



Enrolment Application Fee for Service

| <u>PLEASE W</u> | RITE CLEARL | <u>.Y</u> SO WE (| CAN READ | IT, SO THEI | RE IS NO DELAY | YS FOR YOU <u>THA</u> | <u>NNK YOU</u> . | |
|--|--|-------------------------|--------------------------------|-----------------|-----------------------|-----------------------|--------------------------|--|
| <u>Today's</u> Unit/Qualification | Click or tap here to enter text. | | | | | | | |
| Title | Mr □ | Ms 🗆 | Miss 🗆 | Mrs 🗆 | Gender | Male □ Fer | male □ | |
| Student First Name | | | | | Middle Name | | | |
| Student Last Name | | | | | | | | |
| Date of Birth | /_ | | _ | Suburb | /Town of Birth | | | |
| | Home Phone: Mobile Phone: | | | | | | | |
| Contact Details | Email: | | | | | | | |
| Emergency Contact Details | Emergency Contact Name: | | | | | | | |
| (Must be parent or guardian if student | Emergency Contact Phone: | | | | | | | |
| is under 18 years of age): | Emergency Contact | | | | | | | |
| | Number and St | Number and Street Name: | | | | | | |
| Residential Address | City/Town: State: | | | | Post Code: | | | |
| Postal Address | PO Box Number: City/Town: Post Code: | | | de: | | | | |
| Contact Method | ☐ Email | | ☐ Mail | | ☐ Phone | | | |
| Residential Status | Are you an Aus | stralian Citizer | n or Permanen | t Resident of A | ustralia? | ☐ Yes | □No | |
| nesidential status | If you have answered 'No' above, please specify: | | | | | | | |
| ATSI Status | Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.) | | | | | | | |
| | | □No | | ☐ Yes, Abori | ginal | ☐ Yes | , Torres Strait Islander | |
| | In which count | ry, were you | born? 🗖 Aus | tralia 🗖 Othe | er - please specify _ | | | |
| Country of Birth O | Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most | | | | | | | |
| Country of Birth & Language | often) No, English only (English only – Go to next section) Yes, Other – Please Specify | | | | | | | |
| | How well do you | ı speak Englis | h? 🔲 Ver | | | t Well | | |
| | Are you still att | _ | • | | Yes No |) | | |
| | LUI Number: If you answered Yes in the previous question. | | | | | | | |
| Secondary | What is your highest COMPLETED school level? (Tick ONE box only.) | | | | | | | |
| Education | ☐ Comple | ted Year 12 | | Completed Yea | ar 11 | ☐ Completed Year | 10 | |
| | ☐ Complet | | Equivalent olete that school | | | ☐ Never attended | school | |
| | | | | | | | | |





| Prior Education | Have you successfully COMPLETED any of the following qualifications? | | | | |
|----------------------|---|--|--|--|--|
| | □ No □ Yes (If Yes, tick all appropriate boxes) | | | | |
| Thor Education | ☐ Certificate I ☐ Certificate II ☐ Certificate II | I ☐ Certificate IV | | | |
| | ☐ Diploma ☐ Advanced Diploma ☐ Ba | chelor's degree | | | |
| | Of the following categories, which BEST describes your | main reason for undertaking this course? (Tick one box only.) | | | |
| | ☐ To get a job | \square It was a requirement of my job. | | | |
| Study Reason | ☐ To develop my existing business | ☐ I wanted extra skills for my job. | | | |
| | ☐ To start my own business | \square To get into another course of study | | | |
| | ☐ To try for a different career | ☐ For personal interest or self-development | | | |
| | ☐ To get a better job or promotion | ☐ Other reasons | | | |
| | Of the following categories, which BEST describes your | current employment status? (Tick ONE box only.) | | | |
| | ☐ Unemployed – Seeking Full-time Work | ☐ Employed – Unpaid Worker in a Family Business | | | |
| Employment Status | ☐ Unemployed – Seeking Part-time Work | ☐ Not Employed – Not Seeking Employment | | | |
| | ☐ Full-time Employee | ☐ Self Employed – Not Employing Others | | | |
| | ☐ Part-time Employee | ☐ Employer | | | |
| | Do you consider yourself to have a disability, impairmen | nt, or long-term medical condition? No Yes | | | |
| Medical | | it, or long-term medical condition: | | | |
| Condition/Disability | (If Yes, tick all appropriate boxes). | | | | |
| | ☐ Visual ☐ Learning | ☐ Physical | | | |
| | ☐ Hearing ☐ Intellectua | | | | |
| | Please disclose whether you suffer from a medical condition to help us create a safer learning environment for you. Have you been medically diagnosed with Anaphylaxis? No Yes | | | | |
| | If Yes, do you have your action plan and Epi/Ana Pen on your person always? No Yes | | | | |
| | Have you been medically diagnosed with Epilepsy? No Yes | | | | |
| Medical Disclosure | Have you been medically diagnosed with Asthma? | _ | | | |
| | Do you have any other allergies or intolerances? \Bo \Bo \Bo \Bo \Bo \Bo \Bo \Bo \Bo \B | | | | |
| | If Yes, please specify | | | | |
| | Do you have any other type of medical condition? ☐ No ☐ Yes | | | | |
| | If Yes, please specify | | | | |
| | Do you feel that you will need extra assistance/support ☐ No ☐ Yes | from your trainer in order to complete your course? | | | |
| Support | If Yes please specify below, the type of assistance you may need: | | | | |
| | | | | | |
| Recognition of Prior | Do you wish to apply for Recognition of Prior Learning (| RPL) for this qualification based on your previous experience? | | | |
| Learning | □ No □ Yes | | | | |
| | Based on your previous study, do you believe you are e | ligible to apply for credit transfers? | | | |
| Credit Transfers | □ No □ Yes | G | | | |
| | | | | | |
| Employer Name | | | | | |
| Position | | | | | |
| Position | | | | | |





