



ORS Training Solutions Enrolment Form

TRAINING PROGRAM OR TRAINEESHIP DETAILS			
Qualification Code and Title			
Delivery Method	<input type="checkbox"/> Classroom <input type="checkbox"/> Traineeship <input type="checkbox"/> Work-based (non T/ship) <input type="checkbox"/> Blended		
How did you find out about this training?			
Program Type (if applicable)	<p>CLASSROOM <input type="checkbox"/> State Funded Program <input type="checkbox"/> Fee For Service</p> <p>TRAINEESHIP <input type="checkbox"/> New Entrant (Full Time) <input type="checkbox"/> New Entrant (Part Time)</p> <p> <input type="checkbox"/> Existing Worker (Full Time) <input type="checkbox"/> Existing Worker(Part Time)</p> <p> <input type="checkbox"/> NSW School Based T/ship</p> <p>WORK BASED/ BLENDED <input type="checkbox"/> State Funded Program <input type="checkbox"/> Fee For Service</p>		
Which best describes your main reason for doing this training? (tick one only)	<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To get a job <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It is 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"/> For interest or personal development <input type="checkbox"/> Other Reason _____		
What best describes your current situation?	<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 employment <input type="checkbox"/> Unemployed - seeking part time/ casual work <input type="checkbox"/> Unemployed - not seeking employment at present <input type="checkbox"/> Other (please state)		
CANDIDATE DETAILS			
Salutation (Miss, Mrs, Mr, etc)		DOB	DD / MM / YYYY
Candidate Full Legal Name Please ensure this is the same as what was used to create your USI			
Residential Address	Building/property name	Flat/unit details	Street Number & Name
Suburb		State/Terr	P/Code
Postal Address			
Telephone (Home)		Mobile	
Email Address			
Gender (Please Tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified/Other		

USI – UNIQUE STUDENT IDENTIFIER

From 1 January 2015, ORS Training Solutions 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 National Centre for Vocational Education Research Ltd (NCVER). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-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

Unique Student Identifier All students undertaking nationally recognised training delivered by an RTO (Registered Training Organisation) will need to have a USI (Unique Student Identifier)	#
---	---

EMERGENCY CONTACT DETAILS

Next of Kin			
Contact Phone		Relationship	

BACKGROUND DETAILS

Citizenship (Please tick) What is your residency status?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Temporary Visa <input type="checkbox"/> Humanitarian Visa <input type="checkbox"/> Other/None of the above (please state).....		
Country of Birth		Nationality	
Town of Birth			
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither		
What is your main spoken language?	<input type="checkbox"/> English <input type="checkbox"/> Other (please state)		
If English is your second language, how well do you speak English?	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very well		
Preferred learning method?	<input type="checkbox"/> Audio (sound/hearing) <input type="checkbox"/> Visual (pictures/images) <input type="checkbox"/> Kinaesthetic (practical/hands on)		

DISABILITY STATUS

Do you have a disability, impairment or long-term condition <i>Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses</i>	<input type="checkbox"/> Student has / I have a disability <input type="checkbox"/> Student is / I am a dependent child or spouse of a person in receipt of a disability support pension <input type="checkbox"/> No disability										
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) from the list: <i>See "Disability Supplement" (at the end of this form) for additional information to assist with answering this question</i>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Vision Impaired</td> <td><input type="checkbox"/> Hearing Impaired</td> </tr> <tr> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Intellectual</td> </tr> <tr> <td><input type="checkbox"/> Learning Difficulties</td> <td><input type="checkbox"/> Mental Illness</td> </tr> <tr> <td><input type="checkbox"/> Acquired Brain Injury</td> <td><input type="checkbox"/> Medical Condition</td> </tr> <tr> <td><input type="checkbox"/> Disabled Not Defined</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Disabled Not Defined	<input type="checkbox"/> Other
<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Hearing Impaired										
<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual										
<input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Mental Illness										
<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Medical Condition										
<input type="checkbox"/> Disabled Not Defined	<input type="checkbox"/> Other										
Do you require any specific assistance, equipment or adaptive technology to support your disability or learning? Language (English) Disability Literacy Numeracy Vision Hearing Impaired Transport Parental Flexibility Other	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state)										

Please indicate Disability Assessment Type	<input type="checkbox"/> Recipient of Disability Support Pension <input type="checkbox"/> Assessed by specialist support professional as a student with disability
WELFARE STATUS	
Are you a Centrelink Concession Card Holder?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please attach copy of your CRN Card, Concession card, Pensioner Card, Health Care Card)
If you answered Yes above, were you in receipt of Welfare/Centrelink Assistance etc at the start of the training program?	<input type="checkbox"/> Yes - Student is / I am a welfare recipient <input type="checkbox"/> Yes – Student is / I am a Dependent child or spouse of a welfare recipient <input type="checkbox"/> Not a welfare recipient
If you answered yes to the above, please specify the type of Welfare	<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Exceptional Circumstance Relief Payment <input type="checkbox"/> Family Tax Benefit Part A - Maximum Rate <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Pensions <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance
Are you registered with an Employment Service Provider? <i>Job Active/Disability Employment Service/Disability Management Service</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is your Employment Service Provider?	
What is your Jobseeker ID or CRN?	
Did your Employment Service Provider refer you to your Job/Training? If yes what is the referral ID for this Job/Training?	Yes <input type="checkbox"/> No <input type="checkbox"/> Referral ID _____

REFUGEE OR HUMANITARIAN STATUS

Are you a refugee on: Protection or Temporary Protection Visa Safe Haven Enterprise Visa Humanitarian Visa Asylum Seeker – Temporary Visa Asylum Seeker – Bridging Visa	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state)
--	--

SCHOOLING AND EDUCATION

Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School Level Completed?	<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
High School attended	
In what year did you Complete?	
Were you Home Schooled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you SUCCESSFULLY completed any other qualifications at School or since leaving school/turning 17 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Qualification Title & Levels completed	Tick level	Title of Qualification
	<input type="checkbox"/> Foundation	_____
	<input type="checkbox"/> Certificate I	_____
	<input type="checkbox"/> Certificate II	_____
	<input type="checkbox"/> Certificate III	_____
	<input type="checkbox"/> Certificate IV	_____
	<input type="checkbox"/> Certificate IV or above with Acquired Disability _____	_____
	<input type="checkbox"/> Diploma	_____
	<input type="checkbox"/> Advanced or Associate Diploma	_____
	<input type="checkbox"/> Bachelor Degree or Higher Degree	_____
<input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)	_____	

RECOGNITION OF PRIOR LEARNING

Are you applying for Recognition of Prior Learning OR Credit Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What experience or qualifications do you have to support your application?	

EMPLOYMENT DETAILS - IF APPLICABLE

Company Name		
Company/Head Office Address		
Workplace/Site Address		
Host Employer Details (Company name & address)	If applicable	
Contact Person		
Contact Email		
Telephone (Bus)	Mobile	

FEES AND CHARGES	
<ul style="list-style-type: none"> Prescribed Administration/Student fees may apply to State Funded training programs Concessions/exemptions may apply 	<input type="checkbox"/> Course Cost/Fee for Service Cost \$ _____ or <input type="checkbox"/> Student /Administration Fee \$ _____
Who is responsible for paying the associated Cost/Fee?	<input type="checkbox"/> Employer <input type="checkbox"/> Myself <input type="checkbox"/> Job Active Provider <input type="checkbox"/> DES Provider <input type="checkbox"/> Not applicable
NEW SOUTH WALES STUDENTS ONLY - COMPLETE THIS SECTION IF YOU LIVE IN NSW	
Do you currently <u>live</u> in NSW	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you living in NSW social housing; or are you/the household on the NSW Housing Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student registered or intending to be registered in an Apprenticeship or Traineeship for this qualification in NSW?	<input type="checkbox"/> Yes, registered as an Australian Apprentice/Trainee <input type="checkbox"/> Yes, intending to be an Australian Apprentice/Trainee <input type="checkbox"/> No
Have you undertaken any other Smart and Skilled Qualifications this Calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently in Out of Home Care & aged 15-17 Or Have you previously been in Out of Home Care & aged between 18 – 30? Statutory Care – under a Childrens Court Care Order Supported Care – FACS determine person in need of care Children & young people in Out-of-home care usually reside with relative/kindship carers, foster carers or in resident care services.	<input type="checkbox"/> No I am not/have not been in Out of Home Care <input type="checkbox"/> Yes I am in Out of Home Care & aged 15-17 <input type="checkbox"/> Yes I have been in Out of Home Care & aged 18-30
Are you over 15yrs of age & experiencing or have experienced Domestic or Family Violence	<input type="checkbox"/> No I am not experiencing or have experienced domestic or family violence <input type="checkbox"/> Yes I am over 15yrs of Age and are/have experienced Domestic or Family Violence If Yes – please provide a letter of recommendation from a Domestic & Family Violence Service, Refuge or other support Agency.

NSW STUDENTS ONLY – CANDIDATE DECLARATION

CONSENT TO USE & DISCLOSURE OF PERSONEL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES

I _____
(First, middle and last Name)

Of _____
(Residential Address)

With Date of Birth _____

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 **ORS Training Solutions**) 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 & Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their Government function, 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 ORS Training Solutions for the purposes of evaluating and assessing my subsidised training.

