

Enrolment Form

Instructions to Applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:
 Orange International College Pty Ltd - Level 6,416-420 Collins Street Melbourne Victoria 3000
 Telephone: +61 3 9670 2985 | Mobile +61 488 267 496 | Email: info@orange.edu.au | www.orange.edu.au

General Information

Which course are you enrolling in?

Course Code

Course Name

Location of training: _____

Please check and complete all details, then sign the declaration on Page 2:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Have you previously enrolled at Orange International College (OIC)? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. Are you an Orange International College employee? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. Is this enrolment a traineeship? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Personal Details

_____		<input type="checkbox"/>	<input type="checkbox"/>
		M	F
Family Name (Surname)	Given Name	Sex	
Home Phone	Mobile Number	Previous Name	
Email Address	Date of Birth		
Address 1	Address 2		
City / Suburb	Post Code		

Postal Address (if different to residential address)

Address 1	Address 2
City / Suburb	Post Code

Emergency Details of Next of Kin

Contact Name	Contact Number
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Language and Cultural Diversity

- 1. In which country were you born? Australia Other, Please Specify: _____
- 2. Citizenship status: _____
- 4. Are you of **Aboriginal or Torres Strait Islander** origin? YES NO
- 5. Do you speak a language other than English at home? YES NO
- 6. How well do you speak English? Very well Well Not Well Not at all

Schooling

- 1. What is your highest COMPLETED secondary school level? (Tick one box only)
 - Completed year 12 Completed year 9 or equivalent
 - Completed year 11 Completed year 8 or below
 - Completed year 10 Never attended school
- 2. Which year did you complete that secondary school level? Year: _____
- 3. Are you still attending secondary school? YES NO

Previous Qualification Achieved

- 1. Have you SUCCESSFULLY completed any of the following qualifications? YES NO
 - 2. If yes, please select which qualifications from the list below:

	A	E	I	
Bachelor Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates other than those listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- (A - Australia, E - Australian Equivalent, I - International)

3. If yes, year completed _____ Training Organization _____

Employment

Of the following categories, which BEST describes your current employment status? (Tick one box only)

- | | |
|--|--|
| <input type="checkbox"/> Full time employee | <input type="checkbox"/> Part time employee |
| <input type="checkbox"/> Self-employed (not employing others) | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Employed (unpaid worker in family business) | <input type="checkbox"/> Unemployed (seeking full time work) |
| <input type="checkbox"/> Unemployed (seeking part time work) | <input type="checkbox"/> Not employed (not seeking employment) |

Of the following categories, which BEST describes your current or recent occupation? (Tick one box only). If unemployed continue to section 10.

- | | |
|---|--|
| <input type="checkbox"/> Managers | <input type="checkbox"/> Sales workers |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Machinery operators & drivers |
| <input type="checkbox"/> Technicians & trade workers | <input type="checkbox"/> Laborers |
| <input type="checkbox"/> Community & personal service workers | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clerical & administrative workers | |

Of the following categories, which BEST describes the industry of your current or recent employer? (Tick one box only). If unemployed continue to section 10.

- | | |
|---|---|
| <input type="checkbox"/> Agriculture, forestry, fishing | <input type="checkbox"/> Financial & insurance |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Rental, hiring & real estate |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Professional, scientific & Technical |
| <input type="checkbox"/> Electricity, gas, water & waste | <input type="checkbox"/> Administrative & support |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public administration & safety |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Education & Training |
| <input type="checkbox"/> Retail trade | <input type="checkbox"/> Health care & social assistance |
| <input type="checkbox"/> Accommodation & feed service | <input type="checkbox"/> Transport, postal & warehousing |
| <input type="checkbox"/> Information media & telecommunications | <input type="checkbox"/> Arts & recreation |
| <input type="checkbox"/> Other | |

Disability and Mental Health

In order to provide appropriate support services, we invite you to give us information about any disability or mental health issue you may have.

- Do you consider yourself to have a disability, impairment or long term condition? YES NO -
Go to section 11
- If yes, then please indicate the area of disability, impairment or long term condition: (you may indicate more than one area)

- | | |
|---|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Acquired brain injury |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Mental Illness | |

3. Do you require special assistance? YES NO

Reason for study

Of the following categories, which BEST describes your main reason for undertaking this Course (Tick one box only)

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To get a better job/promotion |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For Personal Interest / self-development | <input type="checkbox"/> Other (please specify): _____ |

Victorian Student Number (VSN) *to be completed by all students up to 24 years

Enter your Victorian Student Number: _____

Have you attended any Victorian school since 2009 or had any training with a Vocational Education and Training (VET) registered training organization provider or an Adult and Community Education provider in Victoria since 2011?

