 Smart and Skilled NSW & General Enrolment Form

***Before completing this form, please ensure that you have read and understood the Student Handbook and the policies and procedures on our website at:*** [***www.bcci.edu.au***](http://www.bcci.edu.au/) ***If you need any assistance completing this form, please contact us on: (02) 9793 8155 or*** ***info@bcci.edu.au***

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| **USI** | [**www.usi.gov.au**](http://www.usi.gov.au) **Register if you do not have one.** | **GENDER:** | *Please Tick* [] FEMALE  MALE  OTHER |
| **FIRST NAME** |  | **MIDDLE NAME** |  |
| **FAMILY NAME** |  | **DATE OF BIRTH** |  |
| **RESIDENTIAL ADDRESS** |  |
| **SUBURB** |  | **STATE** |  | **POST CODE** |  |
| **POSTAL ADDRESS** |  *Please tick* [ ] - *if your postal address is the same as above, or provide your postal address below* |
| **ADDRESS** |  |
| **SUBURB** |  | **STATE** |  | **POST CODE** |  |
| **EMAIL (1)** |  | **EMAIL (2)** |  |
| **TELEPHONE** |  | **MOBILE** |  |
| **EMERGENCY CONTACT DETAILS / GUARDIAN OR PARENT** |
| **FULL NAME** |  | **RELATIONSHIP** |  |
| **TELEPHONE / MOBILE** |  | **EMAIL** |  |
| In the event of an emergency do you give BCC Institute permission to organize emergency transport and treatment (for example, ambulance if necessary) and agree to pay all costs associated with your emergency treatment/transport? | *Please tick* []  NO  YES |
| **COURSE / QUALIFICATION OF INTEREST** |
| **CODE and TITLE** |  ICT20120 Certificate II in Applied Digital Technology FSK20119 Certificate II in Skills for Work and Vocational Pathways CHC30121 Certificate III in Early Childhood Education and Care CHC50121 Diploma of Early Childhood Education and Care BSB40920 Certificate IV in Project Management Practice BSB50420 Diploma of Leadership and Management BSB60420 Advanced Diploma of Leadership and Management FNS40222 Certificate IV Accounting and Bookkeeping FNS50222 Diploma of Accounting CHC33021 Certificate III in Individual Support CHC43121 Certificate IV in Disability Support CHC32015 Certificate III in Community Services CHC52021 Diploma of Community Services Entry Level Real Estate CPP41419 Certificate IV in Real Estate Practice CPP51122 Diploma of Property (Agency Management) |
| **LOCATION** |  | **START DATE** |  |
| **How did you hear about this course?** | * Previous Learner  Friend / Relative  Internet  Newspaper
* Referral  Facebook  Other (*please specify)*
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| **Recognition of Prior Learning (RPL) / Direct Credit Transfer (CT)** *- if applicable* |
| Do you wish to apply for RPL / CT for any of the units of competency offered by BCC Institute?*Please Tick* []  NO  YES – *If YES, you will be contacted by a trainer/assessor, who will provide further information* |
| **Preferred Training Days** |
| *Please Tick* []  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday |

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| **REASON FOR STUDY** *— Which BEST describes your main reason for undertaking this course? Please tick* [] *only one*   |
| * To get a job
* To develop my existing business
* To start my own business
* To try for a different career
* To get a better job or promotion
 | * It was a requirement of my job
* I wanted extra skills for my job
* To get into another course of study
* For personal interest or self-development
* Other reasons
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| **EMPLOYMENT STATUS** *— Which BEST describes your current employment status? Please tick* [] *only one* |
| * Full-time employee
* Part-time employee
* Self-employed – not employing others
* Employed – unpaid worker in a family business
 | * Self-employed – employing others
* Unemployed – Seeking full-time work
* Unemployed – Seeking part-time work
* Not employed – Not seeking employment
 |  Apprenticeship / Traineeship– *(if applicable please provide employer name and contact details below)* |
| If Employed: Job Title Trainer and Assessor Business Name Address \_ Contact person Phone  |
| **LANGUAGE AND CULTURAL DIVERSITY** *— Please tick* [ ] *relevant boxes* |
| Are you of Aboriginal or Torres Strait Islander origin?* No
* Yes, Aboriginal / Torres Strait Islander
 | In which country were you born?* Australia
* Other *(please specify)*

 Which language do you speak at home?...............................................................................Are you an Australian Citizen? . NO  YESAre you a Permanent Australian Resident? .. NO  YESAre you a New Zealand Citizen? …………………………………………………...…….  NO  YES |
| **DISABILITY** |
| Do you consider yourself to have a disability, impairment or long-term condition?  NO  YES *— If YES please tick* [] *the relevant boxes* |
| * Hearing/deaf
* Physical
* Intellectual
* Learning
* Mental illness
 | * Acquired brain impairment.
* Vision
* Medical condition
* Other *(please specify)*
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 **Funding Eligibility Criteria Applies**

