

RTO Student enrolment form

OFFICE USE ONLY

RTO Student ID: _____

Student Name:

Home School:

Section 1 – Course information

Course details			
Course code:	CUA31020		
Course title:	Certificate III in Screen and Media		
Mode of delivery:	<input type="checkbox"/> Face-to-face (classroom)	<input type="checkbox"/> Virtual class (online)	
Delivery location: <small>Physical address where the course is delivered from. Use RTO address for virtual class.</small>	Site:		
	Address:		
	Suburb:	Postcode:	
Training dates:	Commencement:	Expected to finish:	
Is the course delivered under a Contract of Training (Apprenticeship or Traineeship)?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Fees and payments	
Please indicate who will be responsible for the payment of fees in relation to the course:	
<input type="checkbox"/> Home school	<input type="checkbox"/> Employer <input type="checkbox"/> Apprenticeship Network Provider
<input type="checkbox"/> Student/parent/guardian (students primarily enrolled with the school-based RTO only)	
Summary of fees	
Tuition fees: \$500.00	Administration fees:
Materials fees:	Other fees:
Security deposit (refundable):	Total fees:
Details for invoicing	
Contact person:	Phone number:
Organisation:	Address:
ABN:	Purchase order:
<p>MSC RTO will invoice the referring school of enrolment or host school for the student fee and any incidental fee related to courses that are delivered institutionally.</p> <p>All fees are refundable if the course is cancelled by the training provider before commencement.</p> <p>Where a course is cancelled after commencement, the training provider will retain only the percentage of the fees relative to the services already provided to students.</p> <p>All tuition fees will be refunded for a student who withdraws from the course within four (4) weeks of the commencement date.</p> <p>There will be no refunds for withdrawals after four (4) weeks of commencement.</p>	
Home School Endorsement	
I support this student's application for their nominated course.	
VET Leader Name:	
Signature:	Date:

Section 2 - Student information

Student details									
Please use the same names used for your Unique Student Identifier (USI), where applicable, including middle names.									
Family name (surname):									
First given name:									
Second given name (middle):									
Single name only:	<input type="checkbox"/> Tick this box if you have one name only that cannot be written in the format above.								
Date of birth (dd/mm/yyyy):									
Gender:	<input type="checkbox"/> Female			<input type="checkbox"/> Male			<input type="checkbox"/> Other		
Student USI (ten characters):									
Student SACE ID:									
Contact details:	Mobile phone*:								
	Personal email address*:								
	School email address*:								
Address (physical address of usual residence, not post-office box nor temporary address you use for training, work, or other purposes before returning to your home):	Property name:								
	Unit number:				Street number:				
	Street name:								
	Suburb:				State:		Postcode:		
Postal address (if different from above):	Property name:								
	Unit number:				Street number:				
	Street name:								
	Suburb:				State:		Postcode:		
	PO Box number:								
	Suburb:				State:		Postcode:		
<i>* At least one student email address or student mobile phone number must be provided.</i>									
Parent/Carer Contact Details									
Contact 1 Name:						Relationship:			
Address:						Postcode:			
Email:				Work/Mobile:					
Contact 2 Name:						Relationship:			
Address:						Postcode:			
Email:				Work/Mobile:					
Emergency Contact details (if neither person above can be contacted)									
Name:						Relationship:			
Mobile:									

Residency

What is your residency status?

Australian citizen

Permanent resident

New Zealand citizen living in South Australia

VISA*, please specify:

* Please provide a coloured copy of your VISA with this application (if applicable).

Language and cultural diversity

In which country you were born?

Australia

Other, please specify:

Do you speak a language other than English at home?

No, English only

Yes, other (please specify):

Are you of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Disability

Do you consider yourself to have a disability, impairment, or long-term conditions? Yes No

If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list:

Hearing/deaf

Physical

Intellectual

Learning

Mental illness

Acquired brain impairment

Vision

Medical condition

Other

If you answered YES please add details, outline any supports/requirements or relevant information to assist the trainer:

Medical and emergencies

Do you have any known medical conditions which may require an immediate response?

Anaphylaxis / severe allergies

Seizures / epilepsy

Asthma

Other, please specify:

Diabetes

Emergency contact person:

Emergency contact number:

Relationship to you:

For a student 18 years old or under, the emergency contact person must be a parent or legal guardian.

