



ST JOHN AMBULANCE AUSTRALIA (TOID: 88041) ENROLMENT FORM

The following questions have been designed to ensure consistent interpretation of data collected from participants via enrolment forms. Information collected from participants is confidential and will not affect you as an individual in your studies.

Course name		Date	
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PARTICIPANT'S DETAILS

Title	First given name	Middle name	Family name																				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="10">DD/MM/YYYY</td></tr></table>											DD/MM/YYYY									
DD/MM/YYYY																							
Unique Student Identifier (USI) <i>Must be 10 digits</i>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Preferred contact method	<input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Letter	Volunteer number (if applicable)																					
I give permission for my Employer to receive a copy of my certificate (<i>Statement of attainment/Certificate</i>)								<input type="checkbox"/> YES	<input type="checkbox"/> NO														
If yes, please state the email address of your employer:																							

CONTACT DETAILS

Home phone		Work phone	
Mobile		Email address	
Alternative email address (optional)			

RESIDENTIAL ADDRESS

Building/property name		Flat/unit details		
Street or lot number		Street name		
Suburb, locality or town		State/territory		Postcode

POSTAL ADDRESS (if different from above)

Building/property name		Flat/unit details		
Street or lot number		Street name		
Suburb, locality or town		State/territory		Postcode

EMERGENCY CONTACT DETAILS

Name		Relationship	
Home phone		Mobile	

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?

Australia 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)

- No, English only
 Yes (if yes, please specify) _____

Are you of Aboriginal or Torres Strait Islander origin?

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander

Are you an Australian citizen or permanent resident?

- Yes, Australian Citizen
 Yes, New Zealand Citizen
 Yes, Permanent resident
 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)

Yes 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 **ONE** 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 enrolled in secondary or senior secondary education?

Yes No

PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications listed below?

Yes 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's 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

Protecting your privacy is important to St John and it is important that participants understand how the information they give St John is used. You can download St John's Privacy Policy or request a copy by emailing rto@stjohn.org.au

Why St John collects information from you

St John collects your personal and training information to:

- ensure compliance with relevant state, territory and Federal laws
- for reporting to government departments, agencies or statutory bodies who collect information under those laws
- to satisfy the requirements of government funding bodies
- for research, statistical, quality improvement and internal management purposes.

How we use your personal information

St John 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 St John using the contact details

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 St John Ambulance Australia 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

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.

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