

## Student Application Form (Domestic Students)

| 1. CLIENT INFORMATION                                                                                                                                                                                 |                                                                                              |               |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------|--------------------|
| Client Family Name                                                                                                                                                                                    |                                                                                              | Title         | Mr / Mrs / Ms / Dr |
| First Name                                                                                                                                                                                            |                                                                                              | Middle Name   |                    |
| Date of Birth (Day / Month / Year)                                                                                                                                                                    |                                                                                              | Mobile        |                    |
| Gender (Please tick)                                                                                                                                                                                  | Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> | Home Phone    |                    |
| Email                                                                                                                                                                                                 |                                                                                              | Work Phone    |                    |
| USI                                                                                                                                                                                                   |                                                                                              |               |                    |
| Do you give Everest Institute permission to email you as needed for the purposes of the course's conduct? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> |                                                                                              |               |                    |
| 2. EMERGENCY CONTACT INFORMATION                                                                                                                                                                      |                                                                                              |               |                    |
| Name                                                                                                                                                                                                  |                                                                                              | Home Phone    |                    |
| Relationship to You                                                                                                                                                                                   |                                                                                              | Work Phone    |                    |
| Mobile                                                                                                                                                                                                |                                                                                              | Email         |                    |
| 3. RESIDENTIAL ADDRESS                                                                                                                                                                                |                                                                                              |               |                    |
| Building/Property Name                                                                                                                                                                                |                                                                                              |               |                    |
| Flat/Unit Number                                                                                                                                                                                      |                                                                                              | Street Number |                    |
| Street Name                                                                                                                                                                                           |                                                                                              |               |                    |
| Suburb, locality or town                                                                                                                                                                              |                                                                                              |               |                    |
| State/Territory                                                                                                                                                                                       |                                                                                              | Postcode      |                    |
| 4. POSTAL ADDRESS (Same as Residential <input type="checkbox"/> )                                                                                                                                     |                                                                                              |               |                    |
| Building/Property Name                                                                                                                                                                                |                                                                                              |               |                    |
| Flat/Unit Number                                                                                                                                                                                      |                                                                                              | Street Number |                    |
| Street Name                                                                                                                                                                                           |                                                                                              |               |                    |
| Suburb, locality or town                                                                                                                                                                              |                                                                                              |               |                    |

|                        |  |                 |  |
|------------------------|--|-----------------|--|
| <b>State/Territory</b> |  | <b>Postcode</b> |  |
|------------------------|--|-----------------|--|

**Enrolment Details**

| Course/Unit Code | Course/Unit of competency | Enrolment Intake |
|------------------|---------------------------|------------------|
|                  |                           |                  |
|                  |                           |                  |
|                  |                           |                  |