- Yes - I have attended a Victorian school since 2009
- No - I have not attended a Victorian school since 2009 or a TAFE or VET training provider since the beginning of 2011 - **Go to section 13**

If yes, please list most recent Victorian school attended _____ and/or

- Yes - I have participated in training at a TAFE or other training organization since the beginning of 2011

Unique Student Identifier (USI)

Compulsory for all students enrolling in accredited courses as at 1 January 2015

- Yes - I already have a USI
- *No - I do not have a USI - go to page 6

If yes, enter your USI: _____

For information on the Student Identifiers Registrar's Privacy Policy please refer to:

<http://usi.gov.au/Documents/Student-Identifiers-Registrar-privacy-policy-v1.1.docx>

This site contains information about how you may:

- Access and seek correction of the personal information held; and
- Complain about a breach of privacy and how such complaints will be dealt with.

Privacy Statement

Orange International College (OIC) is required to provide the Victorian Government, through the Department, 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 Victorian VET Student Statistical Collection Guidelines (which are available at:

<http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx?Redirect=1>

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, and 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 organization. I have been advised by the training organization 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 Orange International College (OIC) to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

Orange International College (OIC) and Department of Education will not otherwise disclose the information without my consent unless required or authorized by law.

For more information in relation to how student information may be used or disclosed, please contact Student Services on +61 3 9670 2985 or +61 488 267 496.

Student Declaration

In signing or emailing this form I acknowledge and declare that:

1. I have read and understood and consent to the privacy notice and have completed all questions and details on the enrolment and eligibility forms.
2. The information herein provided is to the best of my knowledge true, correct and complete at the time of my enrolment.
3. Arrangements have been made to pay all fees and charges applicable to this enrolment.
4. I have read and understand the Student Handbook.
5. I am 18 years of age or older.
6. My participation in this course is subject to the right to cancel or amalgamate courses or classes. I agree to abide by the rules and regulations of Orange International College (OIC).

- 7. I confirm that I have been informed about the training, assessment and support services to be provided and about my rights and obligations as a student at Orange International College (OIC).
- 8. I authorize Orange International College (OIC) or its agent, in the event of illness or accident during any Orange International College (OIC) activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- 9. My academic results will be withheld until my debt is fully paid and any property belonging to Orange International College (OIC) has been returned.

Student signature:

Date:

FOR OFFICE USE ONLY

LLN test completed

Pre-training review completed

Trainer notified of any special requests

YES

NO

Date enrolled in SMS:

Name:

Signature:

Details entered

Date:

Initials:

Authority to Create A USI on Student's Behalf (Note: Only required for accredited courses)

*** To allow the Student Support Officer to provide individuals with their USI and explain how to activate their USI account (phone or email), ccomplete below to allow Orange International College (OIC) to create your USI on your behalf. Please fill in your First / Given, Middle and Surname/Family names EXACTLY as they appear on your chosen form of ID. Ensure you include your City/Town of birth.**

M F

Family Name (Surname)

Given Name

Sex

City / Town of Birth

Country of Birth

Middle Name

Date of Birth

Preferred contact details*

Please provide the document number of one of the following forms of ID:

SS

Form of identification (ID)	Tick chosen ID (only 1 required)	Document number
Driver's Licence - State issued:	<input type="checkbox"/>	
Medicare Card Green Yellow Blue Expiry Date: Position on card:	<input type="checkbox"/>	
Australian Passport:	<input type="checkbox"/>	
Non-Australian Passport with Australian visa Place of issue:	<input type="checkbox"/>	
Certificate of Registration by Descent:	<input type="checkbox"/>	
Citizenship Certificate:	<input type="checkbox"/>	
ImmiCard:	<input type="checkbox"/>	

I agree to allow Orange International College (OIC) to create the USI on my behalf: For information about how Orange International College (OIC) collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to Orange International College (OIC)'s privacy policy which can be found at: www.orange.edu.au

Name of Student:

Signature:

Date: