



**North Ringwood Community House Inc.**  
 35-39 Tortice Drive, Ringwood North 3134  
 PO Box 2489, Ringwood North 3134  
 Telephone: **9876 3421**  
 Website: [www.nrch.org.au](http://www.nrch.org.au)  
 Email: [admin@nrch.org.au](mailto:admin@nrch.org.au)  
 ABN: 78 052 679 939  
 Registered Training Organisation: No: 6434

## PRE-ACCREDITED COURSE APPLICATION

Course applying for: \_\_\_\_\_ Code: \_\_\_\_\_

Enrolment date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Course Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Details	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified
Date of Birth:	dd / mm / yy
First Name (Legal Given Name):	
Middle Name (Legal Middle Name):	
Surname (Legal Family Name):	
Residential Address. Please provide the physical address (street number and name not post office box) where you usually reside:	
Post Code:	
Postal Address (if different from above):	
Post Code:	
Home Phone :	( )
Work Phone :	( )
Mobile Phone :	( )
Email Address:	
Alternate Email Address:	
Emergency Contact Details:	
Name:	
Relationship:	
Home Phone :	( )
Mobile :	( )

<b>Language and cultural diversity</b>	
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: <hr/>
Do you speak a language other than English at home?	<input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, other, please specify: <hr/>
Are you Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both "yes" boxes).	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
<b>Disability, Impairment or Long Term Condition</b>	
Do you consider yourself to have a disability, impairment or long term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please indicate the area of disability, impairment or long term condition:  <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Medical condition <input type="checkbox"/> Mental illness <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Other, please specify
<b>Victorian Student Number (VSN)</b>	
To be completed by all students aged up to 24 years.	
<p><i>Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.</i></p> <p><i>Students must report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.</i></p> <p><i>Students who are enrolling for the first time since the VSN was introduced will get a new VSN.</i></p>	
Please provide your VSN Number: <i>(no more questions if you have provided your VSN Number)</i>	<hr/>
Have you attended any Victorian school since 2009 or done any training with vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011	<input type="checkbox"/> No, I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011 <input type="checkbox"/> Yes, I have attended a Victorian school since 2009. Most recent Victorian School attended <hr/> <input type="checkbox"/> Yes, I have participated in training at a TAFE or other training organisation since the beginning of 2011

	<p>List the most recent training organisation with which you have participated in training in Victoria since 2011 (List up to 3 organisation).</p> <p>_____</p> <p>_____</p> <p>_____</p>
<b>EMPLOYMENT</b>	
<p>Of the following categories, which BEST describes your current employment status (please tick one response only)?</p>	<p><input type="checkbox"/> Full time worker</p> <p><input type="checkbox"/> Part time worker</p> <p><input type="checkbox"/> Self-employed, not employing others</p> <p><input type="checkbox"/> Self-employed, employing others</p> <p><input type="checkbox"/> Employed – Unpaid worker in family business</p> <p><input type="checkbox"/> Unemployed, seeking part time work</p> <p><input type="checkbox"/> Unemployed, seeking full time work</p> <p><input type="checkbox"/> Not employed, not seeking employment</p>
<p>Which of the following classifications BEST describes the Industry of your current or previous Employer (please tick one response only)?</p>	<p><input type="checkbox"/> Accommodation and Food Services</p> <p><input type="checkbox"/> Administrative and Support Services</p> <p><input type="checkbox"/> Agriculture, Forestry and Fishing</p> <p><input type="checkbox"/> Arts and Recreation Services</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Education and Training</p> <p><input type="checkbox"/> Electricity, Gas, Water and Waste Services</p> <p><input type="checkbox"/> Financial and Insurance Services</p> <p><input type="checkbox"/> Health Care and Social Assistance</p> <p><input type="checkbox"/> Information Media and Telecommunications</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Mining</p> <p><input type="checkbox"/> Professional, Scientific and Technical Services</p> <p><input type="checkbox"/> Public Administration and Safety</p> <p><input type="checkbox"/> Rental, Hiring and Real Estate Services</p> <p><input type="checkbox"/> Retail Trade</p> <p><input type="checkbox"/> Transport, Postal and Warehousing</p> <p><input type="checkbox"/> Wholesale Trade</p> <p><input type="checkbox"/> Other Services</p>
<p>Which of the following classifications BEST describes your current or recent occupation (please tick one response only)?</p>	<p><input type="checkbox"/> Clerical and Administration Workers</p> <p><input type="checkbox"/> Community and Personal Service Workers</p> <p><input type="checkbox"/> Labourers</p> <p><input type="checkbox"/> Machinery Operators and Drivers</p> <p><input type="checkbox"/> Managers</p> <p><input type="checkbox"/> Professionals</p> <p><input type="checkbox"/> Sales Workers</p> <p><input type="checkbox"/> Technicians and Trade Workers</p> <p><input type="checkbox"/> Other</p>
<b>CONCESSION</b>	
<p>Do you have a concession card? (A photocopy of your concession card must be provided)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

