

OFFICE USE ONLY		
Course Code:	Session No.:	Training Date:

**Instructions:**

- This form is to be completed by contractors only, and can be used for Group or Individual bookings. Please complete the form in **BLOCK** letters.
- Page 2 of this form can be used as an **invoice and receipt for tax purposes**.
- Pages 3 - 6 must be completed by **each person** being enrolled. All questions must be answered and the declaration signed.
- **One form** must be completed for each course. Multiple courses **must not** be listed in the one form.
- For all nationally recognised training, each applicant must obtain a **Unique Student Identifier (USI)**. To obtain a USI, [click here](#) and follow the instructions (or visit [www.usi.gov.au](http://www.usi.gov.au)). **Please note: TfNSW RTO (RTO# 40657) cannot issue a Statement of Attainment, Qualification or Skill Set to a student without a verified USI.**
- Submit complete and signed copies of this form to: [OD\\_TrainingEnquiries@transport.nsw.gov.au](mailto:OD_TrainingEnquiries@transport.nsw.gov.au). Contact **133877** for all course enquiries

**COURSE ENROLMENT**

**Course Details – Applicant to Complete**

Course Title:

Enrolling for:  Course  Assessment  Re-Certification Expiry Date:

Pre-Requisites completed:  Yes  No

**Booking Details – Applicant to Complete**

Last Name	Given Name	Contractor ID	Preferred Date

**Approval – Manager to Complete (if applicable)**

Company Name:

Manager’s Name:

Address

Suburb: State: Postcode:

Email: Phone:

**MANAGER’S DECLARATION:** The above name person(s) meet all course entry requirements.

Manager’s Signature: Date:

**TAX INVOICE**
**ABN 18 804 239 602**

 Training is delivered at a cost of **\$200 per person per day, inclusive of GST.**
**Total Price:** 
**Receipt no:** 
**Payment Method**
 **Cheque/Money Order Enclosed** *(made payable to Transport for NSW)*
 **Please invoice** *(approved companies only)*
**Purchase Order / Reference:** \_\_\_\_\_

 **Credit Card** *(Please complete details below)*
**Card Type:**     **MasterCard**                       **Visa**
**Card Number:**                        
**Expiry Date:**      /       
**Authorised Amount** *(GST Inclusive)*    \$ \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cancellation Information**

- TfNSW L&D reserves the right not to admit late attendees due to disruption or the trainee failing to provide any information necessary for the qualification sought.
- A cancellation fee of 100% of the cost of the service will apply if less than seven (7) days written notification given.
- Substitution trainees are permitted if notified seven (7) days prior to the date of the course.
- See the SCC01(TLIF0008) Participant Information Handbook Pack for additional information concerning refunds.

**Submit the completed and signed copy to OD to: [OD\\_TrainingEnquiries@transport.nsw.gov.au](mailto:OD_TrainingEnquiries@transport.nsw.gov.au)**

**Contact 133877 for any course enquiries.**

**Participant Details:**
**Unique Student Identifier**

From 1 January 2015, we Transport for NSW can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/students/create-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

My USI number is:										
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<b>Title:</b> <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	
<b>Family Name:</b>	<b>Email:</b>
<b>First Given Name:</b>	<b>Home Phone:</b>
<b>Second Given Name:</b>	<b>Mobile:</b>
<b>Date of Birth:</b>	<b>In which country were you born?</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify
<b>What is the Address of your usual residence?</b> <b>Building/Property Name:</b> <b>Unit Number:</b> <b>Street No.:</b> <b>Street Name:</b> <b>Suburb:</b> <b>State:</b> <b>Postcode:</b>	<b>What is your postal address?(if different from your home address)</b>
<b>Are you still enrolled in secondary or senior secondary education?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>STUDY REASON</b> <b>Of the following categories, which BEST describes your main reason for undertaking this course? (tick ONE box only)</b> <input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> Other reasons <input type="checkbox"/> For personal interest or self-development
<b>What is your highest completed School Level?</b> <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"/> Never attended school	
<b>Do you speak a language other than English? (If more than one language, indicate the one that is spoken most often):</b> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other-pls specify	
<b>How well do you speak English (tick one box only)?</b> <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
<b>Are you of Aboriginal or Torres Strait Islander origin?</b> For persons of both Aboriginal or Torres Strait Islander origin, mark 'Yes' in both boxes <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<b>EMPLOYMENT</b> <b>Which best describes your current employment status (tick ONE box only):</b> <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Self-employed-employing others <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment
<b>Do you consider yourself to have a disability?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes please specify below (you may indicate more than one area): <input type="checkbox"/> Hearing / deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other _____	

**PREVIOUS QUALIFICATIONS ACHIEVED**

Have you achieved any qualifications listed below?  No  Yes

**If YES, tick ANY applicable boxes**

- |   |   |
|---|---|
| <input type="checkbox"/> Bachelor degree or higher degree<br><input type="checkbox"/> Advanced diploma or associate degree<br><input type="checkbox"/> Diploma (or Associate Diploma)<br><input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificate III (or Trade Certificate)<br><input type="checkbox"/> Certificate II<br><input type="checkbox"/> Certificate I<br><input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above) |
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**Visa Information**

Visa information is collected by **Transport for New South Wales** under the **Migration Amendment (Reform of Employer Sanctions) Act 2013**. Information collected will be checked via the VEVO system to confirm an applicant's right to work in Australia. **Please Note:** If information collected identifies a person not entitled to be in Australia, the Commonwealth may use the information to locate the affected person.

