

Learner RPL/application/Enrolment Form

Please complete the following details. We are obliged to ask for these details where funding is provided by ACFE or Skills Victoria or the training is accredited. **This information is used for statistics** and could be forwarded to the before mentioned bodies. Thank you for your cooperation.

Have you already completed an enrolment form this year? Yes No

If YES, you have completed a form this year - have your details changed ? Yes No

Course Name: _____

Surname: _____ **Given Name:** _____

Date of Birth: / / **Male:** **Female:**

Address: _____

City: _____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

Email Address: _____

Emergency Contact: _____

Name: _____ **Relationship:** _____

Telephone: _____ **Mobile:** _____

Do you have a Concession Card? YES NO **Card No:** _____

Type of Card: Commonwealth Health Care Card Pensioner Concession Card Veterans Gold Card

BEST Staff member sighting Concession Card to complete:

Sighted by: _____ **Signature:** _____

Country of Birth: Australia Other: Please specify _____

Language spoken at home: English Other: Please specify _____

How well do you speak English: Very Well Well Not Well Not at all

Would you describe yourself as an Aboriginal or Torres Strait Islander? Yes No

If YES: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Do you have a disability, impairment or long term illness? Yes No

If YES: Deaf/Hearing Visual Acquired Brain Impairment Physical

Mental Illness Intellectual Medical Condition other

If Other, please specify _____

What is your highest Secondary School Level Completed?

Year 12 Year 11 Year 10 Year 9 Year 8 or lower

Are you still attending a Secondary School (years7 - 12)? Yes No

If no, what was the year in which you completed Secondary School? _____

Since leaving have you completed a Qualification at TAFE or University? Yes No

If YES: Bachelor Degree or Higher Adv. Diploma / Ass. Degree Diploma Certificate IV

Certificate III Certificate II Certificate I Other Certificate

If Other, please specify _____

Which best describes your current employment status? Full-time Part-time

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- Employer Self Employed- Not employing others
 Unemployed (seeking part-time employment) Employed - Unpaid Family Worker
 Unemployed (seeking full-time employment) Not employed (not seeking work)

Are you connected with a Government Employment Service, if so which one?

- Job Services Australia Disability Employment Network BEST Futures

If Other, please specify _____

Name of provider _____

Name of Case Manager _____

The RPL process is voluntary and you can choose not to undertake this assessment. Do you choose to withdraw from the RPL assessment process?

- Yes No

Evidence of previous study, employment or work experience relevant to your application for RPL

Please provide a copies of (tick the boxes to indicate evidence provided):

- Résumé Certificates Statements of Attainment
 Non accredited training Position Descriptions' previous and current

If Other, please specify _____

Which best describes the main reason for undertaking this course/traineeship?

- To get a job It was a requirement of my job Personal interest
 Self development I wanted extra skills for my job To get into another course

If Other, please specify _____

Victorian Student Number

Does the student have a Victorian Student Number?

- Yes – please specify _____
 Yes – but the VSN is unknown.
 No – the student has never been issued a VSN

Are there further qualification you would like to undertake in the future?

- Yes No

If so, please specify which
 Qualification or area of study _____

Future Training Information

Would you like to receive promotional emails regarding future training courses and **YES** **NO**

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learning opportunities from BEST Community Development?

If so please list the email address you would like this information sent to: _____

Declaration

In completing this enrolment form I hereby certify and declare the following:

- I have read and understand the information given to me through the enrolment process
- The details contained in my enrolment form are true and correct
- Any documents provided to BEST Community Development through the enrolment process are genuine and relate to my enrolment

Students Signature: _____ **Date:** _____ / _____ / _____

Privacy Statement

I understand that:

BEST Community Development is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires BEST Community Development to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact BEST Community Development's Privacy Officer Jennifer McPherson-Berry on phone 5329 1505

Students Signature: _____ **Date:** _____ / _____ / _____

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