

Smart and Skilled NSW 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 If you need any assistance completing this form, please contact us on: (02) 9793 8155 or info@bcci.edu.au

USI			GENDER:	Please Tick [✓] <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	
FIRST NAME			MIDDLE NAME		
FAMILY NAME			DATE OF BIRTH		
RESIDENTIAL ADDRESS					
	SUBURB		STATE		POST CODE
POSTAL ADDRESS	<input type="checkbox"/> 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 [✓] <input type="checkbox"/> NO <input type="checkbox"/> YES		
COURSE / QUALIFICATION OF INTEREST					
CODE and TITLE					
LOCATION				START DATE	
How did you hear about this course?	<input type="checkbox"/> Previous Learner <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Facebook <input type="checkbox"/> Other (please specify)				
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 [] ✓ <input type="checkbox"/> NO <input type="checkbox"/> YES – If YES, you will be contacted by a trainer/assessor, who will provide further information					
Preferred Training Days					
Please Tick [] ✓ <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM					
The following information is required so BCC Institute can report statistics (no names) to the State and Federal Governments					
SECONDARY EDUCATION — Please tick [✓] highest level achieved					
<input type="checkbox"/> 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		In which YEAR did you complete this school level? _____ Are you still attending secondary school? <input type="checkbox"/> NO <input type="checkbox"/> YES

REASON FOR STUDY — Which BEST describes your main reason for undertaking this course? Please tick [✓] only one

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> 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 |

TERTIARY EDUCATION — Have you SUCCESSFULLY completed any of the following qualifications? If YES, please tick [✓] all applicable boxes

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or associate diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Other education (including certificates or overseas qualification not listed above) |
| | <input type="checkbox"/> None |

EMPLOYMENT STATUS — Which BEST describes your current employment status? Please tick [✓] only one

- | | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Self-employed – employing others | <input type="checkbox"/> Apprenticeship / Traineeship
– (if applicable please provide employer name and contact details below) |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – Seeking full-time work | |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – Seeking part-time work | |
| <input type="checkbox"/> Employed – unpaid worker in a familybusiness | <input type="checkbox"/> Not employed – Not seeking employment | |

If Employed:

Job Title _____ Business Name _____

Address _____

Contact person _____ Phone _____

LANGUAGE AND CULTURAL DIVERSITY — Please tick [✓] relevant boxes

- | | |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Are you of Aboriginal or Torres Strait Islander origin? | In which country were you born? |
| <input type="checkbox"/> No | <input type="checkbox"/> Australia |
| <input type="checkbox"/> Yes, Aboriginal | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Yes, Torres Strait Islander | <input type="checkbox"/> Which language do you speak at home?..... |
| | Are you an Australian Citizen? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | Are you a Permanent Australian Resident? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | Are you a New Zealand Citizen? <input type="checkbox"/> NO <input type="checkbox"/> YES |

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? NO YES — If YES please tick [✓] the relevant boxes

- | | |
|-----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Mental illness | |

Eligibility Criteria

- Asylum Seeker - Temporary Humanitarian Concern visa or Temporary Humanitarian Stay visa - Up to Certificate IV
- Asylum Seeker - Bridging visa - Up to Certificate IV
- Partners of Refugee or Asylum Seeker - Up to Certificate IV
- Humanitarian visa - Up to Certificate IV
- Protection Visa or Temporary Protection Visa - Up to Certificate IV
- Safe Haven Enterprise Visa - Up to Certificate IV
- Other Circumstances
- Out-of-home care
- Home Schooled Student
- Commonwealth Benefit Recipient
- People Currently Employed (Undertaking Aged Care, Childcare, Disability care, Digital skills or TAE Qualification)
- People expected to become unemployed
- Unemployed(Not a Commonwealth Benefit Recipient)
- Veteran
- Veteran's Recognised Partner
- Youth (16-24)

DECLARATION

- I understand that there is a cooling-off period of fourteen (14) calendar days during which this application of enrolment can be withdrawn by all parties involved (RTO / Learner / Employer / Relevant Government Departments) with full refund of any fees paid up in advance, on the condition that I return all course materials, resources and other RTO property to BCC Institute in its original condition;
- I have read and understood the information set out in this application form, and by signing this application I agree to the terms and conditions relating to BCC Institute course fees, course requirements, policies and procedures on privacy, complaints, appeals, work health and safety, acceptable behaviour and the other conditions set out in the Learner Handbook which is available for viewing our website <http://bcc.edu.au>
- I understand that, in compliance with relevant Australian State/Territory law, BCC Institute is required to provide statistical information about its Learners and, in some cases, personal information to relevant Government Departments for administration and research purposes;
- I declare that the information I have provided is true and correct, to the best of my knowledge. I have read, understood, and I accept the responsibilities and obligations for this arrangement.

Learner Signature

Date

NOTE: For Learners under the age of 18, a parent or legal guardian must print their name and sign this form below

Full name of parent or legal guardian

Signature of parent or legal guardian

Date

LEARNER QUESTIONNAIRE



Note: Complete and return to BCC INSTITUTE or email to Info@bccci.edu.au

First name: _____ Surname: _____

Other name: _____ Birth date: _____

Gender: **M/ F/ Other** Contact no: _____ Email: _____

Address: _____ Suburb: _____ Postcode: _____

What qualification are you interested in enrolling with us? _____

Do you have a USI? No Yes If yes, please provide it here

1. 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 citizen
7. Have you undertaken any other Smart and Skilled qualifications this year? No Yes
8. Please indicate your highest level of qualification after leaving school?
 None Certificate I Certificate II Certificate III Certificate IV
 Diploma Advanced Diploma Bachelors / Masters
9. Are you applying for Recognition or Credit Transfer: No Yes If yes, please speak to our staff
10. Are you an Aboriginal and Torres Strait Islander? No Yes
11. Are you a recipient or dependent of disability support pension? No Yes
12. Do you receive any government benefits or allowance? e.g: Newstart/Youth Allowance/Carer/Disability No Yes
If yes, which benefit or allowance: _____
13. Are you experiencing or have experienced any domestic & family violence? No Yes
(If yes, you may be eligible for a fee exemption)
14. Are you unemployed? No Yes
If yes, how many weeks have you been unemployed continuously? _____ Weeks
15. 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 _____
16. Training Location : _____ Training Postcode _____
17. Do you have any individual needs that we should be aware of, so we can plan your training?

Declaration:

I acknowledge that the information provided is true and correct. I do understand that any misleading information or changes in the above information at the time of the enrolment, will affect my eligibility and fee estimate for all BCC Institute qualifications approved under the NSW Smart & Skilled program.

Signature: _____

Date: _____

LEARNER CONSENT FORM



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

I _____
(First, middle and last name)

Of _____
(Current residential address)

Date of birth _____

Check all boxes if agreed.

- Understand and agree that, under the Data Provision Requirements 2012, **BCC Institute (RTO code 90357)** is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, unique student identifier, date of birth, contact details, training outcomes and performance or sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **personal information**) and disclose that personal information to the **National Centre for Vocational Education Research Ltd (NCVER)**.
- My personal information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by BCC Institute for statistical, regulatory and research purposes. BCC Institute may disclose my personal information for these purposes to third parties including:
- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
 - Employer – if I am enrolled in training paid by my employer;
 - Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Industry (**Department**);
 - NCVER;
 - Organisations conducting student surveys; and
 - Researchers.
- Personal Information disclosed to NCVER may be used or disclosed for the following purposes:
- Issuing a VET Statement of Attainment or VET 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
- I acknowledge that I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of survey at the time of being contacted.
- NCVER will collect, hold, use and disclose my 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).

- 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, 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 subsidised training with BCC Institute for the purpose of evaluating and assessing my subsidised training.

PRINT FULL NAME: _____

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:** _____

Student Identification		
<p>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.</p>		
<p>BCCI Enrolment Officer : <i>I have sighted evidence of this student's identity and verified that their signature (below) is identical to the evidence</i></p>		
<p>BCCI Enrolment Officer Name: _____</p>		<p>Signature: _____</p>
<p>Evidence:</p> <p><input type="checkbox"/> Australian Citizenship (current passport, birth certificate, Australian Citizenship Certificate)</p>		
<p><input type="checkbox"/> Driver's Licence – please list licence number and card number:</p>	<p><input type="checkbox"/> School Student Card – Please record number</p>	<p><input type="checkbox"/> Identity card – please record number/details</p>
<p><input type="checkbox"/> Medicare card _____</p> <p><input type="checkbox"/> Other: please explain and record numbers/details:</p>		
<p> </p>		

Privacy Notice

Consent for collection, use or disclosure of personal information

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- ❖ is collected by the Registrar as authorised by the ***Student Identifiers Act 2014***.
- ❖ is collected by the Registrar for the purposes of:
 - applying for, verifying and giving a USI;
 - resolving problems with a USI; and
 - creating authenticated vocational education and training (VET) transcripts;
- ❖ may be disclosed to:
 - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - the purposes of administering and auditing VET, VET providers and VET programs;
 - education related policy and research purposes; and
 - to assist in determining eligibility for training subsidies;
 - VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - researchers for education and training related research purposes;
 - any other person or agency that may be authorised or required by law to access the information;
 - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- ❖ will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the **Registrar's Privacy Policy** or by contacting the Registrar on **usi@education.gov.au** or telephone **1300 857 536**, international enquiries +61 2 6240 8740. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the **Privacy Act 1988**, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

A Unique Student Identifier (USI) means that any qualification or nationally recognised units of competency you successfully complete will be recorded in a national database, so you have an accessible record of your accredited training available at any time. To enrol in any of our nationally recognised and accredited qualifications or training you must have a valid USI. We are not able to enrol you or issue any qualification or Statement of Attainment until we have received and verified your USI.

- If you do not have a USI already, it is very easy to create at the following website:
<https://www.usi.gov.au/students/get-a-usi>
- If you are unable to create a USI yourself, please contact info@bcc.edu.au so we can assist you

USI NUMBER				
FIRST NAME		MIDDLE NAME		
FAMILY NAME		DATE OF BIRTH		
RESIDENTIAL ADDRESS				
		STATE		POST CODE
POSTAL ADDRESS	<input type="checkbox"/> Please tick [✓] - if your postal address is the same as above, or provide your postal address below			
ADDRESS				
		STATE		POST CODE
EMAIL				
TELEPHONE		MOBILE		

DECLARATION

- If you would like us to create a USI on your behalf, please tick the box and sign here to authorise us to do so.
- I have read, I understand, and I accept the responsibilities and obligations for this arrangement;
- If I do not have a USI, I acknowledge and authorise BCC Institute to create my Unique Student Identifier (USI) number under the Student Identifiers Act 2014 and Privacy Act 1988 as mentioned in the privacy notice above; and;
- I declare that the information I have provided is true and correct, to the best of my knowledge.

Learner / Trainee Signature

Date

NOTE: for learners under the age of 18, a parent or legal guardian must print their name and sign this form below

Full name of parent or legal guardian

Signature of parent or legal guardian

Date

OFFICE USE ONLY	
COMMENTS / ----- ----- ----- ----- ----- -----	ID DOCUMENT SIGHTED Please Tick [✓] <input type="checkbox"/> YES <input type="checkbox"/> NO
	DOCUMENT TYPE Please Indicate: <input type="text"/>
	Dated Sighted: _____ Name: _____ Signature: _____

End Of Document