Enrolment form

Enrolment course / qualification/unit											
Course dates											
Surname/ Last name				Given/First name							
Gender		☐ Male		Fema	le	Date o	f birth	n (DD/M	M/YYY	Y)	
What is the address of your usual residence? Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.											
Building/property name			Flat/u detail					Street on number Lot 118	r (e.g. :	205 or	
Street name					St	uburb, l	ocality	y or towi	า		
State/territory			Postco	ode							
Email											
Home phone	()				Mob	ile nu	mber			
Postal address (if different from above)											
Building/property name			Flat/u detail					Street on number Lot 118	r (e.g. :	205 or	
Street name								Suburb town	, locali	ty or	
State/territory			Postco	ode							
Emergency contact details											
Emergency contact nam	ie						Emergency contact number				
Employer details (if applicable)											
Employer/Company nan	ne										
Contact name							Phone	e			
Are you of Aboriginal or Torres Strait Islander origin?			ander		□ No □ Yes, both			☐ Yes, Aboriginal☐ Yes, Torres Strait Islander			
2. In which country were your born?				☐ Australia ☐ Other, please specify							
3. Are you still attending secondary school?			!?	☐ Yes ☐ No							

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4. What is your highest COMPLETED school	Completed Year 8	☐ Completed Year 11			
level?	☐ Completed Year 9	☐ Completed Year 12			
	☐ Completed Year 10	☐ Did not go to High School			
5. In which year did you complete this level?					
6. What was the name of the school?					
7. Of the following categories, which BEST	☐ Employed – unpaid worker	☐ Unemployed – seeking full-			
describes your current employment status?	in a family business	time work			
(Tick ONE box only)	☐ Employer	☐ Unemployed – seeking			
,,	☐ Full-time employee	part-time work			
	☐ Part-time employee	☐ Not employed – not			
	☐ Self-employed – not	seeking work			
	employing others	Seeking Work			
	employing others				
		part-time work			
8. Which classification best describes your	☐ Agriculture, Forestry and	☐ Wholesale Trade			
current industry of employment?	Fishing	☐ Retail Trade			
(Tick ONE box only)	☐ Mining	☐ Accommodation			
, ,,	☐ Manufacturing	☐ Transport, Postal and			
	☐ Electricity, Gas, Water and	Warehousing			
	Waste Services	☐ Information Media and			
	☐ Construction	Telecommunications			
	☐ Rental, Hiring and Real	☐ Financial and Insurance			
	Estate Services	Services			
	☐ Professional, Scientific and	☐ Public Administration and			
	Technical Services	Safety			
	☐ Administrative and Support	☐ Education and Training			
	Services	☐ Health Care and Social			
	☐ Arts and Recreation	Assistance			
	Services	☐ Other Services			
9. Which classification best describes your	☐ Manager	☐ Professionals			
current occupation?	☐ Technicians and Trade	☐ Community and Personal			
(Tick ONE box only)	Workers	Services Workers			
	☐ Clerical and Administrative	☐ Sales Workers			
	Workers	☐ Labourers			
	☐ Machinery Operators and Drivers				
	Dilvers				
10. Do you speak a language other than English	☐ No, English only	☐ Yes, please specify			
at home?	(Go to question 11)				
(if more than one language please indicate the					
language that is spoken most often)					
11. If you speak a language other than English,	☐ Very well	☐ Well			
how well do you speak English?	☐ Not well	□ Not at all			
12. Do you consider yourself to have a disability, Impairment or long-term	☐ Yes	☐ No (go to question 14)			
condition?		_			
13. If yes, please indicate the area/s of	Acquired Brian Impairment	☐ Mental illness			
disability, impairment or long-term condition	☐ Hearing/Deaf	☐ Physical			
(you may indicate more than one area)	☐ Intellectual	□ Vision			
	☐ Learning	☐ Other			
	☐ Medical Condition				

