

LEARNER QUESTIONNAIRE

Unique Student Identifier (USI) _____

If you do not have a USI already, you can create one at <http://www.usi.gov.au> If you are unable to create a USI yourself, please contact info@siit.nsw.edu.au for assistance with USI creation.

First name: _____ Surname: _____
Other name: _____ Birth date: _____
Gender: M / F / Other: _____ Contact No: _____ Email: _____
Address: _____ Suburb: _____ Postcode: _____

What qualification are you interested in enrolling with us? _____

1. Are you 18 years or older? No / Yes
2. Do you live in NSW? No / Yes
3. Is your household on the NSW Housing Register? No / Yes
4. Are you experiencing or have experienced any out of home care support? No / Yes
5. Are you still at school? No / Yes
6. LANGUAGE AND CULTURAL DIVERSITY — Please tick [] relevant boxes
 - 6a. Are you of Aboriginal or Torres Strait Islander origin? No / Yes, Aboriginal
 - 6b. In which country were you born? Australia / Others, (please specify) _____
 - 6c. Which language do you speak at home? _____
 - 6d. Are you an Australian Citizen? No / Yes
 - 6e. Are you a Permanent Australian Resident? No / Yes
 - 6f. Are you a New Zealand Citizen? No / Yes
 - 6g. Do you hold a Humanitarian visa? No / Yes
 - 6h. Do you hold any other visa? Is so, which visa _____
7. Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW. No / Yes
8. Have you undertaken any other Smart and Skilled qualifications this year? No / Yes

9. Please indicate your highest level of qualification after leaving school?

- None Certificate I Certificate II Certificate III Certificate IV
 Diploma Advanced Diploma Bachelors / Masters

10. Are you an Aboriginal and Torres Strait Islander? No / Yes

11. Are you applying for Recognition or Credit Transfer: No / Yes

12. **Disability** No / Yes

Do you consider yourself to have a disability, impairment or long term condition?

If YES please tick [] the relevant boxes:

- Hearing/deaf Physical Intellectual
 Learning Mental illness Vision
 Medical condition Acquired brain impairment Other (please specify)

13. Are you a dependent child or spouse of a person in receipt of a disability support pension? No Yes

14. **Govt Benefits**

Do you receive any Commonwealth Government benefits or allowances? Tick any you receive.

- Age Pension Austudy Carer Payment Exceptional Circumstances Relief Payment
 Family Tax Benefit Part A – Maximum Rate Parenting Payment (Single) Sickness Allowance
 Veterans' Affairs Pension Job Seeker Payment

15. **Employment Status**

- Full-time employee Part-time employee Employed- unpaid worker in family business
 Self-employed – not employing others Self-employed – employing others Not-employed – not seeking employment
 Unemployed – Seeking full-time work Unemployed – Seeking part-time work Apprenticeship / Traineeship

If unemployed, how many weeks have you been unemployed continuously?

_____ weeks

16. Are you a client of an Employment Service Provider (ESP)? or a Job Active (JA) No Yes

17. Do you have any individual needs that we should be aware of, so we can plan your training?

18. **Employment Status** SECONDARY EDUCATION — Please tick [] highest level achieved

- Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent
 Year 9 or equivalent Year 8 or equivalent Never Attended School

In which YEAR did you complete this school level? _____

Are you still attending secondary school? No Yes

19. **Reason For Study** — Which BEST describes your main reason for undertaking this course? Please tick [] only one

- To get a job To develop my existing business To start my own business
 To try for a different career To get a better job or promotion It was a requirement of my job
 I wanted extra skills for my job To get into another course of study For personal interest or self-development

20. Declaration:

I acknowledge that the information provided is true and correct. I do understand that any misleading information or changes in the above information at the time of the enrolment, will affect my eligibility and fee estimate for all SIIT qualifications approved under the NSW Smart & Skilled program.

Signature: _____ Date: _____

ELIGIBILITY CRITERIA

Please indicate if any of the following apply to you

- | | |
|--|---|
| <input type="checkbox"/> Asylum Seeker – Temporary Humanitarian Concern Visa or Temporary Humanitarian Stay | <input type="checkbox"/> Partners of Refugee or Asylum Seeker |
| <input type="checkbox"/> Asylum Seeker – Bridging Visa | <input type="checkbox"/> Protection Visa or Temporary Protection Visa |
| <input type="checkbox"/> Humanitarian Visa | <input type="checkbox"/> Other Circumstances |
| <input type="checkbox"/> Safe Haven Enterprise Visa | <input type="checkbox"/> Home Schooled Student |
| <input type="checkbox"/> Out-of-home care | <input type="checkbox"/> People expected to become unemployed |
| <input type="checkbox"/> Commonwealth Benefit Recipient | |
| <input type="checkbox"/> People Currently Employed (Undertaking Aged Care, Childcare, Disability Care, Digital Skills, or TAE Qualification) | |
| <input type="checkbox"/> Unemployed (Not a Commonwealth Benefit Recipient) | |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Veteran's Recognised Partner |
| <input type="checkbox"/> Youth (16-24) | |

