

student enrolment form

VERSION: 1.3

Information contained in this document is utilized in accordance with Intraining Systems Privacy Policy

PERSONAL INFORMATION

Please print clearly, ✓ boxes where necessary
Pens ONLY, NO pencils

All fields are required, please make sure you answer all questions.

Your Title: Mr Mrs Miss Ms Other Today's Date: / /20

Your Given Name:

Your Middle Name:

Your Family name (surname):

Your employer: Your Date of Birth: Day / Month / Year

CONTACT DETAILS

Phone: Phone mobile number Phone home number

Email address:

YOUR POSTAL ADDRESS

YOUR STREET ADDRESS

Building name / Property name:

Unit Details:

Street number / street name:

PO Box:

City / Suburb:

State: Postcode: State: Postcode:

Country: *Australia* Country: *Australia*

AVETMISS REQUIRED DETAILS (The Australian Vocational Education and Training Management Information Statistical Standard)

Gender: Male Female Other

Country of Birth:

City of Birth:

Aust. Citizenship Status:

Are you an International Visitor holding a 'STUDENT VISA' Yes **(IF 'YES', YOU ARE NOT ELIGIBLE TO ENROL IN THIS COURSE)**

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AVETMISS (Continued)

Please print clearly, ✓ boxes where necessary
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All fields are required,
please make sure you
answer all questions.

Are you of Aboriginal or Torres Strait Islander Origin?

No

Aboriginal

Torres Strait Islander

Employment Status, of the following categories, which BEST describes your current employment status?

(Tick (✓) ONE box only)

Full-time employee

Employed – unpaid worker in a family business

Part-time employee

Unemployed – seeking full time work

Self-employed – not employing others

Unemployed – seeking part time work

Self-employed – employing others

Unemployed – not seeking employment

What language do you speak at home?

English only

OR Other
(What language?)

Proficiency in Spoken English:

Very well

Well

Not well

Not at all

Do you need English assistance?

Yes

No

Are you attending other schools?

Yes

No

If yes, school name

Level of Education

What is the highest

Year 12 or equivalent

Year 9 or equivalent

COMPLETED school level:

Year 11 or equivalent

Year 8 or below

(Tick (✓) ONE box only)

Year 10 or equivalent

Never attended school

Year Completed School

Disabilities:

Tick (✓) box:

Yes

No

Not Specified

If YES, tick (✓) boxes where necessary:

Hearing/Deaf

Acquired Brain Impairment

Physical

Vision

Intellectual

Medical Condition

Learning

Other

Mental Illness

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AVETMISS (Continued)

Please print clearly, ✓ boxes where necessary
Pens/Biros ONLY, NO pencils

All fields are required, please make
sure you answer all questions.

Have you **SUCCESSFULLY** completed any of
the qualifications listed below?

Yes

No (If no, go to next question)

If YES, tick (✓) any applicable boxes.

<input type="checkbox"/>	Bachelor degree or higher degree	<p>Tick (✓) applicable box</p> <input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian equivalent <input type="checkbox"/> International	<input type="checkbox"/>	Certificate III (or trade certificate)	<p>Tick (✓) applicable box</p> <input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian equivalent <input type="checkbox"/> International
<input type="checkbox"/>	Advanced diploma or associate degree	<p>Tick (✓) applicable box</p> <input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian equivalent <input type="checkbox"/> International	<input type="checkbox"/>	Certificate II	<p>Tick (✓) applicable box</p> <input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian equivalent <input type="checkbox"/> International
<input type="checkbox"/>	Diploma (Or associate diploma)	<p>Tick (✓) applicable box</p> <input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian equivalent <input type="checkbox"/> International	<input type="checkbox"/>	Certificate I	<p>Tick (✓) applicable box</p> <input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian equivalent <input type="checkbox"/> International
<input type="checkbox"/>	Certificate IV (or advanced certificate/technician)	<p>Tick (✓) applicable box</p> <input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian equivalent <input type="checkbox"/> International	<input type="checkbox"/>	Other education	<p>Tick (✓) applicable box</p> <input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian equivalent <input type="checkbox"/> International

Of the following categories, select the one which **BEST** describes the main reason you are undertaking this course.

(Tick (✓) ONE box only)



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

UNIQUE STUDENT IDENTIFIER (USI): PLEASE PRINT YOUR USE CLEARLY, it must contain 10 numbers and letters, no i or 1, o or 0.

Each participant enrolling in a course will need a Unique Student Identifier (USI) number to obtain their certificate or qualification when studying nationally recognised training in Australia. A USI gives you access to your online USI account which will help keep all your training records together. Certificates and Statements of Attainment cannot be issued without this number

You **MUST** supply your
10 digit USI.