Candidate Full Legal Name			
Signature of Candidate:		Date:	
<i>Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required</i>			
Name of guardian			
Signature of parent / guardian: (If under 18 years)		Date:	

VICTORIAN STUDENTS ONLY - COMPLETE THIS SECTION IF YOU LIVE IN VIC

If you are aged 24 or below at the time of enrolment, please provide your Victorian Student Number

Are you new to the Victorian Education System	<input type="checkbox"/> Yes I am new to the Victorian Education System. I have never attended a Victorian School, TAFE or other training provider. <input type="checkbox"/> No, please provide Victorian Student Number in the space provided below
Victorian Student Number	#

WESTERN AUSTRALIAN STUDENT ONLY - COMPLETE THIS SECTION IF YOU LIVE IN WA

How were you referred to this training?	<input type="checkbox"/> Broker <input type="checkbox"/> Self-Referred/other agency <input type="checkbox"/> Other
---	--

FEES AND REFUNDS POLICY

All States - Fee for Service Program Delivery, the following will apply:

- Learners who give notice to cancel their enrolment more than 10 days prior to the commencement of a program will be entitled to a full refund of fees paid.
- Learners who give notice to cancel their enrolment less than 10 days prior to the commencement of a program will be entitled to a 75% refund of fees paid. The amount retained (25%) by The ORS Group is required to cover the costs of staff and resources which will have already been committed based on the students initial intention to undertake the training.
- Learners who cancel their enrolment after a training program has commenced will not be entitled to a refund of fees.

NSW Smart & Skilled the following will apply:

When a Student withdraws from a Training/Course after Enrolment the following will apply:

Withdrawal without penalty

Students who withdraw from the Smart and Skilled training program prior to Induction & Commencement of Training will not be invoiced a student fee.

The Induction date will be known as the “Withdrawal with no penalty Cut-off Date”

Withdrawn after the cut-off date

A student who withdraws post Induction and Commencement of Training not be Eligible for a Refund of Fees payable, please see Deferring Student Section of the Policy

The student or employer will be provided with a Statement of Fees paid and any refund if applicable.

Deferring Students

A Student may defer their training/course for up to 12 months from your initial enrolment. If a student returns to training within that 12month period a new Smart and Skilled Fee will not be charged.

If you do not return to your training/course within that 12 month period, you will be reassessed via NSW Smart and Skilled to determine the appropriate fee at the time of your new enrolment.

Discontinuing Students – students who have withdrawn, cancelled or been ceased traineeship employment.

Where a student is unable complete their Training/Course due to Provider closure or where the provider is unable to continue to deliver Smart and Skilled a refund based on % of qualification yet to be completed, will refunded.

WA Future Skills

The student tuition fees are indicative only and are subject to change given individual circumstances at enrolment. Additional fees may apply such as Student Service and Resource fees.

Students will be issued an invoice outlining the unit of competent, delivery hours and associated Student Fee Type (Equity Concessional, Traineeship Concessional or Non Concessional) upon enrolment.

Evidence of Eligibility for of Concession rates must be provided –

- Youth Allowance or New Start Health Care Card for people not referred through a broker.
- Letter of referral letter from approved broker.
- If self-referred/referred by another agency evidence of unemployment or under employment

**NOTE – Withdrawal from a course/training program or Traineeship must be made in writing to
ORS Training Solutions - training@orsgroup.com.au**

PRIVACY INFORMATION

The ORS Group Privacy Policy

ORS Training Solutions takes the privacy of participants very seriously and complies with all legislative requirements. These include the Australian Privacy Principles set out in the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* and relate to the *Privacy Act 1988*.

For information about your privacy visit www.oaic.gov.au or please consult our Privacy Policy on our website, your student handbook which will be provided to you at induction or speak with one of our staff at an ORS Office.

Identification

If you chose not to provide identification evidence ORS Training Solutions may not be able to provide you with training services or issue appropriate qualifications.

USI Privacy

ORS Training Solutions seeks your consent to collection, use and disclose of your USI and associated personal information in line with the Student Identifiers Act 2014. Your personal information will not be shared or disclosed other than as described, without your consent.

Full USI Privacy policy details can be found at <https://www.usi.gov.au/documents/privacy-policy>

ALL STUDENTS – PRIVACY STATEMENT AND STUDENT DECLARATION

Privacy Notice

Under the Data Provision Requirements 2012, ORS Training Solutions 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 and your training activity data) may be used or disclosed by ORS Training Solutions for statistical, regulatory and research purposes. ORS Training Solutions may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student 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 hereby release my Unique Student Identifier (USI) Number to ORS Training Solutions for the purpose of reporting to the Student Identifiers Registrar
- I declare that I have received information about the qualification, training course or program and wish to enrol in this training.

Candidate Full Legal Name			
Signature of Candidate:		Date:	
Signature of parent / guardian (If under 18 years)		Date:	
EMPLOYER DECLARATION – IF APPLICABLE			
<ul style="list-style-type: none"> • I understand that ORS Training Solutions will provide training to my employee and seek my input and contribution throughout the duration. • I understand and acknowledge that ORS Training Solutions will not issue any qualification or Statement of Attainment until associated fees have been paid. • I confirm that all information supplied by me is true and correct. 			
Company Name:			
Company Contact:			
Signature:		Date:	

Disability Supplement

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 – Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 – Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 – Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 – Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 – Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 – Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 – Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 – Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 – Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.