

# Student Enrolment Form



Please print clearly as the information on this form will be used to complete your certification.

Personal Details											
Surname/Family name/Last Name: (as on driver's licence)											
First / Given Name: (as on driver's licence)											
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>										
Unique Student Identifier (USI) <i>Please print in CAPITALS.</i>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Mobile Contact Number:											
Email address: Your Certificate will be emailed to this address please print CLEARLY.											
Street Address:											
Street Number / Street:											
Town/Suburb:	State:										
	Postcode:										
Contact Person In Case Of Emergency:											
Relationship to Students:	Best Contact Number:										
First Name:	Last/Family Name:										
Which Course are you enrolling in											
<input type="checkbox"/> Basic Worksite Traffic Management (BWTM)	<input type="checkbox"/> Worksite traffic Management (WTM)										
<input type="checkbox"/> Traffic Control (TC)	<input type="checkbox"/> Advanced Worksite traffic Management (AWTM)										
<input type="checkbox"/> Basic Worksite Traffic Management & Traffic Control (BWTM & TC)	<input type="checkbox"/> Provide First Aid										
<input type="checkbox"/> Refresher (please tick the course which you are refreshing)	<input type="checkbox"/> Other:										
Driver's Licence Details: - Student's must hold a current licence or produce evidence of previously having held a valid driver's licence. I understand and acknowledge that failure to produce evidence of the above will render the student ineligible for MRWA accreditation											
State issuing Licence:	Licence Number:										
White Card / Construction Card:											
Card Number:	Who was the card issued by:										
Date Issued:											

# Student Enrolment Form



## By signing this enrolment form I acknowledge and understand the following:

- I understand that my statement of attainment/s or my MRWA card will not be issued until the following have been provided to WARP Training:
  - Payment in full
  - Driver's Licence presented for the trainer/assessor to sight
  - White card / construction card (needs to be copied).
- No refund is given if student fails to provide this evidence.
- I understand and acknowledge that by participation in this course, it **DOES NOT GUARANTEE** employment, nor is any offer of employment made, implied or inferred.
- That I give Warp Training Australia the permission to use my comments and any feedback on the student feedback form for marketing and advertising purposes. I acknowledge that if I do not give permission for this to happen I will notify WARP Training Australia in writing no more than 7 days' post training, unless prohibited by law; for example under 18 years of age without parent permission.

## **Privacy Notice & Student Declaration**

### **Privacy Notice**

Under the Data Provision Requirements 2012, Warp training Australia (WTA) 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 and your training activity data) may be used or disclosed by WTA for statistical, regulatory and research purposes. WTA may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or 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 programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 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)).

### **Student Declaration and Consent**

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.

Student's Name:	
Student's Signature *:	Date:

\*Parental/guardian consent is required for all students under the age of 18.

Please complete the questions on the following pages.

# Student Enrolment Form

## In which country were you born?

- Australia
- Other - please specify \_\_\_\_\_

## Do you speak a language other than English at home?

- No English only.
- Yes, other - please specify \_\_\_\_\_

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

- Yes
- No

## Are you of Aboriginal or Torres Strait Islander origin?

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

## 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
- Mental illness
- Acquired brain impairment
- Vision
- Medical Condition
- Other

## What was your high COMPLETED school level (one box only)

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or equivalent
- Never attended school

## Are you still enrolled in secondary or senior secondary education?

- Yes
- No

## Have you SUCESSFULLY completed any of the following qualifications?

- Yes
- No

*Select all that apply:*

- Bachelor degree or higher degree
- Advanced diploma or associate degree
- Diploma (or associate diploma)
- Certificate IV (or advanced certificate/technician)
- Certificate III (or trade certificate)
- Certificate II
- Certificate I
- Other education (including certificates or overseas qualifications not listed above)

## Of the following categories, which BEST describes your current employment status?

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

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

- |   |  |
|---|--|
| 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"/>              | For personal interest or self-development <input type="checkbox"/> |
| To get a better job or promotion <input type="checkbox"/>           | Other reasons <input type="checkbox"/>                             |
| To get skills for community/voluntary work <input type="checkbox"/> |  |

# Student Enrolment Form



**All learners MUST complete and sign Section One.**

**Only those learners who have not provided WTA with a USI need to complete Section TWO**

## Section One:

### Unique Student Identifier (USI)

If you would like Warp Training Australia to apply for a USI on your behalf, locate your USI through the USI system, you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

Authorise Warp Training Australia to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

Name:

Sign:

## Section Two:

Town/City of birth:

Please provide details for one of the forms of identity below (numbered 1 to 8).

**Australian Drivers licence number**

State of issue:

**Medicare Card number:**

Individual Reference Number (infront of name on card)

Colour:

Green  Yellow  Blue

Expiry Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_dd/mm/yyyy

**Australian Passport Number**

**Non- Australian Passport**

Passport number

Country of issue

In accordance with section 11 of the Student Identifiers Act 2014, WTA will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.