

TRAINING REGISTRATION & DECLARATION



This form is to be completed by anyone wanting to study an Accredited Course through Unity College Australia. Fill in all sections clearly and carefully by writing in **BLOCK LETTERS** using a **Black or Blue pen**.

SECTION 1 - PARTICIPANT INFORMATION

PARTICIPANT DETAILS			
Please complete *full name and date of birth	Provide original of ID or <i>certified copy</i> when lodging this form. One type only required. <input type="checkbox"/> Birth certificate <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Visa (if not Aust)		
*Surname			
*Given name/s			
Preferred name If different to above		*Date of Birth Day/Month/Year	/ /
Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Jobseeker ID	
Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other		
Home Phone		Work Phone	
Mobile Phone		Fax	
Email			
Residential Address	Number/Street		State
	Suburb		Postcode
Postal Address If different from above	Number/Street		State
	Suburb		Postcode

EMERGENCY CONTACT			
Name			
Home Phone		Mobile Phone	

OFFICE USE Only

PROOF of ID (required for issuing formal Qualifications or Statements of Attainment)

Details of Evidence provided (please tick & write details)	<input type="checkbox"/> Driver's licence OR Passport number:		
	<input type="checkbox"/> Birth certificate - country issued:		
	<input type="checkbox"/> Visa (if not Aust resident) type & number:		
Original sighted by (Name of Staff Member)		Authenticated Copy of ID on file <input type="checkbox"/> Yes	

REGISTRATION CHECKLIST (Staff to confirm participant's eligibility for government funding)

Date Received (d/m/yr)		16-24yrs old + 'At Risk' (Pg3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referred by (ESP or other)		40+ years old + (Pg3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not Previously Funded (Pg3) staff member to check	<input type="checkbox"/> Confirmed by _____	Special Needs (Pg2)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if 'yes' attach medical certificate)
ACT resident or worker	<input type="checkbox"/> Yes	Indigenous Aust (Pg2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Australian Citizen (Pg1) or Permanent Resident	<input checked="" type="checkbox"/> Yes (attach copy Medicare card)	Small Business owner/worker	<input type="checkbox"/> Yes <input type="checkbox"/> No (if 'yes' attach letter from employer)
Agreement Signed (Pg3)	<input type="checkbox"/> Yes	Eligible for funding	<input type="checkbox"/> Yes (registration fee applies) <input type="checkbox"/> No (total course cost pg2 applies)
Privacy Policy Signed (Pg4)	<input type="checkbox"/> Yes	Registration Fee Received	<input type="checkbox"/> Full \$250 or <input type="checkbox"/> Deposit \$25

SECTION 2 - PROGRAM INFORMATION

ENROLMENT DETAILS - <i>Staff to complete all sections</i>			
Coordinator Name		Phone	
Email			
Campus Name			
Location / State	<input type="checkbox"/> ACT	<input type="checkbox"/> NSW	
	<input type="checkbox"/> Victoria	<input type="checkbox"/> Queensland	
Title of Course / Competencies & NTIS Code <small>(List competencies/units where they are not part of a full course)</small>	<input type="checkbox"/> Community Services	<input type="checkbox"/> Retail	
	<input type="checkbox"/> IT	<input type="checkbox"/> Business	
	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Training & Assessment	
	<input type="checkbox"/> Competencies/Units (codes & titles):		
Qualification Level	<input type="checkbox"/> Cert I	<input type="checkbox"/> Cert IV	
	<input type="checkbox"/> Cert II	<input type="checkbox"/> Diploma	
	<input type="checkbox"/> Cert III		
Expected Start Date <small>(day/month/year)</small>		Total Study Hours <small>hrs per wk X number of wks</small>	
Expected End Date <small>(day/month/year)</small>		TOTAL Course / Package Cost <small>(if participant not eligible for funding)</small>	\$

SECTION 3 - ADDITIONAL INFORMATION

This information is collected for the purposes of National reporting and planning.

