

# Enrolment Form

## COURSE INFORMATION (Office Use Only)

Course Program:	
Course Code and Name:	
Course Fee:	
Course Duration:	

## Student to complete all sections in BLOCKLETTERS (Tick a box where required)

Section 1 - STUDENT DETAILS									
Title	Miss	Ms	Mrs	Mr	Dr				
<b>First Name</b>					<b>Further Studies</b>	Since leaving school have you completed further studies?		Yes No	
<b>Middle Name</b>					If 'Yes', please tick the HIGHEST achieved				
<b>Family Name</b>					Bachelor or higher degree		Certificate II		
<b>Date of Birth</b>			Female	Male	Others	Advanced Diploma		Certificate 1	
<b>Email</b>					Diploma		Miscellaneous		
<b>Mobile Phone</b>					Certificate IV		Industry Ticket		
<b>USI</b>					<input type="checkbox"/> Certificate III		Adult Education		
If you do not have a USI number, please apply via <a href="https://www.usi.gov.au/">https://www.usi.gov.au/</a>					Which best describes your reason for further training				
<b>WWWC Number</b>					To get a job				
If you do not have a WWWC number, please apply via <a href="https://ocg.nsw.gov.au">https://ocg.nsw.gov.au</a>					To gain extra skills for my job				
Do you have Covid 19 Vaccination Certificate? Yes No					To get a better job or promotion				
<b>Street Address</b>					It is a requirement of my job				
<b>Suburb/Town</b>					To try for a different career				
<b>Postcode</b>					Personal interest/self-development				
<b>Employment</b>	Please tick your current status				Get into another course of study				
Full Time Employed					Develop my existing business				
Part Time Employed					Start my own business				
Employer Name if currently employed:					Other reason				
Are you working in Early Childhood sector? Yes No					<b>Are you receiving Commonwealth welfare benefits?</b>				
If YES, Service Name:					<b>***Please attached evidence</b>				
If NO, Are you planning to work in Early Childhood sector? Yes No					Austudy		Veterans' Children Education Scheme		
Self Employed not employing others					Carer Payment (not Carer Allowance or Carer Adjustment Pay)		Veterans' Affairs Pension		
Unemployed – seeking full or part time work					Disability Support Pension		Wife Pension		
Not Employed – not seeking employment					Family Tax Benefit Part A (maxrate)		Age Pension		
Unemployed – long term unemployed					<input type="checkbox"/> Farm Household Allowance		Widow 'B' Pension		
<b>Birth Country</b>	Were you born in Australia?		Yes	No	Job Seekers		Widow Allowance		
If 'No' then where were you born?					Parenting Payment (single)		Youth Allowance		
<b>Citizenship</b>	Australian Citizen		New Zealand Citizen		Are you living in NSW Social Housing or are you on the NSW Housing Register?		Yes No		
	Permanent Resident		Temporary or Humanitarian Visa		<b>Proof of Identification (please attached evidence)</b>				
					Primary (at least 1 doc)		Secondary (at least 1 doc)		

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<b>ATSI</b>	Are you of Aboriginal or Torres Strait Islander origin?	Yes No	Passport Driver Licence Photo ID	Medicare Bank Card Health Care/Concession Card
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<b>Language</b>	Is English your first language?	Yes No	<b>Disability</b>	Do you have a disability?	Yes No <i>If YES, attached evidence</i>
If not English what is your first language? How well is your English? Well Not Well			If yes please tick all applicable box/es below :		
<b>Schooling</b>	Are you still at school?	Yes No	Hearing/Deaf Learning	Physical	Intellectual
What is the highest level completed at school?			Acquired Brain Impairment	Mental Illness'	Vision
			Others:		
Year 8	Year 9	Year 10	<b>ADDITIONAL LEARNING SUPPORT</b>		
Year 11	Year 12	Did not attend	Do you require literacy, disability or special learning support?	Yes	No
What year did you leave school?					

## Section 2 - LANGUAGE LITERACY AND NUMERACY EVALUATION

Peak Training requires prospective students to complete a Language, Literacy and Numeracy (LLN) evaluation to determine the level of support that may be required for each individual.

The purpose of this evaluation is to ensure that you have the required Language, Literacy and Numeracy (LLN) skills to successfully complete your Units of Competency or Qualification.