**NSW Government subsidy may be available for eligible participants.  Please call (02) 9793 8155 or email info@bcci.edu.au to assess your eligibility for subsidised fee.  Please do not enrol online, you will need to contact our office.**

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| BCCI Logo_v1_blue_bg-white **Note:** *Complete and return to BCC INSTITUTE or email to* *Info@bcci.edu.au*LEARNER QUESTIONNAIRE1. Are you 18 years or older? ☐No ☐ Yes
2. Do you live in NSW? ☐No ☐ Yes
3. Are you living in NSW social housing; or are you or your household on the NSW Housing Register? ☐No ☐ Yes
4. Are you experiencing or have experienced any out of home care support? ☐ No ☐Yes
5. Are you still at school? ☐No ☐ Yes
6. Please indicate your residency status

 ☐ An Australian citizen ☐ Australian permanent resident ☐Humanitarian visa holder ☐ NZ citizen1. Have you undertaken any other Smart and Skilled qualifications this year? ☐No ☐ Yes
2. Please indicate your highest level of qualification after leaving school.
	* None ☐ Certificate I ☐ Certificate II ☐Certificate III ☐ Certificate IV
	* Diploma ☐ Advanced Diploma ☐ Bachelors / Masters
3. Are you applying for Recognition or Credit Transfer: ☐No ☐ Yes If yes, please speak to our staff
4. Are you an Aboriginal and Torres Strait Islander? ☐No ☐ Yes
5. Are you a recipient or dependent of disability support pension? ☐No ☐ Yes
6. Do you receive any government benefits or allowance? e.g: Newstart/Youth Allowance/Carer/Disability ☐ No ☐ Yes If

 yes, which benefit or allowance: 1. Are you experiencing or have experienced any domestic & family violence? ☐ No ☐ Yes (If yes, you may be eligible for a fee exemption)
2. Are you unemployed? ☐No ☐ Yes

 If yes, how many weeks have you been unemployed continuously? Weeks1. Are you a client of an Employment Service Provider (ESP)?' or a Job Active (JA) ☐No ☐ Yes If yes, ESP Client ID: ESP Name & Contact number
2. Training Location: Training Postcode
3. Do you have any individual needs that we should be aware of, so we can plan your training?
 |
| **Student Identification** |
| You are required to provide photo identification evidence of your identity. Your trainer/coordinator/job service provider will explain what sort of evidence is acceptable, and we will note below that we have sighted this evidence. |
| **BCCI Enrolment Officer**: *I have sighted evidence of this student’s identity and verified that their signature (below) is identical to the evidence* |
| BCCI Enrolment Officer Name:  | Signature:  |
| **Evidence: Australian Citizenship (current passport, birth certificate, Australian Citizenship Certificate)** |
| Driver’s Licence – please list licence number and card number: | School Student Card –Please record number | Identity card – please record number/details |
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|  | Medicare card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: please explain and record numbers/details: |  |
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LEARNER CONSENT FORM

**CONSENT FOR BCCI TO USE AND DISCLOSE PERSONAL INFORMATION TO THE NSW DEPARMENT OF EDUCATION AND OTHER GOVERNMENT AGENCIES**

Check  all boxes if agreed.

* + The Department may disclose my personal information to other Australian government agencies, including those located in States and Territories outside New South Wales.
	+ The above government agencies may use my personal information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My personal information may also be disclosed to other third parties if required by law.
	+ I have been made aware that this training is subsidised by the NSW Government.
	+ I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with **BCC Institute | RTO 90357** for the purposes of evaluating and assessing my subsidised training.
	+ 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 the manner outlined above.
	+ I also give consent to BCC Institute to record my photograph, videos, audio recordings related to my training and assessment. I understand these recordings are part of evidence gathering purposes to assess the competencies gained during my course study. Additionally, I understand BCC Institute may provide these recordings to the Department and/or other agencies for auditing and recording keeping purposes as part of the NSW Smart and Skilled Program contractual obligations.
	+ I have been given or been advised where I can locate the Student Handbook and relevant policies and procedures via BCCI website at [www.bcci.edu.au,](http://www.bcci.edu.au/) prior to my enrolment.
	+ I have been given specific information regarding my course, how it is structured, scheduled and assessed for competency in all units.
	+ I have read and understood my rights and responsibilities (as per the Student Handbook and BCCI Policies and Procedures) and agree to abide by these.
	+ I have been issued with relevant information regarding fees, charges, and information regarding Smart and Skilled and agree to the terms and conditions
	+ I consent to the use and disclosure of my personal information to government agencies as required to facilitate my application.
	+ I acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidized training with BCC Institute for the purpose of evaluating and assessing my subsidised training.

**Signature:**  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: if under 18 years of age at the time of given consent, then the consent of the guardian is required

**PRINT FULL NAME OF GUARDIAN:**

**Signature of Guardian: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ID DOCUMENT SIGHTED Please** *Tick* [ ]

**COMMENTS /**

**OFFICE USE ONLY**

*Dated Sighted:*

*Name: Signature:*

*Please Indicate:*