

Learner Application and Agreement

CHC33015 – Certificate III in Individual Support

(Ageing, Home and Community)



'This Training is subsidised by the NSW Government'

Smart and Skilled

1300 772 104

<https://smartandskilled.nsw.gov.au/home>

Casey College

445 Hume Highway, Casula NSW 2170

(02) 8778-7777

[http://caseycentre.com.au/casey-college/
become@caseycollege.com.au](http://caseycentre.com.au/casey-college/become@caseycollege.com.au)

Personal details

Full name: _____

Please write the name that you used when you applied for your USI, including any middle names. If you do not yet have a USI and want Casey College to apply on your behalf, **you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.**

DOB: _____ Email: _____

Address: _____

_____ P/Code _____

Phone: _____ Mobile: _____

Emergency contact person: _____ Phone Number: _____

City/Town of Birth: _____ Country of Birth: _____

If you have previously completed a course with us, please state which course and the date completed: _____

Please provide your USI Number (Unique Student Identifier):

Payment Options

You can make payments using any of the following methods:

Cash, Credit Card, Debit Card, Purchase Order, Money Order or Cheque addressed to Nursing Group Pty Ltd.

Please ensure that funds are available for processing. NB: All credit card payments will attract a fee of 2%.

Please tick the payment option you prefer:

Option 1 – Payment in full Option 2 – Payment plan (Please see your Training consultant)

Authority to Deduct – this section is for payment plans only and will be completed at enrolment

I, _____ allow Casey College to deduct the following amount of \$ _____ from the card details below, as per the payment plan selected in week _____ and week _____

Credit Card Type Visa MasterCard

Card number: _____

CRC: _____ Expiry date: _____

Name as it appears on the card: _____

Cardholder signature: _____ Date: _____

Please refer to our Learners Information Handbook for full payment and refund terms

Enrolment Checklist

Please use the checklist below to check that you are ready to enrol:

- Read the Learner Information Handbook
- Complete this application and agreement pack
- Book appointment for enrolment by calling (02) 8778 7777

Enrolment Questions

Gender (tick ONE box only)

- Male
 Female
 Other

Language and cultural diversity

In which country were you born?

- Australia
 Other please specify: _____

Do you speak a language other than English at home?

- No English only
 Yes please specify: _____

Are you of Aboriginal or Torres Strait Islander Origin?

- No
 Yes - Aboriginal
 Yes – Torres Strait Islander

Disability

Do you consider yourself to have a disability, impairment or long-term condition?

- No
 Yes see below;

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

- Hearing/deaf
 Physical
 Intellectual
 Learning
 Mental illness
 Acquired brain impairment
 Vision
 Medical condition
 Other

Schooling

What is your highest COMPLETED school level? (tick ONE box only)

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent
 Year 8 or below
 Never attended school

Are you still attending secondary school?

- Yes
 No

Prior qualifications achieved

Have you SUCCESSFULLY completed any of the following qualifications?

Please tick any applicable boxes:

- Bachelor degree or higher degree
 Advanced diploma or associated degree
 Diploma (or associated diploma)
 Certificate IV (or advanced certificate/technician)
 Certificate III (or trade certificate)
 Certificate II
 Certificate I
 Other education (including certificates r overseas qualifications not listed above)

Employment

Of the following categories, which BEST describes your current employment status?

- Full time employee
 Part-time/Casual employee
 Self-employed – not employing others
 Self-employed – employing others
 Employed – unpaid family worker
 Unemployed – seeking full time work
 Unemployed – seeking part time work
 Not employed – not seeking employment

Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship (Tick ONE box only).

- To get a job
 To develop my existing business
 To start my own business
 To try for a different career
 To get a better job or promotion
 It was a requirement of my job
 I wanted extra skills for my job
 To get into another course of study
 For personal interest or self-development
 Other reasons

Learner Agreement

I declare that I have been provided with the Learner Information Handbook which outlines terms and conditions of Casey College and requirements of my chosen course.

I have been made aware of the cancellation and refund policy.

I have been provided information and understand the requirements of all assessments.

I have been explained and agree to undertake all assessment required. I understand that if I hand in assessments late, it may take Casey College up to 4 weeks to mark these assessments and this may prevent me attending work placement or progressing in the course until this is attended.

I understand that if I submit an assessment that is identical to another student's (past or present), this will be considered plagiarism and I will receive a "Not Satisfactory" result. I will not be given a second chance to complete the assessment and I will not be able to complete the course and gain my qualification.

I authorise Casey College to verify my current USI (Unique Student Identifier), or if necessary apply for a USI on my behalf. I understand that Casey College will make enquiries to authenticate any learning I have undertaken, similarly, I authorise Casey College to confirm any learnings I have undertaken with Casey College with any Third Parties enquirers.

I declare that all of my personal details I have provided are accurate and correct.

I understand that my personal details will be viewed by Casey College employees for training and assessment purposes and by Australian Skills Quality Authority (ASQA), Department of Education and Training (DET) for auditing purposes and VET administrative collection as a regulatory reporting requirement, the information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes.

I acknowledge that I have been made aware of my rights and options for making a complaint or providing feedback about my training.

I understand that by not abiding by the requirements and condition it may result in me being withdrawn from the course and therefore not obtaining the qualification.

I authorize/do not authorise, Casey College to use all personal imagery and/or information for marketing purposes

National Crime Check

I declare that I do not have a history of any criminal convictions or a record of any disclosable court outcomes. I understand that if I supply Casey College with incorrect or misleading information it will result in me being withdrawn from the course, losing all fees paid and not receiving a certificate as I will be ineligible to complete the mandatory Work Placement.

Learner's name: (please print)

Learner's signature

Date:

Privacy Statement and Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that my RTO Casey College is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research LTD (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/research purposes:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship
- Employer – if I am enrolled in training paid by my employer
- Government departments and authorised agencies
- NCVER
- Organisations conducting student surveys
- Researchers

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. Please note you may opt out of the survey at the time of being contacted.

Learner signature: _____ Date: _____

Parent/Guardian signature*: _____ Date: _____

*Parental/Guardian consent is required for all students under the age of 18

NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website www.ncver.edu.au)

Consent to use and disclosure of personal information to the Department of Industry, Skills and Regional Development and other Government Agencies

I _____
(First, middle and last Name)

of _____
(Current 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 Casey College may be disclosed to the Department of Industry, Skills and Regional Development (Department).

The Department may disclose my personal information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, 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 Casey College for the purposes of evaluating and assessing my subsidised training.

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: ____/____/____
(Note: if under 18 years of age at the time of giving consent, then the consent of their guardian is required)

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ DATE: ____/____/____

USI application through Casey College

If you would like Casey College 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 www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I _____, authorise Casey College to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf, and NCVER policies, procedures and protocol published in NCVER's website at www.ncver.edu.au

Town/City of Birth _____
(please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

Please provide details for one of the forms of identity below (numbers 1 to 7). Please ensure that the name written in 'personal details' section is exactly the same as written in the document you provide below.

1. Australian Driver's Licence

State: _____ Licence number: _____

2. Medicare Card

Care colour: Green Yellow

Medicare card number: _____

Individual reference number: _____ Expiry date: _____

3. Australian Passport

Passport number _____

4. Non-Australian Passport (with Australian Visa)

Passport number: _____ Country of issue: _____

5. Immicard

Immicard number: _____

6. Citizenship Certificate

Stock number: _____ Acquisition date: ____/____/____

7. Certificate of Registration by Descent

Acquisition date: ____/____/____

In accordance with section 11 of the Student Identifiers Act 2014, Casey College 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.