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Don't have your USI? You can apply online now - it only takes 2 minutes! Go to this website www.usi.gov.au. Then click the 'CREATE YOUR USI' tab. When you get your USI, make sure you put it in the box to the left.

EVIDENCE OF IDENTITY:

<p>Evidence of identity is NOT required when you supply your USI.</p>	Driver's Licence:	<input type="text"/>	→ → → Which State?	<input type="text"/>	
	Medicare Card Number:	<input type="text"/>	Medicare Card Ref Number:	<input type="text"/>	
	Medicare Card Card Colour:	<input type="text"/>	Medicare Card Expiry Date:	<input type="text"/>	
	Passport (Australian):	<input type="text"/>	Birth Certificate (Australian):	<input type="text"/>	Certificate of Registration by Descent:
Visa (with non-Australian Passport):	<input type="text"/>	Citizenship Certificate:	<input type="text"/>	Immicard:	<input type="text"/>

EMERGENCY CONTACT DETAILS:

Contact name:	<input type="text"/>	Relationship:	<input type="text"/>
Contact phone:	<input type="text"/>		

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COURSES (Please ✓ boxes of units to be undertaken)(Need help, ask your trainer)

Chainsaw Operator Training (Cross cutting)

FWPCOT2254 Maintain chainsaws

FWPCOT2256 Trim and cut felled trees

Chainsaw Operator Training (Basic tree felling)

FWPCOT2253 Fell trees manually (basic)

Chainsaw Operator Training (Intermediate tree felling)

FWPFGM3212 Fell trees manually (intermediate)

Chainsaw Operator Training (Advanced tree felling)

FWPFGM3213 Fell trees manually (advanced)

Pole saw Operator Training

FWPCOT3301 Trim trees using a pole saw

AHCPGD203 Prune shrubs and small trees

Brush cutter Operator Training

FWPCOT2266 Operate brush cutter

Mobile Chipper Training

FWPHAR2208 Operate a mobile chipper/mulcher

ACDC (Weed spraying) Training

AHCCHM307 Prepare and apply chemicals to control pest, weeds and diseases

AHCCHM304 Transport and store chemicals

AHCPGM301 Control weeds

AHC Units

AHCMOM213 Operate and maintain chainsaws

AHCMOM202 Operate tractors

Tractor Operator Training

AHCMOM202 Operate tractors

OTHER COURSES

Quick-cut operator workshop (NOTE: this course is non-accredited)

Concrete bar saw operator workshop (Diamond saw)(NOTE: this course is non-accredited)

Firearms Safety Training

11029NAT Course in Firearms and Weapons Safety (Approved for Firearms Licensing in Queensland) - Categories undertaken

NAT11029001 Demonstrate knowledge of weapons legislation, weapons and community safety

NAT11029002 Use Category A and B firearms lawfully, safely, and responsibly

NAT11029003 Use Category C firearms lawfully, safely, and responsibly

NAT11029004 Use Category D firearms lawfully, safely, and responsibly

NAT11029005 Use Category H firearms lawfully, safely, and responsibly

NAT11029006 Use Category M (crossbows) lawfully, safely, and responsibly

NAT11029007 Use Category M (Miscellaneous Weapons) lawfully, safely, and responsibly

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COURSES (Please ✓ boxes of units to be undertaken)(Need help, ask your trainer)

Fire Management Training

Crew Member

PUAFIR210 Prevent injury	<input type="checkbox"/>
PUAFIR204 Respond to wildfire	<input type="checkbox"/>
PUATEA001 Work in team	<input type="checkbox"/>
PUAOPE013 Operate communications systems and equipment	<input type="checkbox"/>
PUAEQU001 Prepare, maintain and test response equipment	<input type="checkbox"/>
FWPCOR2210 Follow workplace health and safety policies and procedures in forest and wood products operations	<input type="checkbox"/>

Crew Leader

PUAFIR303 Suppress wildfire	<input type="checkbox"/>
PUAOPE012 Control a level 1 incident	<input type="checkbox"/>
PUAOPE014 Navigate to an incident	<input type="checkbox"/>
PUAOPE015 Conduct briefings/debriefings	<input type="checkbox"/>
PUACOM001 Communicate in the workplace	<input type="checkbox"/>
PUALAW001 Protect and preserve incident scene	<input type="checkbox"/>
PUATEA002 Work autonomously	<input type="checkbox"/>