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14. Have you SUCCESSFULLY completed any of the following qualifications?	☐ Yes	☐ No (go to question 16)					
15. If yes, tick any applicable boxes	☐ Bachelor Degree or Higher	☐ Certificate III (or Trade					
, , , , , , , , , , , , , , , , , , , ,	☐ Advanced Diploma or	Certificate)					
	Associate Degree	☐ Certificate II					
	☐ Diploma (or Associate	☐ Certificate I					
	, ,						
	Diploma)	☐ Certificate/s other than					
	☐ Certificate IV (or Advanced	above					
	Certificate/Technician)						
16. Which best describes your highest	☐ Australian Qualification						
education achievement?	☐ Australian equivalent qualific	cation					
(Tick ONE box only)	☐ International qualification						
17. Of the following categories, which BEST	☐ To get a job	☐ It was a requirement of my					
describes your main reason for undertaking		·					
this course/traineeship/apprenticeship?	☐ To develop my existing	job					
	business	☐ I wanted extra skills for my					
(Tick ONE box only)	☐ To start my own business	_ job					
	\square To try for a different	☐ To get into another course					
	career	of study					
	☐ For personal interest or	☐ Other reason					
	self-development						
	☐ To get a better job or						
	promotion						
Unique Student Identifier (USI):	p. cc.						
The Federal Government requires all students from	n 1st January 2015 to have a Unique	Student Identifier (LISI) If you					
· · · · · · · · · · · · · · · · · · ·							
have one then enter it in the box provided below. If you do not have one, then you go to https://www.usi.gov.au/ to							
create your own USL or to find your existing USL. A	create your own USI or to find your existing USI. Administration will be glad to help you if you get stuck.						
create your own USI or to find your existing USI. A	dministration will be glad to help yo	ou if you get stuck.					
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Victorian Student Number (VSN):							
Victorian Student Number (VSN): IF you have previously undertaken any education in	n Victoria and you are under 25 the	n, you will have been allocated a					
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Version Date: 10/08/2017



Privacy statement

I understand that:

Plumbing Industry Climate Action Centre (PICAC) 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). The Department may use the information provided for planning, administration, policy development, program evaluation, resource allocation, 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 organisations.

The Education and Training Reform Act 2006 requires Plumbing Industry Climate Action Centre 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.

For more information in relation to how student information may be used or disclosed, please contact Plumbing Industry Climate Action Centre on phone (03) 9356 8922 or email training@picac.vic.edu.au.

Centre on phone (03) 9356 8								
<u>CO</u>	NFIRM EACH OF THE ITEM	S BELOW B	Y TICKING THE CHEC	K BOX as ap	propriate	<u>e</u>		
Unique Student Iden	tifier (LISI)							
•	Note: failure to provide a valid USI will prohibit PICAC from issuing you a Certificate or Statement of Attainment on completion							
_	I confirm that I have provided PICAC with my Unique Student Identifier (USI) and I authorise							
correct								
Student Acceptance Agreement								
In signing this Enrolment	Form I agree:							
☐ That the information	That the information provided on this form is true, correct and complete.							
	hat I have been provided with appropriate and sufficient information to make an informed decision about your enrolment in this course.							
_	In this course. That I have read and understood PICAC's privacy and personal information policy and agree to its statements.							
_								
	including information on tuition fees, administration fees, materials fees, payment terms and the applicable Refund Policy.							
☐ That I will provide PIC								
☐ That the personal info								
	nbers (ABN 56296473997),							
	e (PICAC) Ltd (ABN 11 146 3	• • • • • • • • • • • • • • • • • • • •		•		-	•	
	21 078 869 673) and the Air Conditioning and Mechanical Contractors' Association of Victoria Limited (ABN 87 005 021 670) for the purpose of enrolling me in training courses conducted by any of these entities							
	C's Student Code of Conduc				nt nalicies	and proce	duras as	
•	State legislation, regulations	•	•		•	•	aures as	
Student Declaration			•					
I declare that I have read	and understood the course	information	n and the instructions	on this App	lication Fo	orm. I unde	rstand and	
_	accessed and read the follow	wing inform	ation on the PICAC W	ebsite (<u>www</u>	v.picac.vio	<u>c.edu.au</u>) or	read a	
paper copy:								
the course;	The minimum entrance requirements, the structure, course contents, duration, modes of study and assessment methods of the course;							
☐ The qualifications obt	☐ The qualifications obtained at successful completion of course;							
☐ What course credits of								
☐ Details of any arrange	ement with other providers,	, if any;						
☐ Course related fees and refund policy;								
☐ Withdrawing from course and cancelling enrolment;								
Make timely payments of any fees for which I am liable.								
☐ I have read and understood the Privacy Statement								
☐ I have read and understood the Complaints and Appeals Policy								
☐ I have read and understood the Student Code of Conduct Policy								
					Ì			
Student signature:			Date:	/	/			
Reviewed for accuracy and	Complete and Accurate,		Fortune disease Charles		Data	,	,	
completion	confirmed on course:		Entered into SMS		Date:	/	/	

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Authorised by: Compliance

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