

Enrolment Form

Office USE ONLY **STUDENT #**

Please complete and attach the Course admission application form-

SECTION A: PREVIOUS ENROLMENT DETAILS

Have you ever previously studied at Ants (Ants Consulting Pty Ltd?)	<input type="checkbox"/> Yes (see below)	<input type="checkbox"/> No
If so, please provide your Student ID number (if known)		

SECTION B: UNIQUE STUDENT IDENTIFIER

As of 1 January 2015 you will need to provide your Unique Identifier (USI) if you want to enroll to study any Nationally Recognised Training in Australia. This will normally happen at enrolment.
 A Unique Student Identifier (USI) is a reference number made up of numbers and letters that give students access to their USI account. The USI will make it easier for you to find and collate your VET achievements into a single authenticated transcript. It will also ensure that your VET records are not lost.
 To obtain your USI go to 'The Steps to create your USI' <http://usi.gov.au/Students/Pages/steps-to-create-your-USI.aspx> web page.

Required at the time of enrolment: Unique Student Identifier (USI)																			
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SECTION C: PERSONAL DETAILS

Title		Family name		
First given name				
Other given names				
Preferred given name (if relevant)		Previous name (s) (if relevant)		
Date of birth	/	/	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION D: ADDRESS DETAILS

i. RESIDENTIAL ADDRESS (Where you usually reside) - This is a compulsory requirement

Number and Street				
Town / Suburb		State		Postcode

ii. POSTAL ADDRESS (If different from the above)

Number and Street or PO Box				
Town / Suburb		State		Postcode

iii. CONTACT INFORMATION

Home phone number	()	Work phone number	()
Mobile phone number			
Email			
Preferred method of contact	<input type="checkbox"/> Hard copy to mailing address <input type="checkbox"/> Email Attachment <input type="checkbox"/> SMS Text Alert <input type="checkbox"/> SMS Voicemail <input type="checkbox"/> Facsimile		

SECTION E: NEXT OF KIN/GUARDIAN OR FINANCIAL GUARDIAN CONTACT DETAILS

Contact name		Relationship to you	
Telephone number	()	Mobile number	

SECTION F: REASON FOR STUDY

Of the following categories, which best describes your main reason for undertaking this course / traineeship / apprenticeship? (Please tick one box only)

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

SECTION G: CITIZENSHIP / CULTURAL DIVERSITY

Status of citizenship / residency?	<input type="checkbox"/> 1. Australian Citizen <input type="checkbox"/> 2. New Zealand Citizen <input type="checkbox"/> 3. Australian Permanent Resident Date Residency Granted / / <input type="checkbox"/> 4. Australian Permanent Humanitarian Visa _____ Date Residency Granted / / <input type="checkbox"/> 5. Australian Temporary Entry Permit * Year Of Entry To Australia / / <input type="checkbox"/> 6. Overseas Student Residing Overseas- * Country Of Citizenship- _____ Country Of Birth- _____ *If selecting option 5 or 6 an overseas address is required below: _____
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SECTION H: CITIZENSHIP

Main language spoken at permanent home residence?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes; more than one language is spoken at home. Please specify the one that is spoken most often: _____
Country of Birth?	<input type="checkbox"/> Australia <input type="checkbox"/> Other _____ Please specify year of arrival in Australia _____
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
Are you Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> No

SECTION I: SECONDARY SCHOOL EDUCATION

What is your highest COMPLETED school level? Tick one box only.

- | | | |
|----------------------------|----------------------------|---|
| Completed Year 12 – Form 6 | Completed Year 10 – Form 4 | Completed Year 8 or below – Form 2 or below |
| Completed Year 11 – Form 5 | Completed Year 9 – Form 3 | Did not go to school |

What CALENDAR YEAR was this completed? e.g. 1998

Are you still attending secondary school?

No. **If NO, and you're 17 years of age or under, you MUST provide a copy of your 'Secondary School Release Form'**

Yes. **Please provide name of school:** _____

SECTION I: SECONDARY SCHOOL EDUCATION (Continued)

Enter your Number

Have you attended any school since 2009 or done any training with a vocational education and (VET) registered training organisation or an Adult and Community Education provider since 2011?

<input type="checkbox"/> No –	<input type="checkbox"/> Yes – I have attended a school Since 2009. Most recent school attended: _____	And or	<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011. List the most recent training organisations with which you have participated in training since 2011. (List up to 3 training organisations) _____ _____
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SECTION J: PREVIOUS QUALIFICATIONS ACHIEVED

Have you **SUCCESSFULLY COMPLETED** any of the following qualifications?

No **If No, go to SECTION K. EMPLOYMENT**

Yes - **If YES, please enter 1 of these prior education achievement recognition identifiers at any applicable qualification level.**

- A – Australian**
- E – Australian equivalent**
- I – International**

Note: If you have multiple prior education achievement recognition identifiers for any one qualification use the following priority order to determine which identifier to use.