| | Have you previously been issued with a USI? | | | | | |
|---|--|--|--|--|--|--|
| | osi. If you answered res in the previous question enter your offique student identifier (osi). | | | | | |
| | | | | | | |
| | Would you like Jenagar to create one on your behalf? Yes No A copy of identification MUST be supplied to create a USI (discuss with Jenagar) | | | | | |
| | If you do or do not have a USI, you must read the National Unique Student Identifier Privacy Notice below. | | | | | |
| | You are advised that and agree that you understand and consent that the personal information you provide in connection with an application or a verification for a USI: | | | | | |
| | Is collected by the Registrar as authorized by the Student Identifiers Act 2014 Is collected by the Registrar for the purpose of: | | | | | |
| | 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 Vocational Education and Training (VET), VET providers and VET programs. | | | | | |
| | o Education related policy and research purposes; and | | | | | |
| Unique Student | o To assist in determining eligibility for training subsidies | | | | | |
| Identifier | VET Regulators to enable them to perform their VET regulatory functions. | | | | | |
| | VET Admission Bodies for the purposes of administering VET and VET programs. Output and former Bodieton of Training Output individual. | | | | | |
| | 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 indetermining 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. | | | | | |
| | To create and/or verify a USI on your behalf Jenagar is required to enter details as per your identification provided, if all information requested is not provided, or is inaccurate, it may affect the Registrar's ability to provide you with a USI. The Student Identifiers Registrar's Privacy Policy is located on the website www.industry.gov.au , please note that this document contains information on how you may: | | | | | |
| | Access and seek correction of the personal information held about you, and | | | | | |
| | Complain about a breach of privacy and how such complaints will be dealt with. | | | | | |
| | I have read the Unique Student Identifier Privacy Notice and agree to allow Jenagar to apply or verify a Unique Student Identifier on my behalf. Student Name | | | | | |
| | Student Signature | | | | | |
| | Date | | | | | |
| Parental Permission for Applicant under | I have read and understood the terms and conditions of this application for enrolment and give permission to continue with this enrolment and course. | | | | | |
| 18 Years of Age | Parent/Guardian Name | | | | | |
| | Parent/Guardian Signature | | | | | |
| | Date | | | | | |
| | | | | | | |





Student Declaration and Acceptance Agreement

I understand and acknowledge that:

I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application /enrolment from may result in the withdrawal of any offer, particularly where it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of Jenagar.

I understand that it is my responsibility to provide all relevant documentation required for my enrolment in a course, including all documentation relevant to my eligibility for government funding, for the Recognition of Prior Learning (RPL) and/or for any Credit Transfers to be applied.

Declaration

I declare that the information provided to Jenagar in this Enrolment Application is to the best of my knowledge true, correct, and complete at the time of my enrolment.

I indemnify Jenagar Pty Ltd from any claim or action and for any liability, other than legislative requirements with which Jenagar must comply, which may arise or occur as a result of participation in this training.