Schooling			
What is your highest COMPLETED school level?			
<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	
What year did you complete this level?			
Are you still enrolled in secondary or senior secondary education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate the following:			
<input type="checkbox"/> SACE Student	<input type="checkbox"/> FLO Student	<input type="checkbox"/> School-based Apprenticeship/Traineeship	

Previous qualifications achieved		
Have you SUCCESSFULLY completed any of the qualifications listed in the next question?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, select any applicable boxes:		
<input type="checkbox"/> Bachelor degree or higher degree	<input type="checkbox"/> Advanced diploma or associate degree	
<input type="checkbox"/> Diploma (or associate diploma)	<input type="checkbox"/> Certificate IV (or advanced certificate/technician)	
<input type="checkbox"/> Certificate III (or trade certificate)	<input type="checkbox"/> Certificate II	
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other education (not listed above)	

Employment	
Of the following categories, which BEST describes your current employment status (select ONE option only)?	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Self, employed – employing others
<input type="checkbox"/> Employed – unpaid worked 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

Employment details			
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer name:			
Employer suburb:		Post Code:	

Study reason	
Of the following categories, select the one which BEST describes the main reason you are undertaking this course (select ONE option 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"/> To get skills for community/voluntary work
<input type="checkbox"/> Other reasons	

Concession and benefits

Are you a school card recipient? Yes No

Are you in receipt of a concession benefit? Yes No

Health care card

Veteran's gold card

Pensioner concession card

Other, please specify:

If yes, what is the expiry date?

How did you hear about us?

Of the following categories, which best describes how you hear about this course (select ONE option only)?

Website

TV

Employer

Social media

Course guide

Industry networks

Newspaper

Expos/events

Email

Radio

Flyers

Word of mouth

Other, please specify:

Subsidised Training Places

If you are an eligible student accessing Vocational Education and Training (VET) through a subsidised training place, you must provide the training provider with the following when submitting this form:

1. A coloured copy of ONE of the below documents:

Current driver's licence or learner's permit

Current proof of age card (issued by Service SA)

Current Australian passport in conjunction with **evidence of residential address**

Current school student card issued by your school in conjunction **with evidence of residential address** if it is **not identified in the school card**

2. And a copy of the following:

A signed Participant Agreement Form*

Please make sure the next sections are completed;

- Read the Privacy notice in the next Section (3)
- Read and sign the student declaration in Section (4)
- Read and sign Parent / legal guardian declaration Section (4) continued (if participant is under 18 years of age)
- Complete and sign the Department for Education Media Consent Form
- Complete and sign the Department for Education (Skills SA) Participant Agreement Form*

Section 3 – Privacy notice

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. If personal information is not collected, we will not be able to enrol you in a VET course nor issue certification in relation to your training.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law, under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act), to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact staff in the *RTO Office* to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Georgina Moore RTO/VET Administration

Phone: 8366 2852

email: MSC.RTO479@schools.sa.edu.au

Section 4 – Student declaration

Student declaration/agreement/code of conduct

By signing this Student Enrolment Form, I declare that I was given clear and accurate information in written or electronic form about:

- The Vocational Education and Training (VET) course, including:
 - Code, title, and currency of the training product
 - Course duration, delivery location(s) and mode(s) of delivery
 - Units of competency, study load and expectations for completion
 - Entry requirements and conditions for enrolling into the course
 - Requirements for attendance and self-directed learning
 - Work placement requirements and arrangements
 - Assessment and re-assessment conditions
 - Any third-party delivery arrangements
- My rights in the receipt of services from the training provider, including:
 - Support services available to me and how to access these services
 - Procedures for lodging a complaint or to appeal a training provider decision
 - Consumer rights, including in relation to any applicable fees and refunds
 - Protection from bullying, harassment, and discrimination
 - Privacy and release of personal information
 - Recognition of current competency procedures
 - Changes that may affect the services provided
- My obligations in the receipt of services from the training provider, including:
 - Following the training provider policies and procedures
 - If unable to attend, contact the trainer and your VET Leader to advise before school on that day
 - Participating in scheduled classes and undertaking self-directed learning activities
 - Maintaining a standard of behaviour that is consistent with the school environment
 - Completing activities and assessment tasks within assigned timeframes
 - Actively seek help and/or counselling if required
 - Participation in the Unique Student Identifier (USI) scheme

I understand that the training provider is responsible for the quality of the training and assessment provided to me, in compliance with the Revised Standards for Registered Training Organisations 2025, and for the issuance of the Australian Qualifications Framework (AQF) certification documentation.

I also acknowledge and agree that:

- The personal information collected in this Student Enrolment Form may be disclosed by the training provider for statistical, administrative, regulatory and for research purposes, and to inform my school of primary enrolment. I consent to the collection, use and storage of my personal information.
- I have been informed by the training provider, in written or electronic form, of any potential impacts on future entitlement to government subsidised training in relation to undertaking this course.

I declare that I honestly and accurately provided all information and evidence for the purposes of enrolment and eligibility and agree to the conditions of access determined through the upfront assessment of need.

I understand that by completing this application I am not guaranteed a place in the described course, and that the course may be cancelled due to an insufficient number of students.

Student name:			
Student signature:		Date:	

Parent / legal guardian declaration (if participant is under 18 years of age)

I declare that I have read and understood the information provided in this Student Enrolment Form, including the information in the Privacy Notice, Student Declaration and payment of fees have been discussed and agreed by all parties.

As a parent / legal guardian, I give permission for the student to participate in the course outlined above and agree to the terms and conditions of delivery specified by the training provider prior to enrolment.