- A – Australian**
- E – Australian equivalent**
- I – International**

(Tick appropriate boxes below)

<table border="0"> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">E</td> <td style="text-align: center;">I</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Bachelor or Higher Degree</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Advanced Diploma or Associate Degree</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Diploma or Associate Diploma</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="padding-left: 40px;">Cert IV (Advanced Cert Technician)</td> </tr> </table>	A	E	I		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma or Associate Diploma				Cert IV (Advanced Cert Technician)	<table border="0"> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">E</td> <td style="text-align: center;">I</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Cert III or Trade Certificate</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Certificate II</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Certificate I</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="padding-left: 40px;">Other</td> </tr> </table>	A	E	I		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cert III or Trade Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I				Other
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			Other																																						

Did you complete the above qualification whilst attending Secondary School? No Yes

SECTION K: EMPLOYMENT

Of the following categories, which best describes your current employment status?
(Tick one box only)

<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Employer	<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
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SECTION K: EMPLOYMENT (Continued)	
Which of the following classifications best describes your current or recent occupation. (Tick one box only) If never employed go to next question.	
<input type="checkbox"/> 1. Managers	<input type="checkbox"/> 6. Hospitality Workers
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 7. Machinery Operators and Drivers
<input type="checkbox"/> 3. Technicians and Trade Workers	<input type="checkbox"/> 8. Labourers
<input type="checkbox"/> 4. Community and Personal Service Workers	<input type="checkbox"/> 9. Other
<input type="checkbox"/> 5. Clerical and Administrative Workers	
Which of the following classifications best describes the industry of your current or previous employer? (Tick one box only) If never employed go to next section.	
<input type="checkbox"/> A. Agriculture, Forestry and Fishing	<input type="checkbox"/> K. Financial and Insurance Services
<input type="checkbox"/> B. Mining	<input type="checkbox"/> L. Rental, Hiring and Real Estate Services
<input type="checkbox"/> C. Manufacturing	<input type="checkbox"/> M. Professional, Scientific and Technical Services
<input type="checkbox"/> D. Electricity, Gas, Water and Waste Services	<input type="checkbox"/> N. Administrative and Support Services
<input type="checkbox"/> E. Construction	<input type="checkbox"/> O. Public Administration and Safety
<input type="checkbox"/> F. Wholesale Trade	<input type="checkbox"/> P. Education and Training
<input type="checkbox"/> G. Retail Trade	<input type="checkbox"/> Q. Health Care and Social Assistance
<input type="checkbox"/> H. Hospitality/Accommodation and Food Services	<input type="checkbox"/> R. Arts and Recreation Services
<input type="checkbox"/> I. Transport, Postal and Warehousing	<input type="checkbox"/> S. Other Services
<input type="checkbox"/> J. Information Media and Telecommunications	

SECTION L: MEDICAL DETAILS	
Do you consider yourself to have a disability, impairment or long term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>If YES, please tick one or more of the boxes below</i>
<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 Injury
<input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition	<input type="checkbox"/> Other, please specify: _____
Are you interested in information about disability support services, equipment & facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Assistance is available for students with disabilities. Contact Trainer /CEO 0419256101</i>

SECTION M: EMPLOYER DETAILS (MUST be completed if currently employed)		
Business name		
Contact person		
Number and street		
Town / Suburb		
State	Postcode	
Phone	Fax	
Email		

SECTION N: PAYMENT DETAILS	
HEALTH CARE CARD (if applicable) <i>Please provide a copy OR a certified copy of available Health Care Card and attach to Enrolment Form</i>	
CREDIT CARD PAYMENT	
Direct Transfer:	Cash:
Cheque	

STUDENT ENROLMENT PRIVACY NOTICE AND ACKNOWLEDGEMENT

I understand that:

Ants is required to provide the relevant Government department, through the Department of Education, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Student Statistical Collection Guidelines.

The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, ANTS may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation OF THESE CONDITIONS.

The Education and Training Reform Act 2006 requires ANTS to collect and disclose my personal information for a number of purposes including the allocation to me of a USI Student Number and updating my personal information on the Student Register.

For students eligible for VET Fee Help, the following privacy statement also applies:

ANTS is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. ANTS IF REGISTERED ON SUCH PROGRAM will disclose this information to the Commonwealth Department of Industry, Innovation, Science, Research and Tertiary Education (DIISRTE) for those purposes. DIISRTE will store the information securely in the Higher Education Information Management System. DIISRTE may disclose the information to the Australian Taxation Office. ANTS and DIISRTE will not otherwise disclose the information without my consent unless required or authorised by law.

I acknowledge and agree to the terms described in this privacy statement and:

- ANTS has discussed and reviewed all policies & procedures and we have reviewed the student handbook
- I agree to abide by the Policies, Procedures and Standards of Conduct and rules of ANTS
- I agree to pay all fees and charges applicable to and arising from this enrolment.
- I am aware that ANTS will endeavour to conduct all courses as promoted and acknowledge the right of the training college
- I authorise ANTS, or its agent, in the event of illness or accident, where next of kin / emergency contact cannot be made within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- I authorise ANTS to release my result information where applicable; to my sponsor, employer (if apprentice or trainee),
 - The Participant will be given sufficient time and support in the workplace to undertake the required training obligations
 - The Complaints Policy has been discussed and is understood
 - The Privacy and Confidentiality Policy has been discussed and is understood
 - ANTS Learning Fees, Exemptions and Refund Policy has been discussed and is understood
 - Student Access & Equity Policy has been discussed
- I declare, that to the best of my knowledge and belief, the information provided on this form is correct and complete.

I give permission for ANTS Consulting Pty Ltd to apply for my Unique Student Identifier. I have supplied a verified copy of my:

Please Tick

Driver's Licence /Medicare Card /Australian Passport Visa (with Non-Australian Passport) Birth Certificate Citizenship Certificate.

Student signature		Date	/ /
Students under 18 years of age must have this form counter signed by a parent/guardian			
Parent / Guardian signature		Date	/ /

ANTS STAFF USE ONLY					
FEE AND PAYMENT DETAILS					
Fee type	Full fee	Concession	Invoice no:		Receipt no:
Materials	\$	\$	Contract no:		
Tuition	\$	\$	Notes:		
Services	\$	\$			
TOTAL	\$	\$			
ADMINISTRATION DATA ENTRY RECORD					
Student's data entered			Date	/ /	
Units selected			Date	/ /	
Enrolment completed			Date	/ /	

