

*Surname:		*Given Name:	
*Other Name/s:		Title:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
*Birth Date:	*USI:	Mobile:	
Email:			
Town/City of Birth:		Home Ph:	Work Ph:
Emergency Contact Person:		Relationship:	Phone:

*Your Usual Residential Address: <i>(Australian address required)</i>		
Suburb:	State:	Post Code:
*Postal Address: <i>(If different from above)</i>		

*Country of Birth:	Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Other: <i>specify</i> _____
Are you? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal AND Torres Strait Islander <input type="checkbox"/> None of these	
Select the highest level of school COMPLETED <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10	
<input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not attend	Are you still enrolled in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No

Your employment status?			
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee	<input type="checkbox"/> Self-employed <i>- not employing others</i>	<input type="checkbox"/> Self-employed <i>- employing others</i>
<input type="checkbox"/> Unemployed <i>- seeking full time work</i>	<input type="checkbox"/> Unemployed <i>- seeking part time work</i>	<input type="checkbox"/> Not employed <i>- not seeking work</i>	<input type="checkbox"/> Employed - <i>unpaid worker in family business</i>

Do you have a disability, impairment or long term condition? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>please specify 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 Impairment
<input type="checkbox"/> Vision - <i>does not include wearing glasses/lenses</i>	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other

Have you SUCCESSFULLY completed any of the following qualifications? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>please specify below</i>			
<input type="checkbox"/> Bachelor Degree or Higher	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate IV
<input type="checkbox"/> Certificate III	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other - <i>including certificates or overseas qualification not listed above</i>

Unique Student Identifier (USI): From 1 January 2015, students require a USI before KG Training and Assessing (KGTA) can issue an award (certificate). KGTA are required to include your USI in the data we submit to NCVER. If you have a USI, please provide it in the space above - **by doing so you consent to KGTA verifying your USI with the USI Registry.** If you do not have a USI, you can apply for one directly at <https://www.usi.gov.au/your-usi/create-usi>. **NOTE:** You should not have more than one USI, before attempting to create one, please use <http://www.usi.gov.au/faqs/i-have-forgotten-my-usi/> to check if you already have a USI. If you have not provided your USI above, **by signing this form you acknowledge that you have read and consent to the collection, use and disclosure of your personal information** (which may include sensitive information) pursuant to the information detailed at <http://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>, **and authorise KGTA to search and/or apply for a USI on your behalf** pursuant to Part 2, Division 2, sub-section 9(2) of the Student Identifiers Act 2014. Where KGTA applies for your USI, you request the USI Registry send details of your USI to you via - *** please circle one Email / Mobile / Mail.**

Signed: _____ **Date:** _____

Unique Student Identifier (USI):

A USI can be easily created at www.usi.gov.au from your mobile device or PC, creating your own USI only takes a few minutes and is a preferred method of obtaining it as you are able to set a password as you go. If you create or already have a USI, you need to provide it on page 1 of this form, by doing so you are consenting to us verifying it on the USI Registry System before we can issue your award.

If you are unable to create your own USI and would like us to apply for a USI for you, you must;

- Provide the information requested on page 1 of this form
- Provide at least one of the acceptable identification documents below
- Identify your preferred method of contact for the USI Registry on page 1 of this form, and
- Authorise us to create a USI for you by signing page 1 of this form.

Once we have successfully applied for your USI, you will receive a communication from the USI registry to set a password for your USI.

Student Identifiers Registrar - Acceptable Identification Documents

To create a USI, you will need to provide us with at least one (1), preferable two (2) of the following documents;

- Australian Driver's Licence (MDL)
- Medicare Card
- Australian Passport
- Non-Australian Passport
- Australian Birth Certificate
- Certificate of Registration By Descent
- Citizenship Certificate
- ImmiCard

*Surname:	*Given Name:	*Date of Birth:
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*Course Enrolment Details: <i>Tick course/s enrolled in below</i>			
<input type="checkbox"/> † REFRESHER Safe Working at Heights	<input type="checkbox"/> † REFRESHER Confined Space Entry	<input type="checkbox"/> △ MANDATORY PRE-STUDY Forklift Truck	<input type="checkbox"/> △ MANDATORY PRE-STUDY Elevated Work Platform
<input type="checkbox"/> † FULL COURSE Safe Working at Heights	<input type="checkbox"/> † FULL COURSE Confined Space Entry	<input type="checkbox"/> 2 DAY Forklift Truck	<input type="checkbox"/> 2 DAY Elevated Work Platform
<input type="checkbox"/> Dogging	<input type="checkbox"/> Basic Rigging	<input type="checkbox"/> Intermediate Rigging	<input type="checkbox"/> Advanced Rigging
<input type="checkbox"/> Basic Scaffolding	<input type="checkbox"/> Intermediate Scaffolding	<input type="checkbox"/> Advanced Scaffolding	<input type="checkbox"/> Other _____

*Of the following, which BEST describes your main reason for undertaking this training?			
<input type="checkbox"/> To get a job 01	<input type="checkbox"/> To get a better job or promotion 05	<input type="checkbox"/> Other reasons 11	
<input type="checkbox"/> To develop my existing business 02	<input type="checkbox"/> It's a requirement of my job 06	<input type="checkbox"/> Personal interest/self-development 12	
<input type="checkbox"/> To start my own business 03	<input type="checkbox"/> I wanted extra skills for my job 07	<input type="checkbox"/> To get skills for community / voluntary work 13	
<input type="checkbox"/> To try for a different career 04	<input type="checkbox"/> To get into another course 08		

Declaration:

† **REFRESHER and † FULL COURSE - Safe Working at Heights and Confined Space Entry:** You are required to complete pre-study by reading the Learner Guide. By signing this form, you confirm that you completed the mandatory reading. † **REFRESHER** You are required to provide a copy of your previous Statement of Attainment issued within the last four (4) years. If you completed the training over four (4) years ago, by signing this form you confirm that you have current experience working 'at heights' and/or 'in confined spaces' during the last four (4) years.

△ **Forklift / Elevated Work Platform Courses with Mandatory Pre-Study:** You are required to complete mandatory pre-study (read Learner Guide, complete Pre-Study Questions, then study the completed pre-study questions and bring the completed study to the course. By signing this form, you confirm that you completed the mandatory reading and study.

Third Party Engagement: By signing this form, you acknowledge that where a third party (eg. an employer), has booked and/or paid for training and/or VOC, they will be provided with a copy of your results. If you require more information about when this would apply, please do not hesitate to ask one of KG Training and Assessing's administration staff.

Privacy Notice: Under the Data Provision Requirements 2012, KGTA 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 KGTA for statistical, administrative, regulatory and research purposes. KGTA may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER;

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

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

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

*Student Signature:	Date:
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Under the age of 18? *Parental/guardian consent is required.	Date:
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OFFICE USE ONLY:			
Date: _____	Trainer: _____	Registered By: _____	Checked By: _____
ID Supplied: <input type="checkbox"/> Driver's License <input type="checkbox"/> High Risk License <input type="checkbox"/> Passport <input type="checkbox"/> Medicare Card <input type="checkbox"/> Bank Card <input type="checkbox"/> Other _____			
Passport Photos: <input type="checkbox"/> Required <input type="checkbox"/> Supplied / Not Required Pre-requisite HRWL Required: <input type="checkbox"/> Validated (State Issued _____)			