

# INTERNATIONAL STUDENT ENROLMENT FORM



The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you to provide and report and monitor compliance under the National Code 2018. Please complete the form by:

- Ensuring all relevant fields are signed and dated
- Print clearly using a black or blue pen

## 1. Personal Details

Student ID

Surname

Given Names

Date of Birth

City of Birth

Gender

Male

Female

## 2. Contact Information

Phone number

Mobile number

Email address

## 3. Australian Residential Address

Building / Property Name

Flat / Unit Number

Street Number

Street Name

Suburb

State

Postcode

## 4. Postal Address

(if different from residential address)

Building / Property Name

Flat / Unit Number

Street Number

Street Name

PO Box / Roadside Delivery Box

Suburb

State

Postcode

## 5. Emergency Contact

Name

Relationship

Contact Number

Email address

Building / Property Name

Flat / Unit Number

Street Number

Street Name

Suburb

State

Postcode

## 6. Do you have a Unique Student Identifier (USI) Number?

From 1 January 2015, we (IAOA) can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a USI. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on a computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

**Yes**, please specify:

I authorise IAOA to retrieve my USI on my behalf

**No**, please choose:  I will create it myself (visit [www.usi.gov.au](http://www.usi.gov.au))

I authorise IAOA to create my USI on my behalf (complete USI Consent Form below)

### USI Consent Form

I have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. I give my consent to the Insight Academy of Australia to register and obtain a Unique Student Identifier (USI) on my behalf with the details above and below:

a)  Australian Driver's Licence State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

b)  Medicare Card  
Medicare card number

c)  Australian Birth Certificate

d)  Australian Passport Passport number \_\_\_\_\_

e)  Non-Australian Passport (with Australian Visa):

**Passport number** \_\_\_\_\_

**Country of issue** \_\_\_\_\_

f)  Immicard Immicard Number \_\_\_\_\_

g)  Citizenship Certificate  
Stock number \_\_\_\_\_ Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

h)  Certificate of Registration by Descent  
Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

**Signature:** \_\_\_\_\_

#### IMPORTANT INFORMATION

To create a Unique Student Identifier (USI) you will need use a valid Australian form of ID from the list. Your proof of ID will allow us to make sure that your records and results always go to your USI account and not someone else's with similar details.

There might be someone who has the same name as you in the same city or town or someone with the same name might have the same date of birth.

By using some details from a form of ID when you create your USI it allows us to identify you so we can make sure your USI is truly unique to you.

If you don't have a valid form of ID from the list above please contact our friendly staff for further assistance.

7. Language and Cultural Diversity		
In which country is the student born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other _____	
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify _____	
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander	
8. Previous Education / Qualifications		
What is your highest COMPLETED school level? (Please tick ONE box only)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
In which YEAR did you complete that school level?		
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, then tick <b>one</b> of these Prior Education Achievement Recognition Identifiers <b>any</b> applicable qualification level.	<input type="checkbox"/> 008 Bachelor Degree or Higher Degree <input type="checkbox"/> 410 Advanced Diploma or Associate Degree <input type="checkbox"/> 420 Diploma (or Associate Diploma) <input type="checkbox"/> 511 Certificate IV (or advanced Certificate / Technician) <input type="checkbox"/> 514 Certificate III (or Trade Certificate) <input type="checkbox"/> 521 Certificate II <input type="checkbox"/> 524 Certificate I <input type="checkbox"/> 990 Other education (including certificates or overseas qualifications not listed above)	

<b>9. Disabilities</b>	
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>No – Go to Question 10</b>	
If YES, then please indicate the areas of disability, impairment or long-term condition:	
<input type="checkbox"/> Hearing / deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Medical Condition <input type="checkbox"/> Vision <input type="checkbox"/> Learning <input type="checkbox"/> Other, please specify:
If Yes, do you require additional assistance because of this disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. Employment</b>	
Which BEST describes your current employment status? (Please tick <b>ONE</b> 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 a 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
Which of the following classifications BEST describes the industry of your current or previous employment? (Please tick <b>ONE</b> box only) <b>If never employed, go to Question 11</b>	<input type="checkbox"/> A - Agriculture, Forestry and Fishing <input type="checkbox"/> B - Mining <input type="checkbox"/> C - Manufacturing <input type="checkbox"/> D - Electrical, Gas, Water and Waste Services <input type="checkbox"/> E - Construction <input type="checkbox"/> F - Wholesale Trade <input type="checkbox"/> G - Retail trade <input type="checkbox"/> H - Accomodation and Food Services <input type="checkbox"/> I - Transport, Postal and Warehousing <input type="checkbox"/> J - Information Media and Telecommunications <input type="checkbox"/> K - Financial and Insurance Services <input type="checkbox"/> L - Rental, Hiring and Real Estate Services <input type="checkbox"/> M - Professional, Scientific and Technical Services <input type="checkbox"/> N - Administrative and Support Services <input type="checkbox"/> O - Public Administration and Safety <input type="checkbox"/> P - Education and Training <input type="checkbox"/> Q - Health Care and Social Assistances <input type="checkbox"/> R - Arts and Recreation Services <input type="checkbox"/> S - Other Services, please specify: _____



