

# Foundation Skills Enrolment, Declaration and Consent Form

(When completed, please keep this form on file at your organisation. You are not required to send this form to DIS)

This section is for office use only:

Foundation Skills Provider: \_\_\_\_\_

Contract ID: \_\_\_\_\_

ID Sighted: \_\_\_\_\_

CCSA Staff Initials: \_\_\_\_\_



## COURSE DETAILS

Course name: \_\_\_\_\_

Location: \_\_\_\_\_

Start date: \_\_\_\_\_

Day and time: \_\_\_\_\_

## PROGRAM ENTRY REQUIREMENTS

- A. Are you 17 years of age or above? ☐ Yes ☐ No
- B. Are you currently enrolled in school or the FLO program (flexible learning options)? ☐ Yes ☐ No
- C. Are you actively looking for work? ☐ Yes ☐ No
- D. Does your visa allow you to live and work in SA? ☐ Yes ☐ No ☐ Not Applicable

## PERSONAL DETAILS

1. **Full name\***  
Family name (surname) \_\_\_\_\_  
Given names \_\_\_\_\_  
\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names
2. **Birth date** Day/month/year      /      /
3. **Gender** (Tick ONE box only) ☐ Male ☐ Female ☐ Other
4. **Contact details**  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email address \_\_\_\_\_  
Alternative email address (optional) \_\_\_\_\_
5. **What is the address of your usual residence?**  
Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.  
Building/property name: \_\_\_\_\_ Flat/unit details: \_\_\_\_\_  
Street or Lot number (e.g. 205 or Lot 118): \_\_\_\_\_ Street name: \_\_\_\_\_  
Suburb, locality or town: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_
6. **What is your postal address (if different from above) ?** ☐ As above  
Building/property name: \_\_\_\_\_ Flat/unit details: \_\_\_\_\_  
Street or Lot number (e.g. 205 or Lot 118): \_\_\_\_\_ Street name: \_\_\_\_\_  
Postal delivery information (e.g. PO Box 254) \_\_\_\_\_  
Suburb, locality or town: \_\_\_\_\_ State/Territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

## LANGUAGE AND CULTURAL DIVERSITY

7. In which country were you born? ☐ Australia ☐ Other Please specify .....
8. Do you speak a language other than English at home? ☐ No, English only ☐ Yes, Other. If more than one language specify the one that is spoken most often.....
9. Are you of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

## DISABILITY

10. Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes ☐ No **No – Go to question 12**
11. If you answered yes, please select the area(s) in the following list.  
(You may indicate more than one)
- ☐ Hearing ☐ Physical ☐ Intellectual ☐ Mental Illness ☐ Vision  
☐ Medical condition ☐ Acquired brain impairment ☐ Other .....

## SCHOOLING

12. What is your highest COMPLETED school level?  
If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

(Tick ONE box only)

- |   |                          |
|---|--------------------------|
| Year 12 or equivalent   | <input type="checkbox"/> |
| Year 11 or equivalent   | <input type="checkbox"/> |
| Year 10 or equivalent   | <input type="checkbox"/> |
| Year 9 or equivalent  | <input type="checkbox"/> |
| Year 8 or below   | <input type="checkbox"/> |
| Never attended school   | <input type="checkbox"/> |
| <b>Never completed any primary or secondary level education – go to question 14</b> |                          |

13. Are you still enrolled in secondary or senior secondary education? ☐ Yes ☐ No

## PREVIOUS QUALIFICATIONS ACHIEVED

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15? ☐ Yes ☐ No **No – Go to question 16**
15. If YES, tick ANY applicable boxes.
- |  |                          |
|--|--------------------------|
| Bachelor degree or higher degree   | <input type="checkbox"/> |
| Advanced diploma or associate degree   | <input type="checkbox"/> |
| Diploma (or associate diploma)   | <input type="checkbox"/> |
| Certificate IV (or advanced certificate/technician)                                  | <input type="checkbox"/> |
| Certificate III (or trade certificate)   | <input type="checkbox"/> |
| Certificate II   | <input type="checkbox"/> |
| Certificate I  | <input type="checkbox"/> |
| Other education (including certificates or overseas qualifications not listed above) | <input type="checkbox"/> |

**EMPLOYMENT**

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**16. Of the following categories, which BEST describes your current employment status?**

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

**(Tick ONE box only)**

Full-time employee	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>
Self employed – employing others	<input type="checkbox"/>
Employed – unpaid worker in a family business	<input type="checkbox"/>
Unemployed – seeking full-time work	<input type="checkbox"/>
Unemployed – seeking part-time work	<input type="checkbox"/>
Not employed – not seeking employment	<input type="checkbox"/>

**STUDY REASON**

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**17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course / traineeship / apprenticeship.****(Tick ONE box only)**

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

## PRIVACY STATEMENT

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### Privacy Notice

Under the *Data Provision Requirements 2012*, Registered Training Organisations are 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 your registered training organisation for statistical, regulatory and research purposes. Your registered training organisation 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.

### STUDENT DECLARATION AND CONSENT

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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)).

It is a condition of the funding that your enrolment information and the results of your training (your information) are given to the South Australian Minister for Industry and Skills. The Minister may:

- use your information to contact you during your training, if you stop the training and/or when you finish your training for assessing the quality of your training, promoting the training and use of the Government funding;
- give your information to the Australian Skills Quality Authority (the regulator of accredited training in Australia); and
- gather and merge your information (in a way that will not identify you specifically) with information about other participants so that the Minister can assess and evaluate the quality of the training and the training outcomes

For further information, please contact the Skills and Employment Infoline on 1800 506 266.

By signing this Enrolment and Consent Form you consent to the use of your information as described above.

### 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 within this application.

**STUDENT SIGNATURE** [or electronic acknowledgement]: ..... Date: .....

**PARENT/GUARDIAN SIGNATURE** [or electronic acknowledgment]\* ..... Date: .....

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