**Evaluation Checklist**

|                                 |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |  |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Country of birth:               |                                                                                                                                                                                                                                                                                    | Language other than English spoken at home:                                                                                                                                                                                      |  |
| Proficiency in English:         | <input type="checkbox"/> Very well<br><input type="checkbox"/> Well                                                                                                                                                                                                                | <input type="checkbox"/> Not well<br><input type="checkbox"/> Not at all                                                                                                                                                         |  |
| Indigenous status:              | <input type="checkbox"/> Aboriginal<br><input type="checkbox"/> Aboriginal and Torres Strait Islander                                                                                                                                                                              | <input type="checkbox"/> Torres Strait Islander<br><input type="checkbox"/> Neither Aboriginal nor Torres Strait                                                                                                                 |  |
| Disability:                     | <input type="checkbox"/> No disability                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes, please specify:                                                                                                                                                                                    |  |
| Highest school level completed: | <input type="checkbox"/> Did not go to school<br><input type="checkbox"/> Completed Year 8 or below<br><input type="checkbox"/> Completed Year 9 or equivalent<br><input type="checkbox"/> Year higher school level completed:                                                     | <input type="checkbox"/> Completed Year 10 or equivalent<br><input type="checkbox"/> Completed Year 11 or equivalent<br><input type="checkbox"/> Completed Year 12 or equivalent<br><input type="checkbox"/> Currently in school |  |
| Prior qualifications:           | <input type="checkbox"/> No previous qualifications<br><input type="checkbox"/> Bachelor degree or higher degree level<br><input type="checkbox"/> Advanced diploma or associate degree level<br><input type="checkbox"/> Diploma level<br><input type="checkbox"/> Certificate IV | <input type="checkbox"/> Certificate III<br><input type="checkbox"/> Certificate II<br><input type="checkbox"/> Certificate I<br><input type="checkbox"/> Miscellaneous Education                                                |  |
| Employment category / status:   | <input type="checkbox"/> Full time employee<br><input type="checkbox"/> Part time employee<br><input type="checkbox"/> Employer<br><input type="checkbox"/> Self-employed – not employing others<br><input type="checkbox"/> Employed – unpaid work in a family business           | <input type="checkbox"/> Unemployed – seeking part time work<br><input type="checkbox"/> Unemployed – seeking full time work<br><input type="checkbox"/> Not employed – not seeking work                                         |  |

|                                                                                                                                                                          |                                                                                                                                                                   |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Study reason:                                                                                                                                                            | <input type="checkbox"/> To get a job                                                                                                                             | <input type="checkbox"/> To get a better job or promotion                                                                                               |
|                                                                                                                                                                          | <input type="checkbox"/> To develop my existing business                                                                                                          | <input type="checkbox"/> It was a requirement of my job                                                                                                 |
|                                                                                                                                                                          | <input type="checkbox"/> To start my own business                                                                                                                 | <input type="checkbox"/> I wanted extra skills for my job                                                                                               |
|                                                                                                                                                                          | <input type="checkbox"/> To try for a different career                                                                                                            |                                                                                                                                                         |
| Please write briefly about your reasons for study and how they relate to your personal goals and career path.                                                            |                                                                                                                                                                   |                                                                                                                                                         |
| <p>Do you have any skills or work experience relevant to your chosen study? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe.</p> |                                                                                                                                                                   |                                                                                                                                                         |
| <p>Have you previously undertaken this style of training? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, was it successful? Why / why not?</p>  |                                                                                                                                                                   |                                                                                                                                                         |
| How did you find Everest Institute (Ei)?                                                                                                                                 | <input type="checkbox"/> Word of mouth<br><input type="checkbox"/> Forum<br><input type="checkbox"/> Print ad<br><input type="checkbox"/> Trained with previously | <input type="checkbox"/> Search engine<br><input type="checkbox"/> Website link<br><input type="checkbox"/> Employer<br><input type="checkbox"/> Other: |
| Would you like Everest Institute to contact you to further discuss your enrolment?                                                                                       | <input type="checkbox"/> No<br><input type="checkbox"/> Yes, via phone                                                                                            | <input type="checkbox"/> Yes, via email                                                                                                                 |

**Please carefully read and sign the Student Indemnity Agreement on the following page before submitting the enrolment form.**

## **STUDENT INDEMNITY AGREEMENT**

**IN CONSIDERATION** of Everest Institute (Ei) permitting me to participate in the training, I agree with it as follows:

1. **I UNDERSTAND** that participating in any type of training or course or activity may be present varying forms of **RISK** and possible hazards and I voluntarily **ACCEPT** the risk of damage consequent upon or arising from my entry as a student, and the use of the Ei's facilities.
2. **I WILL** abide by the Rules and Regulations of Ei as to the training and to the use of the Ei 's facilities and the directions of the Ei 's officials including the right to terminate or cancel my training and the use of Ei's facilities at any time and for any reason.
3. **THE PERSONAL INFORMATION** I have supplied regarding my qualifications, experience and any other matter associated with the training is true and correct and I have **READ AND UNDERSTOOD** all of the clauses of this agreement before accepting the same and before my use of the Organiser's facilities or before any participation in training.
4. **IN THIS AGREEMENT** the following words shall respectively mean:

\_\_\_\_\_ the person named as such on this application form on this paper over the page.