<p>Which of the following classifications BEST describes your current or recent occupation? (Please tick <b>ONE</b> box only) <b>If never employed, go to Question 11</b></p>	<p> <input type="checkbox"/> 1 - Manager  <input type="checkbox"/> 2 - Professionals  <input type="checkbox"/> 3 - Technicians and Trades Workers  <input type="checkbox"/> 4 - Community and Personal Service Workers  <input type="checkbox"/> 5 - Clerical and Administrative Workers  <input type="checkbox"/> 6 - Sales Worker  <input type="checkbox"/> 7 - Machinery Operators and Drivers  <input type="checkbox"/> 8 - Labourers  <input type="checkbox"/> 9 - Other Services, please specify:                  _____             </p>
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**11. Study Reasons**

Of the following categories, which BEST describes your main reason for undertaking this course?  
**(Please tick ONE box only)**

<p> <input type="checkbox"/> 1 - To get a job  <input type="checkbox"/> 2 - To develop my existing business  <input type="checkbox"/> 3 - To start my own business  <input type="checkbox"/> 4 - To try for a different career  <input type="checkbox"/> 5 - To get a better job promotion                 </p>	<p> <input type="checkbox"/> 6 - It was a requirement of my job  <input type="checkbox"/> 7 - I wanted extra skills for my job  <input type="checkbox"/> 8 - To get into another course of study  <input type="checkbox"/> 10 - For personal interest or self-development  <input type="checkbox"/> 11 - Other reasons                 </p>
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**12. Course of Study**

<p>CRICOS Name &amp; Code:</p>	<p> <input type="checkbox"/> General English Starter to Advanced 097954C  <input type="checkbox"/> BSB51918 Diploma of Leadership and Management  <input type="checkbox"/> BSB61015 Advanced Diploma of Leadership and Management                 </p>
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Expected Course Duration:	
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Commencement Date:	DD /MM / YYYY	Expected Completed Date:	DD /MM / YYYY
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**13. Credit Transfer and Recognition of Prior Learning (RPL)**

<p>Are you applying for Credit Transfer or RPL for the unit successfully completed at another provider? If <b>YES</b>, please complete the Credit Transfer or RPL application from and submit it to the Student Administration with supporting documents such as an official transcript or statement of attainment.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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## Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

### Collection of your data

IAOA is required to provide the Department with student and training activity data. This includes personal information collected in the IAOA enrolment form and unique identifiers such as the Commonwealth's Unique Student Identifier (USI).

IAOA provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: [http://www.education.vic.gov.au/training/provider\\_s/rto/Pages/datacollection.aspx](http://www.education.vic.gov.au/training/provider_s/rto/Pages/datacollection.aspx)

### Use of your data

The Department uses student and training data including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by IAOA; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

### Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

### Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

## Survey participation

You may be contacted to participate in a survey conducted by NCVER or the Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

### Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/ or to obtain a Victorian Government VET subsidy.

## Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

## Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to:

<http://www.education.vic.gov.au/Pages/privacypolicy.aspx>

For further information about Unique Student Identifiers, including access, correction and complaints, go to:

<http://www.usi.gov.au/students/pages/student-privacy.aspx>

I acknowledge that I have read the Victorian Government's VET Student Enrolment Notice.

I acknowledge the privacy statement as a prerequisite for online enrolments.

.....  
**Student signature**

# INTERNATIONAL STUDENT ENROLMENT FORM



## Student Declaration

I declare that all information provided in this application is complete and correct. I understand that failure to provide incorrect information or documentation in relation to this application form may result in cancellation of my enrolment.

## Emergency Medical Indemnity

I also authorise IAOA or their representative to obtain Medical Treatment in the event of an emergency. I indemnify IAOA of their representative.

## Media Consent

I do / do not consent to the use of my photos / videos / testimonials / interviews to be used in IAOA's promotional materials prepared for marketing purposes in Australia and overseas.

Signature of Student:	Signature of parent or legal guardian:	Date: DD / MM / YYYY
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Note: This application and declaration must be signed by a parent or legal guardian if the student is under 18 years of age at the time of application. Student must be at least 18 years of age at the time of arrival in Australia.

Insight Academy of Australia

OFFICE USE ONLY			
Staff Member:		<input type="checkbox"/> Student Activated	<input type="checkbox"/> PRISMS Updated
Signature:		<input type="checkbox"/> ID Card Issued	<input type="checkbox"/> New Student
Date: DD / MM / YYYY	Student ID No:	<input type="checkbox"/> SMS Updated	<input type="checkbox"/> Existing Student