



STAFF-IN-CONFIDENCE
(WHEN COMPLETE)

DTW Designs (Qld) Pty Ltd Enrolment Form

Information contained in this document is utilised in accordance with DTW Designs (Qld) Pty Ltd Privacy Policy

Personal Details *(Please choose by placing an X in the boxes that apply to you)*

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			Date of Birth:	
Surname:					
Given Names:					

Unique Student Identifier (USI). We offer the option of you authorising the RTO to request a USI on your behalf. To facilitate this, we need to capture the following information: Your preferred Contact Method, Your Town/City of Birth and one form of verifiable Identification which may be a Passport, Driver's Licence, Medicare Card etc.

If you have a USI add it. If you want the RTO to apply, tick the Request USI.	USI:		Request USI: <input type="checkbox"/>
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Contact Details *(Preferred Contact Method is used for Unique Student Identification System if you requested.)*

Preferred Contact Method:	Mobile: <input type="checkbox"/>	Email: <input type="checkbox"/>	Post: <input type="checkbox"/>
Phone: (Home)		Phone: (Work)	
Mobile:		Fax:	
Email:			

Home Address

Address:			
Suburb:			
State:		Postcode:	

Mailing Address *(Complete this section only if your mailing address is different to your home address)*

Address:			
Suburb:			
State:		Postcode:	

List THREE form of ID, 1 Proof of Residency and 2 Proof of Age – Photographic Type (e.g. Passport, Driver's Licence, Medicare Card etc.). The Instructor or Admin Staff to sight ID.

ID Type	ID #	ID Sighted (Instructor / Admin to sign)

Indigenous Status *(Please choose by placing an X in the boxes that apply to you)*

<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/>	Yes. Torres Strait Islander	<input type="checkbox"/>	No, Neither Aboriginal or Torres Strait Islander

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1. Employment Status			
Employment Status: <i>(Please choose by placing an X in the boxes that apply to you)</i>			
<input type="checkbox"/>	Full-Time Employee	<input type="checkbox"/>	Employed – Unpaid Worker in Family Business
<input type="checkbox"/>	Part-Time Employee	<input type="checkbox"/>	Unemployed – Seeking Full-Time Work
<input type="checkbox"/>	Self-Employed (Not Employing Others)	<input type="checkbox"/>	Unemployed – Seeking Part-Time Work
<input type="checkbox"/>	Employer	<input type="checkbox"/>	Not Employed – Not Seeking Employment
2. Disability Status <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Do you suffer from any physical / mental disability that may affect your participation in the course?			
<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to Question 3			
Disability, Impairment or Long-Term Condition			
<input type="checkbox"/>	Hearing / Deafness	<input type="checkbox"/>	Acquired Brain Impairment
<input type="checkbox"/>	Physical	<input type="checkbox"/>	Vision
<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Not Specified
3. Language and Literacy <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your town/city and country of birth?			
Is English your First Language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, what language do you usually speak?			
Do you require assistance with English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you need any additional support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify:			
4. Education <i>(Please choose by placing an X in the boxes that apply to you)</i>			
What is your highest level of education COMPLETED?			
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed Year 10 or Equivalent
<input type="checkbox"/>	Year 8 or Below	<input type="checkbox"/>	Completed Year 11 or Equivalent
<input type="checkbox"/>	Completed Year 9 or Equivalent	<input type="checkbox"/>	Completed Year 12 or Equivalent
Have you completed any other courses / qualifications? (Specify Below) <input type="checkbox"/> Yes <input type="checkbox"/> No			

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5. Qualification Selection (Please choose by placing an X in the boxes that apply to you)

I am applying for the following course:

MSMBLIC001 Licence to Operate a Standard Boiler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MSMBLIC002 Licence to Operate an Advanced Boiler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UEOPL001 Licence to Operate a Steam Turbine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UEOPL002 Licence to Operate a Reciprocating Steam Engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I am applying for RPL/RCC for the following course:

MSMBLIC001 Licence to Operate a Standard Boiler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MSMBLIC002 Licence to Operate an Advanced Boiler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UEOPL001 Licence to Operate a Steam Turbine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UEOPL002 Licence to Operate a Reciprocating Steam Engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, DTW Designs (Qld) Pty Ltd 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 DTW Designs (Qld) Pty Ltd for statistical, regulatory and research purposes. DTW Designs (Qld) Pty Ltd 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.

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.

Name:

Signature:

Date:

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