

APPLICATION FOR ENROLMENT FORM (International Students)

NAME AND CONTAC	T DETAILS				
Given Name:					
Family Name:					
Date of Birth	/ / (dd-mm-yyyy)	Gender:	□Male	□Female	□Other
Mobile					
Email:					
Residential Address					
Postal Address					
(if different from above)					

NEXT OF KIN/EMERGENCY CONTACT					
Name:		Relation	ship to you:		
Address:					
				Postcode:	
Phone:		Email:			

PASSPORT DETAILS	5			
Passport Number:				
Nationality:			Expiry date	
Are you currently in Au	ustralia	🗆 Yes 🛛 No	Visa Subclass	

OVERSEAS STUDENT HEALTH COVER (OSHC)						
All International Stude	nts on a s	student visa must be	have OSHC			
Do you currently have OSHC	□ Yes	□ No (If yes, provid	e details below)			
OSHC Provider Name						
Membership Number			Expiry Date			
Do you want SIT to organise OSHC	□ Yes	□ No (I will organise	e OSHC myself)			



COURSE DETAILS				
Which course would you like to enroll into?	 MEM40119 Certificate IV in Engineering (BSB40920 Certificate IV in Project Management BSB50820 Diploma of Project Management 	M31922 Certificate III in Engineering (111999B) M40119 Certificate IV in Engineering (108266K) B40920 Certificate IV in Project Management Practice (107503K) B50820 Diploma of Project Management (107504J) B80120 Graduate Diploma of Management (Learning) (109285K)		
Intake month				
Have you ever studied with	State Institute of Training before?	□ Yes □ No		
Do you wish to apply for Credit? If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.		□ Yes □ No □ Maybe I'd like more information		
	ecognition of Prior Learning? e contacted to discuss this further.	□ Yes □ No □ Maybe I'd like more information		

LAI	LANGUAGE AND CULTURAL DIVERSITY					
1.	In which country were you born?	Australia Other, please specify:				
2.	Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	 No, English only Yes, other, please specify: If you have ticked Yes above, please proof of your English Language Proficiency (e.g. IELTS, PTE, TOEFL) Please attach a copy of the results. 				
3.	Are you of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.	 □ No □ Yes, Torres Strait Islander 	 Yes, Aboriginal Yes, Aboriginal and Torres Strait Islander 			

DIS	SABILITY			
4.	4. Do you consider yourself to have a disability, impairment or long-term condition?		□ Yes	□ No
5. If yes, please indicate the area of disability, impair			rment or	long term condition (tick as many as apply)
	Hearing/deaf	□ Intellectual	I	Mental illness
	Physical	□ Learning		Medical condition
	Acquired brain impairment	□ Vision	I	Other (Please specify):



SCHOOLING

6. What is your highest COMPLETED school level (tick one box only)						
□ Year 12 or equivalent	□ Year 11 or equivale	ent		Year 10 or equivalent		
□ Year 9 or equivalent	□ Year 8 or below			Never attended school		
7. Are you still enrolled in secondary or senior education?		□ Yes	□ No			

PREVIOUS QUALIFICATION ACHIEVED

8.	Have you SUCCESSFULLY completed any of the following	□ Yes – <i>indicate below</i>
	qualifications?	🗆 No

9. If yes, please enter ONE of these Prior Education Achievement Recognition Identifiers for ANY applicable qualification level.

If you have multiple Prior Education Achievement Recognition Identifiers for any one	e qualification, use the following
priority order to determine which identifier to use: 1. A – Australian 2. E– Australian	equivalent 3. I – International

Bachelor Degree or Higher Degree	ΠA	ΠE	Certificate III (or Trade Certificate)	ΠA	DE	
Advanced Diploma or Associate Degree	ΠA	ΠE	Certificate II	ΠA	ΠE	
Diploma (or Associate Diploma)	ΠA	ΠE	Certificate I	ΠA	ΠE	
Certificate IV (or Advanced Certificate/Technician)	ΠA	ΠE	Other education (including certificates or overseas qualifications not listed above)	ΠA	ΠE	

EMPLOYMENT

10. Of the following categories, which BEST describes your current employment status? (Tick one box only)						
□ Full-time employee	Self-employed – employing othersEmployer	Unemployed – seeking part-time work				
□ Part-time employee	Employed – unpaid worker in a family business	Not employed – not seeking employment				
 Self-employed – not employing others 	□ Unemployed – seeking full-time work					

STUDY REASON 11. Of the following categories, which BEST describes your main reason for undertaking this course? (Tick one box only) To get a job It was a requirement of my job To develop my existing business I wanted extra skills for my job To start my own business To get into another course of study To try for a different career For personal interest or self-development To get a better job or promotion Other reasons



UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, we, State Institute of Training 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). If you have not yet obtained a USI you can apply for it directly at <u>http://www.usi.gov.au/create-your-USI/</u> on computer or mobile device.

20. Enter your unique student identifier (if you already have one)

Additional Information for USI Application - only required if you do NOT already have a USI

If you would like us State Institute of Training to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx. You must also provide some additional information so that we can apply for a USI on your behalf.

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___ authorise

State Institute of Training to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.

In accordance with section 11 of the *Student Identifiers Act 2014*, State Institute of Training will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it. Card Number:

AGENT DETAILS					
Agent Name:					
Business Name		Location			
Phone		Email:			

DOCUMENT CHECKLIST					
The following supporting documents must be included when you submit your application. Applications that are submitted without necessary supporting documents will be delayed in processing. Please select all relevant.					
Certified copy of Passport	Evidence of English Language proficiency				
□ Visa copy	\Box Evidence of OSHC (if applicable)				
□ Certified copies of all previous qualifications	□ Other COEs (If applicable)				

PRIVACY STATEMENT & STUDENT DECLARATION

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.

Failure to provide your personal information, SIT will not be able to enrol you as a student.



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.

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

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/vet-privacy-notice.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, thirdparty 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 SIT 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 SIT



Declaration

By signing this form, I acknowledge that I have read and understood the information provided above. Also;

- I have read and understood the information related to my course and the Student handbook.
- I give permission to SIT to check my visa status using Visa Electronic Verification Online (VEVO) System.
- I give permission to SIT to source USI on my behalf (Only applicable if ticked yes in the form)
- I declare that the all the information provided in this form is true and correct. I understand that failure to provide correct information or documentation may result in cancellation of my enrollment.
- I agree to abide by the above terms and conditions and consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above. The information and documents provided by me are true and correct in all respects.

Student Signature:	Date:	/	/	
Printed Name:				

FOR SIT OFFICE USE ONLY					
Date Form Received:					
Supporting Documents Received		□ No			
Received by:				Date:	