurse Training, can be prevented from issuing you with a nationally rec	ognised VET qualification or statement							
of attainment when you complete your course if you do not have a Unique Student Identifier (USI). I	n addition, we are required to include							
your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it dire	ctly at http://www.usi.gov.au/create-							
your-USI/ 18. Enter your Unique Student Identifier (USI) (if you already have one) – please write	legibly (must have 10 digits)							
	, (
Course Details – tick the course you wish to study (one selection per enro	olment form)							
Course Name: CHC33015 Certificate III in Individual Support								
CHC43015 Certificate IV in Ageing Support CHC43115 Certificate IV in Disability								
HLTAID001 Provide CPR								
HLTAID003 Provide first aid								
HLTAID004 Provide an emergency first aid response in an education	and care setting							
CHC53315 Diploma of Mental Health								
CHC52015 Diploma of Community Services								
BSB51918 Diploma of Leadership and Management								
<u>PRIVACY NOTICE</u> Your personal information (including the personal information contained on this enrolment form), may be	a used or disclosed INT Nurse Training for statistical							
administrative, regulatory and research purposes. INT Nurse Training may disclose your personal informa	=							
Commonwealth and State or Territory government departments and authorised agencies; and 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 in 	formation: and							
administering VET, including program 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 <i>Privacy Act</i> 1!	200 (Cth) the National VET Data Deliay and all NCVED							
policies and protocols (including those published on NCVER's website at www.ncver.edu.au).	600 (Citi), the National VET Data Policy and all Never							
	TUDENT DECLARATION REFUND POLICY: Please read the refund policy in the student handbook which is available at reception desk or at https://int.edu.au/ prior to signing.							
IMPORTANT INFORMATION: All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the								
unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately. PRIVACY STATEMENT: The primary purpose of collecting personal information that you supply on this form is to process your registration and allow you to								
PRIVACY STATEMENT: The primary purpose of collecting personal information that you supply on this form is to process your registration and allow you to study under mandatory record keeping and reporting requirements. For our full Privacy Policy please visit the website.								
MOBILE PHONES: We adopt a no mobile phone policy during class time; phones switched off and placed out of sight. Breaching may see you removed from class.								
STUDENT HANDBOOK: I have read the student handbook and understand my rights and responsibilities in relation to assessment, student fees, refund and mobile phone use policy. By signing below, I am confirming that I understand these elements in full.								

Signature:

Signature:

Date/...../......

Date/..../....../

15. If YES, tick ANY applicable boxes.

I have read and understand the Policies and Statements above and will abide by them:

Student Name: For Students under 18 years of age a Parent or Guardian must sign below.

Guardian Name: