

ENROLMENT FORM

Privacy

Information collected as a result of a student's enrolment will be used by **YouStudy** for general student administration as well as planning, reporting, communication and evaluation. Only authorised **YouStudy** personnel have access to this information. The information the student supplies to **YouStudy** will be used, where applicable, for the purpose of: Assessing their application, accepting their enrolment, assessing their welfare needs, processing and advising a student of their assessment results and other communications to students as required.

You may access your personal information to ensure that it is not inaccurate, irrelevant to the purposes for which it was collected, misleading, incomplete or out-of-date. You may also ask us to amend any of the information we hold about you or add comments or explanation in relation to the information we hold on you. If you are unhappy with the way we have handled or failed to handle your personal information you may apply to have the matter reviewed by lodging a formal application to: Chief Executive Officer, You Study, P.O. Box 972, Kuranda QLD 4881.

PERSONAL DETAILS AND REFERRAL INFORMATION

Title: Mr Mrs Ms Miss Dr

Family Name: _____

Given name(s): _____

Previous Surname (if applicable): _____

Date of Birth (dd/mm/yy): _____

Gender: Male Female

Address: _____

Town/Suburb: _____

State: _____ Postcode: _____

Telephone/H: () _____

Telephone/W: () _____

Telephone/M: () _____

Email (Mandatory): _____

Unique Student Identifier (USI): _____

Click [here](#) to create your USI or visit www.usi.gov.au

Have you been enrolled previously at **YouStudy**?

Yes No

Please indicate how you were referred to **YouStudy**?

Website Facebook

LinkedIn Newspaper Ad

Employer Friend

Other (please specify) _____

ENROLMENT INFORMATION

Which of the following are you enrolling in? (Please attach additional information if necessary)

Full Qualification Unit of Competency(s)

Course/Unit(s) Code: _____

Course/Unit(s) Name in Full: _____

PREVIOUS EDUCATION

Please provide details of your previous education.
 (You may be required to provide documentary evidence)

SECONDARY SCHOOL

School or Institution: _____

Qualification Obtained: _____

Year Completed: _____

State or Country: _____

POST SECONDARY EDUCATION

List all of the courses or units of competency you have attained.
 (Please attach additional information if necessary)

Name of TAFE, College, University: _____

From year _____ to year _____

Name of Qualification/Unit(s) of Competency: _____

Was your enrolment Full Time (FT) or Part Time (PT)?

Full Time Part Time

Did you complete your Qualification/Unit(s) of Competency?

Yes No

CREDIT TRANSFER AND RPL

CREDIT TRANSFER (CT)

Do you wish to apply for credit based on previous relevant study? Yes No

Name of the Institution where previous study was completed: _____

RECOGNITION OF PRIOR LEARNING (RPL)

Do you wish to apply for Recognition of Prior Learning (RPL) based on relevant work experience?

Yes No

Recognition of prior learning will be assessed by a trainer and then a RPL Assessment Tool Kit will be forwarded to you.

Candidates applying for RPL need to assess whether they already have competency in a unit by considering:

- Is the prior learning relevant to the course?
- Are your knowledge and skills still current?
- Is it transferable to a number of settings and situations?
- Is it authentic? Is the evidence you have to demonstrate that you have the skills and knowledge, genuine and original?
- Is your knowledge and skill appropriate to the level of the unit or course?

EMPLOYMENT

You should complete this section if you consider that you have previous work experience that will assist in determining the eligibility for your enrolment in to a Qualification/Unit(S) of Competency, including RPL. (A more detailed CV can be forwarded with this Enrolment Form if there is insufficient room to provide your Employment Information here)

Employer _____

Position: _____

FT, PT or Casual: _____

Duration of Employment _____

Main Duties: _____

SPECIAL NEEDS AND STUDENT SUPPORT

Do you require assistance with language, literacy or numeracy?

Yes No

Do you have a disability or a long-term medical condition that may affect your studies?

Yes No

If yes, please comment/describe your condition:

If you require assistance with language, literacy and numeracy or if you have a disability or a long term medical condition that may impact on your study with **YouStudy** please indicate on this form or advise Administration at admin@youstudy.edu.au Phone: 1-300-887886. A trainer will discuss your study options with you prior to or at the time of your induction.

CITIZENSHIP AND RESIDENCY

Are you of Australian Aboriginal descent? Yes No

Are you of Torres Strait Islander descent? Yes No

Are you of both Australian and Torres Strait Islander descent?

Yes No

Are you an Australian Citizen? Yes No

(If not born in Australia, a verified copy of citizenship certificate must be supplied)

Are you a New Zealand citizen? (With Australian permanent residency status) Yes No

Do you speak a language other than English at your permanent home residence? Yes No

If yes, what language is spoken? _____

Were you born in Australia? Yes No

If no, in what country were you born? _____

DECLARATION AND SIGNATURE (Enrolment Agreement)

I wish to be considered for admission to the course shown in the Enrolment Information Section of this Enrolment form.

I declare the information that will be supplied in this application and the documentation supporting it will be correct and complete.

I acknowledge that the provision of false or misleading information may result in the cancellation of this application and/or withdrawal of any offer and/or enrolment with immediate expulsion from the College.

I authorise the College to verify any information provided by me.

I authorise the College to obtain, where necessary, from any other educational institution evidence of my academic record or to seek other corroborating evidence with respect to my application.

I authorise the College to release details of my **YouStudy** academic records as requested by other education institutions to assist and corroborate the processing of applications I may make to such institutions.

I understand that the College may disclose the personal information I have given in this application to the National Centre for Vocational Education Research (NCVER) for the national collection of data of VET information about students.

I acknowledge that I have read the information provided in the Student Handbook and agree to abide by YouStudy's policies and procedures, rules and the Student Code of Conduct and agree to abide by the conditions stated.

I understand that my enrolment will be accepted under the **YouStudy** Payment Terms and Conditions and that access to my course materials will be conditional that my course fees are paid on or before the due date.

NB: Your application may be cancelled if you do not provide true and complete information in connection with your application, or if you make changes to the above declaration and authority.

Signature: _____

Name (print): _____

Date: _____