Please indicate your **residency status** (tick one):

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Australian Citizen</b><br><input type="checkbox"/> <b>Permanent Resident*</b><br>Passport No: _____ Visa No: _____<br>Country of Issue: _____<br><input type="checkbox"/> <b>Temporary Resident with working rights*</b><br>Passport No: _____<br>Visa No: _____ Expiry Date: _____ | <input type="checkbox"/> <b>Temporary Resident without working rights</b><br><input type="checkbox"/> <b>Bridging Visa*</b><br>Type of Bridging Visa: <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/><br>Are you able to work? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/><br>Expiry Date: _____<br><p><b>(*Note: you must submit a certified copy of visa &amp; passport)</b></p> |
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Do you consider that you have adequate language, literacy and numeracy skills to undertake the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are you seeking credit for previous training or recognition of prior learning for this course?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are there any individual needs you have that we should be aware of so we take these into account when planning your training? <i>E.g. physical, or learning disabilities, illnesses or other health conditions that may require reasonable adjustments to the training or assessment approach</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If yes to the above question, please provide us with more information:	

### Section 3: Privacy Notice and Participant Declaration

**Privacy Notice:**

Under the *Data Provision Requirements 2012*, Transport for NSW 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 enrolment form), may be used or disclosed by Transport for NSW for statistical, regulatory and research purposes. Transport for NSW may disclose your personal information for these purposes to:

- 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)).

**Participant Declaration and Consent:**

- 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 accordance with the Privacy Notice above.
- I declare that I have reviewed the course pre-enrolment information supplied to me and have been informed about my rights and obligations.
- I declare that I have been informed of the training and assessment services to be provided and the units of competency to be completed.

SIGNATURE

Date:

**Note: If under 18 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:

**100 POINT IDENTIFICATION FORM & QUALITY CHECK FORM**

- You can only use ONE primary document
- You must include ONE form of photo ID
- You must include ONE form of photo ID Your current or expired RSW card cannot be used as proof of identity

<p><b>To enrol in training:</b></p> <ul style="list-style-type: none"> <li>Provide 70 points of ID (see below). If your primary ID doesn't have a photo, you must provide a secondary ID with a photo.</li> </ul>	<p><b>Attending training:</b></p> <ul style="list-style-type: none"> <li>When you attend training, you must bring ID provided at enrolment AND at least 30 points of secondary documents</li> </ul>
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Copies of your ID can be certified as true and correct copies of the originals by a:

- Approved TfNSW RTO Representative
- Justice of the Peace
- Accounting professional (CPA or equivalent)
- Legal practitioner
- Police employee
- Agent of Australia Post with two or more years continuous service

**Primary Documents (certified copy or original to be provided)**

Points	Document Type	Original sighted/copy certified
<p><b>70</b> You can only use <b>ONE</b> primary document</p>	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/>
	<input type="checkbox"/> Citizen Certificate	<input type="checkbox"/>
	<input type="checkbox"/> Current Passport	<input type="checkbox"/>
	<input type="checkbox"/> Expired passport which has not been cancelled and was current within the preceding 2 years	<input type="checkbox"/>
	<input type="checkbox"/> Current Driver's licence issued by an Australian State or Territory	<input type="checkbox"/>
	<input type="checkbox"/> NSW Photo Card or Proof of Age Card issued by the RMS	<input type="checkbox"/>
<p><b>Office Use Only</b> Document no: _____</p>		

**Secondary Documents (document to be sighted and recorded)**

Points	Document Type	Original sighted
<p><b>40</b> Must have a photograph and a name</p>	<input type="checkbox"/> Licence or permit issued under a law of the Commonwealth, a State or Territory Government	<input type="checkbox"/>
	<input type="checkbox"/> Identification card issued to a public employee	<input type="checkbox"/>
	<input type="checkbox"/> Identification card issued by the Commonwealth or a State or Territory Government as evidence of entitlement to a financial benefit	<input type="checkbox"/>
<p><b>35</b> Must have a name and address</p>	<input type="checkbox"/> An identification card issued to a student at a tertiary education institution	<input type="checkbox"/>
	<input type="checkbox"/> A mortgage or other instrument of security held by a financial body	<input type="checkbox"/>
	<input type="checkbox"/> Council rates notice	<input type="checkbox"/>
	<input type="checkbox"/> Land Titles Office record	<input type="checkbox"/>
<p><b>25</b> Must have a name and signature</p>	<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/>
	<input type="checkbox"/> Credit card	<input type="checkbox"/>
	<input type="checkbox"/> Foreign Driver's Licence	<input type="checkbox"/>
	<input type="checkbox"/> WorkCover Licence / Certificate	<input type="checkbox"/>
	<input type="checkbox"/> Medicare card (signature not required)	<input type="checkbox"/>
	<input type="checkbox"/> Membership to a Registered Club	<input type="checkbox"/>
	<input type="checkbox"/> NRMA Membership	<input type="checkbox"/>
	<input type="checkbox"/> EFTPOS card	<input type="checkbox"/>
<p><b>25</b> Must have a name and address</p>	<input type="checkbox"/> Document from your current employer or previous employer within the last 2 years	<input type="checkbox"/>
	<input type="checkbox"/> Records of a public utility—phone, water, gas, or electricity bill	<input type="checkbox"/>
	<input type="checkbox"/> Records of a financial institution	<input type="checkbox"/>
	<input type="checkbox"/> A record held under a law other than a law relating to land titles	<input type="checkbox"/>
	<input type="checkbox"/> Lease/rent agreement	<input type="checkbox"/>
	<input type="checkbox"/> Rent receipt from a licensed real estate agent	<input type="checkbox"/>
<p><b>25</b> Must have a name and date of birth</p>	<input type="checkbox"/> Record of a primary, secondary or tertiary education institution attended within the last 10 years	<input type="checkbox"/>
	<input type="checkbox"/> Record of professional or trade association of which you are a member	<input type="checkbox"/>

**100 Points of Identification confirmation**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_