

Personal details

1. Enter your full name *

First Name:

Middle Name:

Last Name:

Preferred Name:

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Vision International College to apply for a USI 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. See section on the USI at the end of this form for a detailed explanation.

2. Enter your birth date DD/MM/YYYY

3. Gender (Tick *ONE* box only)

Male

Female

Other

4. Enter your contact details

Home Ph:

Work Ph:

Mobile :

Email address

Facebook:

Your Nationality

Australian Citizen:

Permanent Resident:

Other

Your Address

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

5. What is the address of your usual residence?

Building or Property name:

Flat/Unit Number Street/Lot Number

Street Name

Suburb/Town

State/Territory Post Code Country

6. What is your postal address (if different from above)?

Building or Property name:

Flat/Unit Number Street/Lot Number

Street Name

Suburb/Town

State/Territory Post Code Country

Language and cultural diversity

7. In which country were you born?

Australia Other (specify)

8. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

English only: Other (specify)

9. Are you of Aboriginal or Torres Strait Islander origin?

No:

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

Disability

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

Yes No Go to question 12

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) Please refer to the Disability supplement for an explanation of the following disabilities at the end of this document.

11. Indicate The Areas Of Disability Below?

Hearing/deaf

Acquired brain impairment

Physical

Vision

Intellectual

Medical condition

Learning

Mental illness

Other Indicate

Schooling

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

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent

Year 8 or below

Never attended school/ Never completed any primary or secondary level education – go to question 14

12. Are you still enrolled in secondary or senior secondary education?

Yes

No

Previous Qualifications Achieved

13. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?

Yes

No – Go to Q 16

14. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree

Advanced diploma or associate degree

Diploma (or associate diploma)

Certificate IV (or advanced certificate/technician)

Certificate III (or trade certificate)

Certificate II

Certificate I

Other education (inc. certificates or overseas qualifications not listed above)

Employment

15. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee

Part-time employee

Self employed – not employing others

Self employed – employing others

Employed – unpaid worker in a family business

Unemployed – seeking full-time work

Unemployed – seeking part-time work

Not employed – not seeking employment

Study Reason

16. Of the following categories, select the one which BEST describes the main reason you are 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

Unique Student Identifier (USI)

From 1 January 2015, we Vision International College 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 on a computer or mobile device.

Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance

Enter your Unique Student Identifier (USI) (if you already have one)

Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that Vision International 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/or 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.

As the student I have read and understand the privacy statement

* [STUDENT SIGNATURE]

[DATE]

As the Parent/guardian I have read and understand the privacy statement

[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 at www.ncver.edu.au).

FURTHER APPLICANT DETAILS

Religious Domination:

Does the student have any allergies or dietary requirements?

Yes

No

If YES, please provide details:

Does the student have any learning difficulties?

Yes

No

If YES, please provide details:

Please indicate whether you would like to enrol in any electives*:

- Music
- Agriculture
- Mathematics
- Science

**Augustine Academy reserves the right to withdraw an elective subject when there are insufficient numbers of students enrolled.*

Briefly explain your reasons for attending Augustine Academy:

How did you hear about Augustine Academy?

PARENT/GUARDIAN DETAILS**FATHER/GUARDIAN****Title:****First Name:****Surname:****Home Phone:****Mobile Phone:****Email:****Home Address:****State:****Postcode:****MOTHER/GUARDIAN****Title:****First Name:****Surname:****Home Phone:****Mobile Phone:****Email:****Home Address:****State:****Postcode:****RESIDENTIAL & TRANSPORT AGREEMENT**

My child will require transport between Augustine Academy and the train station

Yes

No

If YES, Please complete the following

I give permission for (name of student) _____
to be driven to/from Augustine Academy from Picton train station by Augustine Academy Staff

Please indicate whether your child will be residing at Augustine Academy for the full week (full-time) or weekdays (part-time) only during term time:

Part-time residence

Full-time residence

I give permission for (name of student) _____
to reside at Augustine Academy, during Semester I and II 2019.

Signature Parent/Guardian:

Date:

Please attach the following with your completed and signed application:

1. An essay, previously written, or a new one on a topic of your choice (500 words minimum).
2. A passport-sized photo (preferably emailed).

PLEASE RETURN COMPLETED ENROLMENT FORMS WITH ESSAY & PHOTO TO:

Augustine Academy Administration:

Email: admin@augustineacademy.com.au

Address: 1285 Menangle Rd
Razorback, NSW, 2571.

If you have any questions about the application process please contact Augustine Academy Administration.