I understand and accept the fees, charges and refunds that may be applied to this enrolment and the circumstances in which they apply.

I have been provided with a copy of the Student Handbook and the contents have been explained to me.

| Student Name: | |
|--------------------|--|
| Student Signature: | |
| Date: | |

Privacy Statement

Privacy and all personal information are protected under the Privacy Act 1988. The information requested on your enrolment form will be used for the process of enrolment and for statistical reporting for government agencies only. All information is kept confidential and access to this information is only available to you, and the relevant administration staff at Jenagar Pty Ltd. Jenagar is subject to audit by Government agencies. For the purpose of these audits your training file may be given to officers from agencies such as Australian Skills Quality Authority (ASQA) or the National VET Regulator (NVR). If you have concerns about personal information held by Jenagar Pty Ltd, you should contact Jenagar Pty Ltd on (07) 4787 1487 or in writing marked Private & Confidential to: The Manager, Jenagar Pty Ltd, PO Box 1905, Charters Towers, Qld - 4820. If you still feel that your concerns have not been resolved, your complaint can be sent direct to the Commonwealth Privacy Commissioner, GPO Box 5218, Sydney NSW 2001, Telephone: 1300 363 992 or email: privacy@privacy.gov.au.

Complaints Policy

Complaints can be made informally or formally, contact Jenagar in the first instance with your concern and it will be investigated, and you will be advised of the outcome, usually over the phone. If you prefer to put your complaint in writing, please use our complaint form, or detail the concern in an email or letter. This will be referred to our Chief Executive Officer or Operations Manager for investigation. You will receive a written response from Jenagar with the result of our investigation and the outcome of your complaint within 7 days of the receipt of your formal complaint. All records of any complaints and following investigations will also be kept on file.

Refund Policy

Students who have already paid for a course can ask for a refund in the event of the following:

- Services are not provided (e.g., course cancellation).
- •The financial failure of Jenagar Pty Ltd
- •The fair and reasonable non-attendance of student (e.g., sickness, family emergency).

Jenagar Pty Ltd will also negotiate a fair and reasonable level of refund in the event of other circumstances such as lack of satisfaction with services offered, or where disciplinary issues have led to a student being asked to withdraw from a program. Please feel free to request a copy of the Jenagar Pty Ltd Refund Policy for more information.





Consent and Release

Marketing and promotional material

Like any business, Jenagar are involved in marketing and promotional activities to ensure our services meet our client needs. The marketing and promotional activities we engage in are broad and varied and include traditional marketing methods, such as advertising and the preparation and distribution of marketing material, as well Good News Stories to the Department of Education and Training details the successes within the programs.

Throughout your course, we will collect and prepare material to market and promote our services and to attract prospective students and potential business allies. We will also collect feedback from you through surveys/questionnaires.

By signing this form:

- You acknowledge that the material which we will collect and prepare to market and promote our services:
 - o may include photos of our students (past and present).
 - o may include any testimonials given by our students.
 - o may include any comments or statements made by our students and posted to our Facebook page.
 - o may be reproduced for any promotional purpose; and
 - o will, where applicable, be collected and disclosed in accordance with our Privacy Policy.
- You acknowledge that, where necessary, we will take all reasonable steps to protect any material which we collect for marketing and promotional purposes from misuse, unauthorized access, modification and/or non-permitted disclosure.
- You consent to us:
 - o taking your photo and reproducing it for any promotional purpose, including.
 - o in any publication or other form of marketing material.
 - o on the Jenagar website (or as accessible from it); and
 - o at sites such as Facebook.
- Using any testimonial which you may give and reproducing it for any promotional purpose, including:
 - o in any publication or other form of marketing material.
 - o on the Jenagar website (or as accessible from it); and
 - o at sites such as Facebook.
- Using any comment or statement which you may post to our Facebook, or other social media, page for any promotional purpose, including.
 - o in any publication or other form of marketing material.
 - o on the Jenagar website (or as accessible from it); and
 - o at social media sites other than Facebook.
- You agree to release us from any claim or cause of action which you might otherwise have had in respect of the reproduction of your photo or any testimonial or post.

| Student Name: | |
|-------------------------------|--|
| Student Signature: | |
| Date: | |
| | |
| Parent/Guardian: | |
| Parent/Guardian Signature: | |
| Date: | Sent documents to admin@tin.ac.nz |
| | |