



## LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify) _____
Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	
<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (if yes, please specify) _____	
Are you of Aboriginal or Torres Strait Islander origin?	Are you an Australian citizen or permanent resident?
<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	<input type="checkbox"/> Yes, Australian Citizen <input type="checkbox"/> Yes, New Zealand Citizen <input type="checkbox"/> Yes, Permanent resident <input type="checkbox"/> No, (please specify the visa number you hold) _____

## DISABILITY

Do you consider yourself to have a disability, impairment or long term condition? (If No, please go the next question)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:		
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Learning	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Other _____

## SCHOOLING

What is your highest COMPLETED school level? (Tick <b>ONE</b> box only)		
<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
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications listed below?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please tick below, then enter one of the Prior Education Achievement Recognition Identifiers for any applicable qualification level.	
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate III (or trade certificate)
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> Other Education (including certificates or overseas qualifications not listed above)

## 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 full-time work
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Self-employed – employing others	<input type="checkbox"/> Not employed – not seeking employment

## STUDY REASON

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

## PRIVACY NOTICE AND DECLARATION

### Privacy Notice

- Under the Data Provision Requirements 2012, St John Ambulance Australia 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), may be used or disclosed by St John Ambulance Australia for statistical, regulatory and research purposes. St John Ambulance Australia may disclose your personal information for these purposes:
  - Commonwealth and State or Territory government departments and authorised agencies; and
  - NCVER.
- Personal information disclosed to NCVER may be used or disclosed for the following purposes:
  - populating authenticated VET transcripts;
  - facilitating statistics and research relating to education, including surveys and data linkage;
  - pre-populating RTO student enrolment forms;
  - 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 a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National 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)). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

### Declaration:

- 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 have read and understood the requirements of the course as specified in the course information and the terms and conditions as set out in the participant handbook. (A copy of the Participant Handbook can be accessed from the website.)
- I give permission for St John Ambulance Australia to contact the relevant Training providers, to authenticate any academic transcript/s and Statement of Attainment/s submitted for recognition.
- I also give St John Ambulance Australia permission to find and view my USI details from the USI portal.

<b>Participant's Signature:</b>		<b>Date:</b>	
<i>If under the age of 16 years, this form must be signed by a parent/guardian/carer to complete this enrolment</i>			
<b>Parent/Guardian/Carer Full Name:</b>			
<b>Parent/Guardian/Carer Signature:</b>		<b>Date:</b>	