SPECIAL NEEDS	
Do you consider that you have any type of medical condition that may affect your ability to undertake training?	<input type="checkbox"/> No - <i>go to next question 'Language & Cultural Diversity'</i> <input type="checkbox"/> Yes - <i>please provide details below & a medical certificate or letter from your specialist</i>
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Acquired Brain Impairment
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Learning	Other, please specify:
<input type="checkbox"/> Mental Illness	

LANGUAGE & CULTURAL DIVERSITY	
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):
Aboriginal &/or Torres Strait Islander Origin	<input type="checkbox"/> No <input type="checkbox"/> Torres Strait Islander
	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal & Torres Strait Islander
Language spoken at home	<input type="checkbox"/> English Only (skip the next question) <input type="checkbox"/> Other (please specify):
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 # You may need to complete a separate Language, Literacy & Numeracy assessment

PRIOR EDUCATION/QUALIFICATIONS

What was your highest **completed** level at school **and where did you study?**

<input type="checkbox"/> Year 12 or equivalent;	<input type="checkbox"/> Year 9 or equivalent;
<input type="checkbox"/> Year 11 or equivalent;	<input type="checkbox"/> Year 8 or below;
<input type="checkbox"/> Year 10 or equivalent;	<input type="checkbox"/> Did not go to school

In what year did you complete that school level? _____

If you have post secondary qualifications, please give details; title and year awarded (optional)

<input type="checkbox"/> Bachelor 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 Certificate/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 above	

EMPLOYMENT DETAILS

Of the following, which best describes your current employment status? (please tick ONE box only)

<input type="checkbox"/> Unemployed - seeking full-time work	<input type="checkbox"/> Full-time employed
<input type="checkbox"/> Unemployed - seeking part-time work	<input type="checkbox"/> Part-time employed
<input type="checkbox"/> Not employed - not seeking employment	<input type="checkbox"/> Self Employed
<input type="checkbox"/> Volunteer worker	<input type="checkbox"/> Self employed - not employing others
<input type="checkbox"/> Retired	<input type="checkbox"/> Employer
<input type="checkbox"/> Employed - unpaid worker in the family business	<input type="checkbox"/> Other:

REASON FOR UNDERTAKING THE STUDY (tick as many boxes as are relevant)

Of the following, which best describes your reason for undertaking the program/study?

<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job or promotion
<input type="checkbox"/> To start my own business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> It was a requirement for my job
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> It was being funded	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> It was a requirement for Centrelink or Job Network	<input type="checkbox"/> Other:

SECTION 4 - PARTICIPANT PRIVACY & AGREEMENT

PRIVACY

Information collected on this form may be collated for course analysis and statistics related to training reports and/or submitted to government Departments (eg DEEWR or Centrelink) on a legislated need to know basis. Information collected is strictly confidential. All information is held in accordance with National Privacy Principles and legislation associated with Registered Training Organisations.

The 'Privacy Policy' document (page 4) must be read and signed along-side this registration.

PARTICIPANT DECLARATION & AGREEMENT

The information I have provided in this registration form is true & correct. I have registered to study the course/package outlined in Section 2 of this document. I have not received government funding previously for a qualification of the same or higher level regardless of the Industry sector.

Name (print)		Date (day/month/year)	
Signed (participant's signature)		Please return completed form with \$25 registration deposit (non-refundable) to Unity College, 65 Dundas Court, Phillip, Ph:6161 0050	

CONFIDENTIALITY OF PERSONAL INFORMATION and PRIVACY POLICY



PRIVACY NOTICE *(to be signed by the Participant)*

In accordance with the National Privacy Principles (NPP) set out in the Privacy ACT 1988, Unity College acts in accordance with its Privacy Policy and the NPP's to give due consideration to the personal nature of information gathered by the organization.

By completing this application, you have agreed to supply personal information (which may be sensitive and/or health information) to Unity College. The information you have provided may be used to collect further personal information (including sensitive and/or health information) relating to you. This information is collected for the primary use of assessing your application, but may also be used for the purpose of determining any issues that may arise in regard to your completion of training courses.

The information provided and any information subsequently collected may be passed on to our training partner, Charity Computers, and other educational bodies, e.g. Department of Education and Training, for the above purposes.

If you would like to read a copy of the privacy policy before signing this policy, please visit the NPP website.

<http://www.privacy.gov.au/publications/npps01.html>

Both Unity College's Privacy Policy and the NPP confirm your right to request, have access to, and request correction of, any personal information presently maintained by our organisation, or collected as a result of you completing this application. If you would like to exercise these rights, please contact your Course Trainer or the Unity College Australia office.

By signing below, you hereby: consent to the use of personal information (including sensitive and/or health information) provided by you on this application, for the purposes described above; and certify that the information given is true and accurate to the best of your knowledge.

Participant's Name *(print)*: _____

Participant's Signature: _____

Date *(day/month/year)*: _____

CONTACT INFORMATION

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