Ei , and any teachers, lecturers, instructors, directors, officers, managers, advisors, employees, agents, licensees, subcontractors, subsidiaries, holding companies, associates and assignees, or any person associated with the company in any way; the course participation, company in control or any company or person authorising the use of the training products, its directors, officers, managers, advisors, employees, agents, licensees, subcontractors, subsidiaries, holding companies, associates and assignees or any person or company associated with the company or person in any way.

**"Company facilities"** - the land and buildings associated with any training or any part of the training, training resources, accommodation or training venue.

**"Use of the facilities"** - the use by the student or his / her attempted use of the Ei's facilities whether such use or access is in breach of this agreement or the Ei's Rules and Regulations or authorised or otherwise and whether intended to be so used or not.

**"damage"** - all loss or damage, costs or expenses, whether direct or indirect flowing from any legal liability, claim, demand, right of action, proceedings or judgment of whatever nature and whether arising at law or in equity and whether suffered to the person or property of Ei, the Student, or any other person or corporation and whether arising out of or consequent upon the negligence of the Organiser, the Student or otherwise.

**"Rules and Regulations"** - the Rules and Regulations are the Rules and Regulations relating to any Training which is available from Ei, and includes all amendments or alterations to the Rules and Regulations made from time to time.

## **PRIVACY NOTICE**

### **Why we collect your personal information**

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

### **How we use your personal information**

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

### **How we disclose your personal information**

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

### **How the NCVER and other bodies handle your personal information**

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact Everest Institute using the contact details listed below.

Ei's Privacy Officer in the first instance by phone 03 8393 6550 or email [enquiries@everest.edu.au](mailto:enquiries@everest.edu.au).

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will

handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vetprivacy-notice>.

### Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

### Contact information

At any time, you may contact Ei to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

I have read and understood the Student Indemnity Agreement and Privacy Notice (above).

**NAME:** \_\_\_\_\_ (Please print)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **UNIQUE STUDENT IDENTIFIER (USI)– CONSENT FORM**

From 1 January 2015 if you are undertaking nationally recognized training you will need to have a Unique Student Identifier (USI). This includes all students who are continuing a course they started prior to 2015, and all new students.

Before completing this form, students should review the Fact Sheet: Student Information for the Unique Student Identifier available at the USI website [www.usi.gov.au](http://www.usi.gov.au)

**Creating your own USI:** It is free and easy for you to create your own USI online. You can create your own USI at the USI website [www.usi.gov.au/students](http://www.usi.gov.au/students)

If you create your own USI, you should provide your USI to Ei as soon as possible so that your USI can be verified and records updated.

### **Ei can create your USI for you**

While you may create your own USI, Ei is also able to create a USI for you. This application form should be completed and returned to institute as soon as possible for your USI to be created.

| <b>Unique Student Identifier (USI) – Consent Form</b>                                                                                                                                                                                         |  |                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|
| First Name:                                                                                                                                                                                                                                   |  |                     |  |
| Middle Name:                                                                                                                                                                                                                                  |  | Family Name:        |  |
| Date of Birth:                                                                                                                                                                                                                                |  | Student ID:         |  |
| Country of Birth:                                                                                                                                                                                                                             |  | Town/City of Birth: |  |
| Mobile Phone:                                                                                                                                                                                                                                 |  | Home Phone:         |  |
| Email:                                                                                                                                                                                                                                        |  |                     |  |
| Address:                                                                                                                                                                                                                                      |  | Suburb/Town/City:   |  |
| State:                                                                                                                                                                                                                                        |  | Postcode:           |  |
| Unique Student Identifier (USI) Number (if known):                                                                                                                                                                                            |  |                     |  |
| <p>Do you give Ei permission to: (Please tick)</p> <p><input type="checkbox"/> Create a USI on your behalf</p> <p><input type="checkbox"/> Verify your details</p> <p><input type="checkbox"/> Search for your USI and/or Training Record</p> |  |                     |  |