I further acknowledge and agree that the personal information collected in this Student Enrolment Form may be disclosed by the training provider for statistical, administrative, regulatory and research purposes, and to inform the student's school of primary enrolment.

Parent / guardian name:			
Parent / guardian signature:		Date:	

Section 5 – Office use only
ADMINISTRATION USE ONLY

Payment of fees confirmed with listed organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Date:	
Identification documents collected and verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Date:	
Participant agreement form collected and verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Date:	
Student data entered in Stela?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Training profile on Skills and Employment Portal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Date:	
Training account on Skills and Employment Portal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Date:	
Training plan uploaded to ATLAS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	Date:	N / A
Participant number:		School EDSAS ID:	
State Student ID (Stela):		Student SACE ID:	
Training Account No:		Training Contract No:	N / A
Will the student be accessing any subsidised Learner Support Services (LSS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Media Consent Form – Child/Student

This form applies to all Department for Education settings including schools, preschools, corporate and early childhood services.

Permission to use image, video, voice, and/or creative work of students and children

I give consent for the Department for Education to create, use and/or reproduce:

- samples of my child's creative work
- images, video and/or audio recordings of my child
- my child's name and school/preschool/education setting name

and publish/distribute them with (*please choose ONE only*):

Full Consent – Internal, external and promotional use

- Includes secure intranets and platforms, internal newsletters, year books, internal publications.
- Includes public websites, social media, print publications, recognised traditional media (broadcast, online, print).
- Includes advertising and promotional materials.

Partial Consent – Internal and external use

- Includes secure intranets and platforms, internal newsletters, year books, internal publications.
- Includes public websites, social media, print publications, recognised traditional media (broadcast, online, print).

Limited Consent – Internal use

- Includes secure intranets and platforms, internal newsletters, year books, internal publications.

No Consent – I do not give consent

I understand that permission (including previously granted consent) will continue until it is revoked in writing to the principal, preschool director or relevant corporate office manager.

I understand that this consent form grants the Department for Education and associated external organisations to use the media under the Creative Commons Non-Commercial Licensing.

Signatures

Full name of child/student _____ Date _____

School/preschool/setting _____

Parent/guardian's name(s) _____

Parent/guardian's signature(s) _____

Please note

Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

This form must be filed in a central location at the associated school, preschool or corporate office.



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to be completed by Training Providers

PARTICIPANT AGREEMENT FORM

Collection and Use of Personal Information

I First Name Middle Name Last Name
of Current Residential Address
Date of Birth: D D / M M / Y Y Y Y acknowledge and agree that:

- I wish to participate in an activity funded by the Department for Education through **Skills SA**;
- I accept that the Minister for Education, Training and Skills (**Minister**) will allocate to me a **Participant Number**, to be used to record my participation in, and the results of, activities funded by Skills SA;
- I accept that the assessment as to whether I am eligible to enrol in any specific activity funded by Skills SA will be undertaken by a training provider who has a Funded Activities Agreement (**FAA**) with the Minister. I accept that foundation skills training may be a condition of eligibility if identified as a requirement in the training provider's assessment;
- I consent to the Minister, its employees, agents and contractors collecting from the training provider my results in all courses which I have been enrolled and using this information for the purpose of determining whether I am eligible to enrol in an activity funded by Skills SA. I consent to the Minister, its employees, agents and contractors using this information for the performance measurement and reporting activities;
- I consent to the Minister, its employees, agents and contractors collecting and using any student identifier (as that term is defined in the **Student Identifiers Act 2014**) assigned to or relating to me and using that student identifier to obtain transcripts and other information relating to me and using this information to determine my eligibility for an activity funded by Skills SA and to record and track my progress through the activities funded.
- I accept and agree that the Minister, its employees, agents and contractors will be in receipt of my **Personal Information** and that they may be required to share my personal information with:
 - training providers who have a current FAA with the Minister;
 - other South Australian government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and / or compliance;
 - Commonwealth government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance; and
 - government agencies (including regulators) in other Australian states and territories responsible and / or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance.
- By providing my Personal Information as outlined above, I am consenting to the Minister, its employees, agents and contractors contacting me during or after I have ceased my training or education for the purposes of:
 - statistical reporting and analysis in respect to training outcomes and the program;
 - undertaking an evaluation of the training;
 - promoting the training (or any other program run by the Minister which relates to training);
 - assessing quality of training;
 - recording the information about my training;
- I agree to notify the Minister if the Personal Information outlined above changes;
- Where required by the Minister, I agree to access my student profile maintained by the Minister and its employees, agents and contractors and advise if any of the Personal Information contained in my student profile is incorrect.

Version 2.0 – 1 January 2024

PARTICIPANT DECLARATION

I, _____, hereby consent to the collection and use of my Personal Information in the manner outlined above.

Applicant signature Sign Here

Date D D / M M / Y Y Y Y

(if the student is under 18)

Guardian name _____

Guardian signature Sign Here

Date D D / M M / Y Y Y Y