

Personal Details						
Surname:				Title: Mr/Mrs/Miss/Ms/Dr	Date of birth:	
First name:				Middle name/s:		
Home phone:			Mobile:			
Email:						
Today's date:						

Home Address				
Flat/unit details:	Building:			
Street number:	Street nam	ie:		
Suburb/city or town:				
State/territory:			Postcode:	
Country:				

Postal Address (if different from above)			
P.O. Box			
Suburb, locality or town:			
State/territory:		Postcode:	

Qualification/Course NB. Check the website for entry requirements and pricing
ICT20120 Certificate II in Applied Digital Technologies
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
CPP41419 - Certificate IV in Real Estate Practice
CPP51122 - Diploma of Property (Agency Management)
BSB40920 Certificate IV in Project Management Practice
BSB50420 Diploma of Leadership and Management
BSB60420 Advanced Diploma of Leadership and Management
FNS40222 Certificate IV in Accounting and Bookkeeping
FNS50222 Diploma of Accounting
CHC33021 Certificate III in Individual Support (Ageing and Disability)
CHC43121 Certificate IV in Disability Support
CHC32015 Certificate III in Community Services
CHC52021 Diploma of Community Services



Ge	neral Inform	ation		
1.	Gender:	□ Male □ Female □ Other		
2.	Have you e	ver studied with BCC Institute before?		
3.	In which co	untry were you born?	Please specify:	
4. Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often.		an one language, indicate the one that is	 □ No, English only - Go to question 6 □ Yes, other, please specify: 	
5.	How well do	you speak English?	□ Very well □ Well □ Not well □ Not at all	
 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 condition (tick as many as apply). 		e condition? e indicate the area of disability, impairment	 Yes No – go to question 8 Hearing/deaf Intellectual Mental illness Vision Physical Learning Acquired brain injury Medical condition Other: 	
7.	What is you box only).	r highest COMPLETED school level (tick one	 Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or below Never attended school – Go to question 11 	
8.	In which YE	AR did you complete that school level?		
9.	Are you still	attending secondary school?	□ Yes □ No	

Previous Qualifications				
10. Have you SUCCESSFULLY completed any of the following qualifications?		□ Yes – Indicate below		
		\Box No – Go to Question 12		
If YES, then tick ANY applicable boxes	below (you may indicat	e more than one).		
□ Bachelor Degree or Higher Degree		□ Certificate III (or Trade Certificate)		
□ Advanced Diploma or Associate Degree		□ Certificate II		
Diploma (or Associate Diploma)		Certificate I		
Certificate IV (or Advanced Cert/Technician)		Certificates other than these		
Please list any qualifications you have completed and the year of	1.		Year:	
completion.	2.		Year:	
	3.		Year:	

Employment			
Of the following categories, which BEST describes your current employment status? (tick one box only).			
Full-time employee	Employed – unpaid worker in a family business		
Part-time employee	Unemployed – seeking full-time work		
Self employed – not employing others	Unemployed – seeking part-time work		



Employer

Not employed – not seeking employment

Study Purpose				
Of the following categories, which BEST describes your main reason for undertaking this course?				
🔲 To get a job	It was a requirement of my job			
To develop my existing business	I want extra skills for my job			
To start my own business	To get into another course of study			
To try to get into a different career	For personal interest or self-development			
To get a better job or promotion	Other reasons			

Application Checklist 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): 100 points of I.D. (passport, drivers' license, etc.) Proof of payment of AUD \$200 Enrolment Application Transcripts of any previous qualifications Fee High School Certificate or equivalent Name of Bank: Commonwealth Bank of Australia Any other relevant documents BSB: 062 111 Account Number: 00909654 Swift Code: CTBAAU2S Account Name: Bankstown Community College Incorporated or via Credit Card - Contact the college on (02) 9793 8155

Privacy Notice

Why do we collect your personal information.

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information.



The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring, and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at <u>www.ncver.edu.au/privacy</u>.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

<u>Surveys</u>

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

Contact information

At any time, you may contact BCC Institute to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Contact BCCI at info@bcci.edu.au or phone (02) 9793 8155.

Please note, all information provided to BCC Institute will be used by BCC Institute or other authorised organisations for the purpose of general administration, communication, state and national reporting and program monitoring evaluation as per BCC Institute's Privacy Policy. Refer to <u>https://bcci.edu.au/images/pdf/cg4-privacy-policyv2.pdf</u> for more information.

Declaration

In signing this Enrolment Application Form, I agree the information I have provided is true, correct, and complete. I acknowledge and agree that this is an application only to study at BCC Institute and does not guarantee me a place. If an offer is made to me my acceptance is subject to the terms and conditions in the Letter of Offer.



Student (or guardian if applicable) signature:	Date:	
Printed name:		

Office Use Only	
Student I.D.:	
Processed date:	
Enrolment officer signature:	