### Personal Identification

To create a USI, you will need to provide at least **one valid** Australian form of ID to Everest Institute from the list below:

|                                                                                                         |  |                   |  |
|---------------------------------------------------------------------------------------------------------|--|-------------------|--|
| <b>Driver's License</b>                                                                                 |  |                   |  |
| State:                                                                                                  |  | License Number:   |  |
| <b>Medicare Card</b>                                                                                    |  |                   |  |
| Medicare Card Number:                                                                                   |  | Card Colour:      |  |
| Individual Reference Number:                                                                            |  | Expiry Date:      |  |
| <b>Australian Passport</b>                                                                              |  |                   |  |
| Document Number:                                                                                        |  |                   |  |
| <b>Birth Certificate (Australian) <i>*Please note a Birth Certificate extract is not sufficient</i></b> |  |                   |  |
| State:                                                                                                  |  |                   |  |
| <b>Certificate of Registration by Descent</b>                                                           |  |                   |  |
| Acquisition Date:                                                                                       |  |                   |  |
| <b>Citizenship Certificate</b>                                                                          |  |                   |  |
| Document Number:                                                                                        |  | Acquisition Date: |  |
| <b>IMMI Card</b>                                                                                        |  |                   |  |
| ImmiCard Number:                                                                                        |  |                   |  |

### Privacy Notice

If you do not already have a Unique Student Identifier (USI) and you want Ei to apply for a USI to the Student Identifiers Registrar (Registrar) on your behalf, Ei will provide to the Registrar the following items of personal information about you:

- Your name, including first or given name(s), middle name(s) and surname or family name as they appear in an identification document;
- Your date of birth, as it appears, if shown, in the chosen document of identity;
- Your city or town of birth;
- Your country of birth;
- Your gender; and
- Your contact details

If you ask Ei to make an application for a student identifier on your behalf, Ei will have to declare that Ei has complied with certain terms and conditions to be able to access the online student identifier portal and submit this application, including a declaration that Ei to has given you the following privacy notice:

You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI:

- Is collected by the Registrar for the purposes of:



- ☐ Applying for, verifying and giving a USI;
- ☐ Resolving problems with a USI; and
- ☐ Creating authenticated vocational education and training (VET) transcripts;
- May be disclosed to:
  - ☐ Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
    - The purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
    - Education related policy and research purposes; and
    - To assist in determining eligibility for training subsidies;
  - VET Regulators to enable them to perform their VET regulatory functions;
  - VET Admission Bodies for the purposes of administering VET and VET programs;
  - Current and former Registered Training Organizations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - Institute for the purposes of delivering VET courses to the individual and reporting on these courses;
  - The National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - Researchers for education and training related research purposes;
  - Any other person or agency that may be authorized or required by law to access the information;
  - Any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
  - Will not otherwise be disclosed without your consent unless authorized or required

### Privacy policies and complaints

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

#### Collection of your data

Everest Institute (Ei) is required to provide the Department with student and training activity data. This includes personal information collected in Ei's enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). Ei provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

#### Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning including interaction between the Department and Student where appropriate. The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

#### Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

|                           |  |              |  |
|---------------------------|--|--------------|--|
| <b>Student Name:</b>      |  |              |  |
| <b>Student Signature:</b> |  | <b>Date:</b> |  |

### **OFFICE USE ONLY**

Application Received by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Application updated in Student Management System by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Informed of the Outcome **Yes / No** Informed by \_\_\_\_\_

Documentation Filed in Student File **Yes / No** Filed by \_\_\_\_\_