DECLARATION

- I understand that there is a cooling-off period of fourteen (14) calendar days during which this application of enrolment can be withdrawn by all parties involved (RTO / Learner / Employer / Relevant Government Departments) with full refund of any fees paid up in advance, on the condition that I return all course materials, resources and other RTO property to SIIT in its original condition;
- I have read and understood the information set out in this application form, and by signing this application I agree to the terms and conditions relating to SIIT course fees, course requirements, policies and procedures on privacy, complaints, appeals, work health and safety, acceptable behaviour and the other conditions set out in the Learner Handbook which is available for viewing our website: www.siid.nsw.edu.au
- I understand that, in compliance with relevant Australian State/Territory law, SIIT is required to provide statistical information about its Learners and, in some cases, personal information to relevant Government Departments for administration and research purposes;

I declare that the information I have provided is true and correct, to the best of my knowledge. I have read, understood, and I accept the responsibilities and obligations for this arrangement.

Learner Signature: _____ Date: _____

NOTE: For Learners under the age of 18, a parent or legal guardian must print their name and sign this form below

Full name of parent or legal guardian

LEARNER CONSENT FORM

CONSENT FOR SIIT TO USE AND DISCLOSE PERSONAL INFORMATION TO THE NSW DEPARTMENT OF EDUCATION AND OTHER GOVERNMENT AGENCIES

I

(First, middle, and last name)

Of

(Current residential address)

Date of birth

Check all boxes if agreed.

Understand and agree that, under the Data Provision Requirements 2012, **SIIT** is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, unique student identifier, date of birth, contact details, training outcomes and performance or sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **personal Information**) and disclose that personal information to the **National Centre for Vocational Education Research Ltd (NCVER)**.

My personal information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by SIIT for statistical, regulatory and research purposes. SIIT may disclose my personal information for these purposes to third parties including:

School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;

Employer – if I am enrolled in training paid by my employer;

Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Industry (**Department**); NCVER;

Organizations conducting student surveys; and Researchers

Personal Information disclosed to NCVET may be used or disclosed for the following purposes:

Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;

Facilitating statistics and research relating to education, including surveys; Understanding how the VET market operates, for policy, workforce planning and consumer information; and Administering VET, including

I acknowledge that I may receive an NCVET student survey which may be administered by an NCVET employee, agent or third party contractor. I may opt out of survey at the time of being contacted.

NCVET will collect, hold, use and disclose my personal information in accordance with the **Privacy Act 1988** (Cth), the VET Data Policy and all NCVET policies and protocols (including those published on NCVET's website at www.ncvet.edu.au).

The Department may disclose my personal information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my personal information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My personal information may also be disclosed to other third-parties if required by law.

I have been made aware that this training is subsidised by the NSW Government.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with SIIT for the purposes of evaluating and assessing my subsidised training.

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 the manner outlined above.

I also give consent to SIIT to record my photograph, videos, audio recordings related to my training and assessment. I understand these recordings are part of evidence gathering purposes to assess the competencies gained during my course study. Additionally, I understand SIIT may provide these recordings to the Department and/or other agencies for auditing and recording keeping purposes as part of the NSW Smart and Skilled Program contractual obligations.

I have been given or been advised where I can locate the Student Handbook and relevant policies and procedures via SIIT website at www.siit.nsw.edu.au prior to my enrolment.

I have been given specific information regarding my course, how it is structured, schedules, and assessed for competency in all units.

I have read and understood my rights and responsibilities (as per the Student Handbook and SIIT Policies and Procedures) and agree to abide by these.

- I have been issued with relevant information regarding fees, charges, and information regarding Smart and Skilled and agree to the terms and conditions.
- I consent to the use and disclosure of my personal information to government agencies as required to facilitate my application.
- I acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidized training with SIIT for the purpose of evaluating and assessing my subsidised training.

PRINT FULL NAME:

Signature: _____

Date: _____

Note: if under 18 years of age at the time of given consent, then the consent of the guardian is required

PRINT FULL NAME OF GUARDIAN:

Signature of Guardian: _____

Date: _____

Please submit the completed form to application@siit.nsw.edu.au with supporting documents, Including;

- Passport
- Qualification certification & Transcript