## Section 3 - ENROLMENT FEE

Peak Training accepts enrolments to our email: [info@peaktraining.net.au](mailto:info@peaktraining.net.au). **Non Refundable Enrolment Fee** of \$200 is payable at the time of enrolment form is processed and is the college policy for any full course. Payment is required in full for individual unit

**Invoice Details:** Invoice to be raised in the Student's Name

Invoice to be raised in Employer's Name: please complete the below

Employer Name:

Contact Person:

Contact Number:

Email:

## Section 4 - PAYMENT AND INVOICE DETAILS

<b>Credit Card:</b>	<b>Bank Transfer:</b>	<b>Pay Online:</b>
VISA MasterCard Name of Cardholder: Card Number: Expiry Date:	Financial Institution: Westpac Account Name: Peak Training BSB Number: <b>032 272</b> Account Number: <b>162368</b> Reference: Your Full Name <i>*send receipt to: info@peaktraining.net.au</i>	<b>***For Individual Unit only</b> Order Number:

## Section 5 - COURSE FEE AND REFUND POLICY

Your full course fee will be determined once your enrolment form is processed and you have agreed to a fee schedule

Refunds are not available after commencement of the course

Peak Training cannot accept payment in advance of more than \$1500 for any single accredited course.

## Section 6 - PRIVACY STATEMENT

Under the Data Provision Requirements 2012, PEAK Training is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrollment form), may be used, or disclosed by PEAK Training for statistical, administrative, regulatory and research purposes. PEAK Training may disclose your personal information for these purposes to:

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- 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 a 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* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

## Section 7 - CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF INDUSTRY AND OTHER GOVERNMENT AGENCIES

I,  
(First, middle and last name)

of  
(current residential address)

with date of birth

understand and agree that personal information (information or 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 North Coast Community College may be disclosed to the Department of Industry, Skills and Regional Development (Department) and partnering RTO's.

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 mail, telephone, email or post during or after I have ceased subsidised training with North Coast Community College for the purpose of evaluating and assessing my training.

PRINT FULL NAME:

SIGNATURE:

DATE:

*Note: if under 18 years of age at the time of giving consent, then the consent of their guardian is required.*

PRINT FULL NAME OF GUARDIAN:

SIGNATURE OF GUARDIAN:

DATE:

## Section 8 - STUDENT DECLARATION

I declare:

I have been given access to the following information which is available at [www.nswfdc.org.au/peaktraining](http://www.nswfdc.org.au/peaktraining):

Peak Training Student Handbook which includes: Grievance & Complaints procedures & policies  
 Fee Administration and Refund Policy  
 Privacy Policy  
 Complaints Handling Policy

That the information I have supplied on this form is true, correct and complete.

I have read and been provided with the NCVER Privacy Notice.

That I have attached required evidences to support the information I have supplied where requested

I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment.

The Policies, Procedures and Consumer Rights information have been made available to me online and I have read, understood and accepted these as conditions of my enrolment.

I have been informed of course duration and course extension of maximum of 6 months from the enrolment end date.

Extension fee is only payable at 3 months of \$225 and/or 6 months of \$450.

I have been informed of fees and charges associated with this course, including the requirements and timelines to withdraw without incurring fees.

I have been informed that failure to contact Peak Training after 3 months of your enrolment end date, I will be withdrawn the course automatically.

I give permission to Peak Training to view my USI account for transcript and other qualification records when required and consent to Peak Training to create a Unique Student Identifier if I have not had one.

I acknowledge that I have read, understand and will comply with the rules, policies, procedures and requirements of the Peak Training Student Handbook.

I would like to receive marketing material for future courses and any correspondences from Peak Training

STUDENT FULL NAME:

SIGNATURE OF STUDENT:

DATE:

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required.

GUARDIAN FULL NAME:

SIGNATURE OF GUARDIAN:

DATE:

DOCUMENT CHECKLIST	EVIDENCE ATTACHED or ticked when done
USI included or required documents to create USI	
100 points ID- Drivers Licence, Photo Card, Passport, Medicare	
Citizenship - Australian Birth Certificate, Passport, Permanent Resident Visa	
Copies of any previous Certificates or Statements of Attainment including transcripts	
Centrelink evidence – proof Eligible Benefit	
Disability - proof of edvidence if answered "YES"	
Working with Children Check	
Covid 19 Vaccine Certificate	
Enrolment form is fully signed	

### HOW DID YOU HEAR ABOUT THIS COURSE?

Facebook	Radio	Agency Referral
Info Sheet	TV	Employer
Newspaper	RepeatStudent	Internet
Word of mouth	Buses	Other:

**OFFICE USE ONLY**

Date Received:

Student ID:

Invoice No:

Processed By:

**FULL COURSE FEE**

Course Program:

Course Fee Balance:

**Course Fee Schedule**

Payment Schedule

Balance Due

1st Payment: Course Commencement

2nd Payment: Commencement of 5th Unit

3rd Payment: Commencement of 8th Unit

4th Payment: Commencement of 14th Unit