

**Course Name:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_

**Program Venue:** \_\_\_\_\_

**Unique Student Identifier (USI)**

Visit <http://www.usi.gov.au> to retrieve your existing USI or create a new one if you do not have one.

Please print the ten (10) combination of letters and numbers clearly in the box below:

I give permission for YMCA WA to search for my USI if I do not provide one:  Yes  No

**Payment Details**

Please select ONE of the payment options below:

Student (Direct Debit) - Please complete the [Direct Debit Forms](#) (available at [ymcatraining.org.au](http://ymcatraining.org.au))

Student (Credit Card) – please go to <https://www.payway.com.au> to make a secure payment (Westpac) (Biller Code: 221184)

Employer- If your employer is paying for this course you will need a manager's signature:

I \_\_\_\_\_, (manager/owner) authorise that the payment will be charged to \_\_\_\_\_ (organisation). Signed: \_\_\_\_\_

YMCA WA Training will issue the organisation with an invoice for payment. \_\_\_\_\_

**Personal Details**

\_\_\_\_\_ **Title** (Mr/Mrs/Ms/Miss)

\_\_\_\_\_ **Surname**

\_\_\_\_\_ **Given Names**

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Day/Month/Year)  Male  Female

**Residential Address:** Street Address: \_\_\_\_\_  
Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Postal Address:** (if different) Street Address: \_\_\_\_\_  
Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

**Cultural Background & Language**

Birth Town & State: \_\_\_\_\_ Country: \_\_\_\_\_

Do you speak a language other than English at home?  No  Yes – Please Specify: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander Origin?  No  Yes, Aboriginal  Yes, Torres Strait Islander

**Medical Conditions** Do you consider yourself to have a disability, impairment or long-term condition?  No  Yes

If Yes – Tick any of the applicable boxes below

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Hearing/deaf                  | <input type="checkbox"/> Vision   | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Intellectual                  | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical condition         |
| <input type="checkbox"/> Mental illness                | <input type="checkbox"/> Learning |  |
| <input type="checkbox"/> Other – Please specify: _____ |                                   |  |

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

**Staff Details**

Do you currently work at the YMCA?  No  Yes – Please specify:

YMCA Centre: \_\_\_\_\_ Position: \_\_\_\_\_

**Study Reasons**

Of the following categories, which BEST describes your main reason for undertaking this course/ traineeship/ apprenticeship?  
Tick one box only

- |  |  |
|--|--|
| <input type="checkbox"/> To get a job                              | <input type="checkbox"/> To develop my existing business     |
| <input type="checkbox"/> To start my own business                  | <input type="checkbox"/> To try for a different career       |
| <input type="checkbox"/> To get a better job or promotion          | <input type="checkbox"/> It was a requirement of my job      |
| <input type="checkbox"/> I wanted extra skills for my job          | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> Other reasons                       |

**Education**

Are you still attending secondary school?  Yes  No

What is your highest COMPLETED school level? Tick one box only In which Year did you complete that level? \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 8 or below       |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent  | <input type="checkbox"/> Never attended school |

**Prior Qualifications**

Have you SUCCESSFULLY completed any of the following qualifications?  No  Yes

If yes, select ALL that apply

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Certificate I                          | <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Advanced Diploma or associated degree |
| <input type="checkbox"/> Certificate II                         | <input type="checkbox"/> Diploma (or associate diploma)                      | <input type="checkbox"/> Bachelor degree or higher             |
| <input type="checkbox"/> Certificate III (or trade certificate) |  | <input type="checkbox"/> Certificate other than above          |

**Privacy Notice**

Under the Data Provision Requirements 2012, YMCA WA 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 YMCA WA for statistical, regulatory and research purposes. YMCA WA 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](http://www.ncver.edu.au)).

**Student Declaration**

The YMCA Privacy and Confidentiality Policy can be located on the intranet or alternatively a copy is available on request.

- 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.
- I am aware that I am enrolling in a training program that has strict timeframes for completion.
- I understand that if I do not complete all components of this training program within this timeframe, I may have to pay additional fees to complete the training program.
- I acknowledge that I have read and understand the conditions above.

Student Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Parent/guardian consent is required for all students under the age of 18