Sector Commander

PUATEA002: Work autonomously	<input type="checkbox"/>
PUAOPE016: Manage a multi-team sector	<input type="checkbox"/>

Planned Burn Supervisor

PUAFIR406: Develop simple prescribed burn plans	<input type="checkbox"/>
PUAFIR515: Develop complex prescribed burn plans	<input type="checkbox"/>
PUAFIR402: Conduct simple prescribed burns	<input type="checkbox"/>
PUAFIR506: Conduct complex prescribed burns	<input type="checkbox"/>

Aerial Incendiary Operator

PUAFIR017: Work safely around aircraft	<input type="checkbox"/>
PUAFIR008: Operate aerial ignition equipment in an aircraft	<input type="checkbox"/>

4WD and Remote Area Operations

FWPFGM3214: Operate a four wheel drive in a towing situation	<input type="checkbox"/>
FWPCOT3259: Operate a four wheel drive on unsealed roads	<input type="checkbox"/>
FWPCOT3260: Recover four wheel drive vehicles	<input type="checkbox"/>
AHCWRK312: Operate in isolated and remote situations	<input type="checkbox"/>
PUAOPE014: Navigate to an incident	<input type="checkbox"/>

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STUDENT DECLARATION: (Student must sign this)

Student declaration:

- I declare that the information I have provided to the best of my knowledge is true and correct.
- I understand that my RTO (Intraining Systems) is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:
 - 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.
 - Government departments and authorised agencies.
 - NCVER.
 - Organisations conducting student surveys.
 - Researchers.
- I agree to abide by the Client Information Handbook and acknowledge that I have read the refund policy.
- I give consent to Intraining Systems providing information, including copies of course outcomes to employers or sponsors who have paid for the course on my behalf.
- I give consent to Intraining Systems to use my comments on 'student feedback' forms and any photos taken on this course in promoting this training program.
- In signing below, I acknowledge that I have been informed of the terms and conditions of my enrolment and my rights, roles and responsibilities in relation to the course. I acknowledge that I have read and/or received a copy of the Client Information Handbook including Intraining Systems Refund Policy and information on the delivery and assessment of the course.
- I give permission to Intraining Systems to access www.usi.gov.au for the purpose of verifying my Unique Student Identifier (USI).
- I am not an International Visitor holding a 'Student Visa'.

READ THIS 

Note:

I acknowledge I have read and understood the declaration above.

Please ✓ this box to acknowledge

Student Signature:

Note: If under 18 years of age, this form must also be signed by parent/guardian.

**Parent/Guardian
Print Name:**

**Parent/Guardian
Signature:**

Teachers Signature:

Date:

/ /20

Privacy Disclaimer: The above information is collected for Intraining Systems records only and may be used to provide you with details about this and related courses in the future. Only authorised Intraining Systems personnel have access to the above information. Your personal information will be kept strictly confidential as per the requirements of the Privacy Act 1988 and will not be released to anyone other than you or your sponsoring organisation, without your express permission. Please note, that it is a condition of enrolment that you give Intraining Systems permission to provide your information to funding bodies, employers who have paid for the course, state and/or federal government for auditing purposes, and other parties approved by you in writing.

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INDUCTION CHECKLIST

When induction information has been presented/discussed, the Client will tick (✓) the relevant box to indicate induction information is understood. The person conducting the induction is then required to sign off on induction information that they have delivered by indicating it is understood by the Client. This completed document to be placed on the client file.

Section 1 – Information Received

- Client has received or provided access to the 'Client Handbook'

Client has received, read and understood information regarding the course:

- Introduction to training program and course content
- Assessment - Expectations and processes
- Role of the Trainer / Assessor
- Assessment outcomes and certification
- Recognition arrangements
- Language, Literacy & Numeracy
- Education and learning support services
- Flexible learning options
- Completion timeframes

Client has received, read and understood information regarding the learning environment:

- Competency-Based Training & Assessment
- Unique Student Identifier (USI)
- Student behavior, including disciplinary procedures, cheating and plagiarism
- Access & Equity / Equal opportunity / Bullying / Harassment
- Health and Safety – Duty of Care

Client has received, read and understood information regarding the RTO Policies:

- Appeals and complaints
- Fees & Charges
- Refunds
- Record Keeping

Section 2 – Acknowledgement

- I have been inducted into the processes of Intraining Systems and understand my requirements regarding adherence to all policies and procedures.
- I confirm that Intraining Systems has provided the information set out above.
- I confirm I am not an International Visitor holding a 'Student Visa'.

Client, **Print Name:**

Client **Signature:**

Inducted by, **Print Name:**

Signature:

Date:

/

/20