	<p>If Yes: - Expiry date _____ and please tick which concession card, you have</p> <p><input type="checkbox"/> Health Care Card (H)</p> <p><input type="checkbox"/> Pensioner Concession Card (P)</p> <p><input type="checkbox"/> Veteran Gold Concession (V)</p> <p><input type="checkbox"/> VCE Scholarship (G)</p> <p><input type="checkbox"/> Other (O)</p> <p><input type="checkbox"/> None (Z)</p> <p><input type="checkbox"/> Job seeker and concession card holder (J)</p> <p><input type="checkbox"/> Job seeker and not a concession card holder (K)</p>
<b>SCHOOL/TRAINING DETAILS</b>	
<p>(Please only indicate schooling and qualifications completed in Australia)</p> <p>What is your highest COMPLETED school level (please tick one response only)?</p>	<p><input type="checkbox"/> Completed Year 12</p> <p><input type="checkbox"/> Completed Year 11</p> <p><input type="checkbox"/> Completed Year 10</p> <p><input type="checkbox"/> Completed Year 9 (or equivalent)</p> <p><input type="checkbox"/> Completed Year 8 (or lower)</p> <p><input type="checkbox"/> Never attended</p>
<p>Are you still attending school?</p> <p>If No, please indicate year you left high school:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>_____</p>
<p>Have you SUCCESSFULLY completed any of the following qualifications?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Bachelor Degree or Higher Degree</p> <p><input type="checkbox"/> Advanced Diploma or Associate Degree</p> <p><input type="checkbox"/> Diploma (or Associate Diploma)</p> <p><input type="checkbox"/> Certificate IV (or Advanced cert./technician)</p> <p><input type="checkbox"/> Certificate III (or Trade certificate)</p> <p><input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> Certificate 1</p> <p><input type="checkbox"/> Certificate other than the above</p> <p>Field of Study _____</p>
<p>Did you complete any of these qualifications overseas?</p> <p>If yes, please tick which Prior Education Achievement Recognition Identifier?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Australian Equivalent</p> <p><input type="checkbox"/> International</p> <p>Field of Study _____</p>
<b>ELIGIBILITY FOR GOVERNMENT FUNDED PLACES</b>	
<p>To be eligible for a Government funded place you must be able to provide proof of your Australian Citizenship/Residential status. Copies of evidence must be supplied.</p> <p><b>Are you an Australian citizen?</b></p>	<p><input type="checkbox"/> Yes</p>

<p>(Australian Birth Certificate, Australian Passport, Current New Zealand passport, Naturalisation Certificate, Medicare/Health care card).</p> <p><b>Are you an Australian Permanent Resident (Holder of permanent visa)?</b></p> <p><b>Do you hold a special category Visa (sub-class 444, New Zealand citizen)?</b></p> <p><b>Do you hold a Temporary Protection visa?</b></p> <p><b>Are you an Asylum seeker?</b></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>STUDY REASON</b>	
<p>Of the following categories, which BEST describes your main reason for undertaking this program?</p>	<p><input type="checkbox"/> To get a job</p> <p><input type="checkbox"/> To develop my existing business</p> <p><input type="checkbox"/> To start my own business</p> <p><input type="checkbox"/> To try for a different career</p> <p><input type="checkbox"/> To get a better job or promotion</p> <p><input type="checkbox"/> It was a requirement of my job</p> <p><input type="checkbox"/> I wanted extra skills for my job</p> <p><input type="checkbox"/> To get into another program of study</p> <p><input type="checkbox"/> For personal interest or self-development</p> <p><input type="checkbox"/> To get skills for community/voluntary work</p> <p><input type="checkbox"/> Other reasons (<i>please specify</i>)</p> <hr/>
<p>How did you hear about this course?</p>	<p><input type="checkbox"/> NRCH Website</p> <p><input type="checkbox"/> Internet search (<i>please advise which website</i>)</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Social Media</p> <p><input type="checkbox"/> Brochure</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Other (<i>please advise</i>)</p> <hr/>

**Victorian Government VET Student Enrolment Privacy Notice:**

Collection of your data

North Ringwood Community House Inc. is required to provide the Department with student and training activity data. This includes personal information collected in the North Ringwood Community House enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

North Ringwood Community House Inc. provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at [DET](#) website.

#### Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate. The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

#### Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER) <https://www.ncver.edu.au/privacy>

#### Legal and Regulatory

The Department's collection and handling of enrolment data and VSN's is authorised under the *Education and Training Reforms ACT 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and *Student Identifiers Regulation 2014* (Cth).

#### Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note that you may opt out of the NCVER survey at the time of being contacted.

#### Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy

#### Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached. For further information, please contact the North Ringwood Community House CEO in the first instance by phone 9876 3421 or email [admin@nrch.org.au](mailto:admin@nrch.org.au)

#### Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to: [Victorian State Government Education and Training](#) website. For further information about Unique Student Identifiers, including access, correction and complaints, go to [Australian Government USI](#) website.

### **SIGNATURE AND DECLARATION**

#### **Terms and Conditions:**

1. Full payment is required to confirm enrolment.
2. If the class is cancelled we will refund you in full.
3. If you cancel your enrolment at least 7 days prior to course commencement we will refund you less \$15 administration fee. No Refund if you cancel less than 7 days prior to course commencement.
4. A copy of the Complaints Policy and Privacy Policy is available at the office and on the NRCHI website.
5. Students of ACFE funded courses may be contacted by ACFE in relation to their satisfaction with their course.

**Signature and declaration (please tick):**

- I understand that North Ringwood Community House Inc. is required to provide the Victorian Government, through the Department of Education and Training, (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and the *Health Records Act 2001 (Vic)*
- I give consent for photographs/recordings to be taken as part of my involvement with programs of the North Ringwood Community House Inc. I acknowledge these images may be used on the North Ringwood Community House Inc. website or for any other promotional material.
- I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.
- I hereby declare that the information provided in this application for enrolment form is complete and accurate
- In case of emergency I authorise staff at the North Ringwood Community House Inc. to take any steps they may consider necessary for my safety or well-being, including ambulance travel and medical treatment. I understand that I am responsible for all medical bills and expenses.

Student Application Signature: (or parent/guardian if under 18 years of age) _____ Date: __/__/__
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Office use only:	
Funded Student:	Fee for Service Student:
Concession Funded Student:	Concession Fee for Service Student: