

Domestic Application Form



Personal Details			
First name:		Mr / Mrs / Miss / Ms / Dr	Date of birth:
Family name:		Middle name/s:	
Home phone:		Mobile:	
Email:			
Unique Student Identifier (USI):			
Please visit https://www.usi.gov.au for information about how to get your USI if you do not have one.			
Today's date:			
Home Address			
Flat/unit details:		Building name:	
Street number:		Street name:	
Suburb/city or town:			
State/territory:		Postcode:	
Country:			
Are you in social housing or is your household on the NSW Housing Register?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Postal Address (if different from above)			
P.O. Box or address			
Suburb/city or town:			
State/territory:		Postcode:	
Next of Kin / Emergency Contact			
Name:		Relationship with you:	
Address:			Postcode:
Mobile:		Email:	
Enrolment Details – Select your course and campus			
Qualification/Course NB. Check the website for entry requirements			
COURSE / QUALIFICATION OF INTEREST			
<input type="checkbox"/> ICT20120 Certificate II in Applied Digital Technology <input type="checkbox"/> FSK20119 Certificate II in Skills for Work and Vocational Pathways <input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50125 Diploma of Early Childhood Education and Care <input type="checkbox"/> BSB40920 Certificate IV in Project Management Practice <input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management <input type="checkbox"/> FNS40222 Certificate IV Accounting and Bookkeeping <input type="checkbox"/> FNS50222 Diploma of Accounting <input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> CHC43121 Certificate IV in Disability Support <input type="checkbox"/> CHC32015 Certificate III in Community Services <input type="checkbox"/> CHC52025 Diploma of Community Services <input type="checkbox"/> Entry Level Real Estate <input type="checkbox"/> CPP41419 Certificate IV in Real Estate Practice <input type="checkbox"/> CPP51122 Diploma of Property (Agency Management) <input type="checkbox"/> HLTAID009 Provide Cardiopulmonary Resuscitation (CPR) <input type="checkbox"/> HLTAID011 Provide First Aid (including CPR)			
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<input type="checkbox"/> HLTAID012 Provide an Emergency First Aid Response in an Education and Care Setting <input type="checkbox"/> Other short course (please specify) _____

General Information

1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. Have you studied with BCCI before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Country of birth?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
4. Please indicate your residency status	<input type="checkbox"/> An Australian citizen <input type="checkbox"/> Australian permanent resident <input type="checkbox"/> Humanitarian visa holder <input type="checkbox"/> NZ citizen
5. Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	<input type="checkbox"/> No, English only - Go to question 7 <input type="checkbox"/> Yes, other, please specify: _____
6. How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
7. Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a letter of Proof or Confirmation of Aboriginal and/or Torres Strait Heritage.
8. Do you receive any government benefits or allowance? e.g: Job seeker / Austudy / Carer / Disability / Family Tax Part A Other:	<input type="checkbox"/> Yes, please specify & provide supporting evidence _____ <input type="checkbox"/> No
9. Are you a recipient or dependent on a disability support pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide supporting evidence:
10. Do you consider yourself to have a disability, impairment or long-term condition? If yes , please indicate the area of disability, impairment or long-term conditions (tick as many that apply).	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 11 <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition <input type="checkbox"/> Other: _____
11. What is your highest completed school level (tick one box only).	<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 – Go to question 14
12. In which year did you complete that school level?	
13. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Qualifications

14. Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes – Indicate below <input type="checkbox"/> No – Go to question 16												
If YES, then tick any applicable boxes below (you may indicate more than one).													
<input type="checkbox"/> Bachelor's 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 Cert/Technician)	<input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than these												
Please list any qualifications you have completed and the year of completion. *Indicate if they are from overseas (OS) or Australian (AUS)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">1.</td> <td style="width: 20%; padding: 5px;">Year:</td> <td style="width: 20%; padding: 5px;">*</td> </tr> <tr> <td style="padding: 5px;">2.</td> <td style="padding: 5px;">Year:</td> <td style="padding: 5px;">*</td> </tr> <tr> <td style="padding: 5px;">3.</td> <td style="padding: 5px;">Year:</td> <td style="padding: 5px;">*</td> </tr> <tr> <td style="padding: 5px;">4.</td> <td style="padding: 5px;">Year:</td> <td style="padding: 5px;">*</td> </tr> </table>	1.	Year:	*	2.	Year:	*	3.	Year:	*	4.	Year:	*
1.	Year:	*											
2.	Year:	*											
3.	Year:	*											
4.	Year:	*											
15. Do you wish to apply for Course Credit Transfer? If yes , certified copies of transcripts from previous qualifications or USI transcript must be provided with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
16. Do you wish to apply for Recognition of Prior Learning? If you indicate yes, you will be contacted to discuss this further.	<input type="checkbox"/> Yes <input type="checkbox"/> No												
17. Have you undertaken any other Smart and Skilled qualifications this calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No												

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Employment	
Of the following categories, which best describes your current employment status? (tick one box only).	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<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"/> Employer	<input type="checkbox"/> Not employed – not seeking employment
Employment Service Provider Organisation/ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Service Provider Name & Client ID	Name: _____ #
<input type="checkbox"/> Long term unemployed. If so how many weeks?	Evidence required from Centre link, please attach
Study Purpose	
Of the following categories, which best describes your main reason for undertaking this course?	
<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 want 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 to get into 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
How did you hear about BCCI	
<input type="checkbox"/> Friend or relative <input type="checkbox"/> Education event <input type="checkbox"/> Expo <input type="checkbox"/> Promotional Flyer <input type="checkbox"/> School hub <input type="checkbox"/> Workplace _____	
<input type="checkbox"/> Network provider	Network provider name: _____
<input type="checkbox"/> Internet search	Internet search engine name: _____
<input type="checkbox"/> Social media	Social media platform: <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> TikTok <input type="checkbox"/> Other _____
<input type="checkbox"/> Digital/online advertisement	Please specify: _____
Identification and payment (If applicable)	
Provide a certified copy of the following documents with your application (you will need to bring in the originals to your orientation day for verification):	
<input type="checkbox"/> 100 points of I.D. (passport, drivers license, etc.) <input type="checkbox"/> Transcripts of any previous qualifications <input type="checkbox"/> Any other relevant documents	<input type="checkbox"/> Proof of Tuition Fee payment (if applicable) Name of Bank: Commonwealth Bank of Australia BSB: 062 111 Account Number: 00909654 Account Name: Bankstown Community College Incorporated Description: Student Name or invoice number

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Privacy Notice

Under the *Data Provision Requirements 2012*, Bankstown Community College Institute is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Bankstown Community College Institute for statistical, administrative, regulatory and research purposes. The college may disclose your personal information for these purposes to third parties, including:

- * Commonwealth and State or Territory government departments and authorised agencies; and
- * NCVER;
- Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:
 - * populating authenticated VET transcripts.
 - * facilitating statistics and research relating to education, including surveys and data linkage.
 - * pre-populating RTO student enrolment forms.
 - * understanding how the VET market operates, for policy, workforce planning and consumer information; and
 - * administering VET, including program administration, regulation, monitoring, and evaluation.

You may receive an NCVER student survey which may be administered by a government department or NCVER employee, agent or third-party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988*, the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

CONSENT TO USE AND DISCLOSURE

I understand and agree that 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) (together **Personal Information**) collected by **Bankstown Community College Institute** may be disclosed to the Department of Industry (**Department**).

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 consent to the collection, use and disclosure of my Personal Information in the manner outlined above. 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 Bankstown Community College Institute for the purposes of evaluating and assessing my training.

I have read and understood the terms and conditions of enrolment (on the BCCI website) and wish to enrol at Bankstown Community College Institute in the course nominated on this form.

Declaration			
In signing this Application Form, I agree the information I have provided is true, correct and complete.			
Student (or guardian if applicable) signature:		Date:	
Printed name:			

Office Use Only	
Student ID No:	
Processed date:	
Enrolment officer signature:	

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