



Enrolment Form

PERSONAL DETAILS										
Title:					Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other				
Given Name:					Middle Name:					
SURNAME:					Date of Birth:					
Employer/Company Name: <small>(If payment is being made by employer)</small>					Employer/Company Email:					
Unique Student Identifier (USI):										Please BLOCK write USI #
<i>Volt Edge is prevented from issuing a Nationally Recognised VET Qualification or Statement of Attainment when you complete your course if you have not provided your Unique Student Identifier (USI). If you do not have a USI please refer to our student handbook for further details.</i>										
Mobile Number:					Home Number:					
Email Address: <small>(Please complete clearly and correctly as we require your email to send your Certificate on course completion)</small>										
Postal Address:										
Suburb:					State:			Post Code:		
Residential Address: <i>(If same, write 'as above')</i>					State:			Post Code:		
Suburb:					State:			Post Code:		

TRAINING COURSE:	
Location:	Date:
<input type="checkbox"/> EEHA – Installation & Maintenance of Electrical Equipment in Hazardous Areas <input type="checkbox"/> EEHA Refresher – Installation & Maintenance of Electrical Equipment in Hazardous Areas <input type="checkbox"/> Certificate IV in Hazardous Areas – Electrical <input type="checkbox"/> Certificate IV in Hazardous Areas – Electrical (Gap Training) <input type="checkbox"/> Hazardous Areas Compliance and Verification Dossier <input type="checkbox"/> Design Plan & Classify – Hazardous Areas <input type="checkbox"/> Overhaul – Overhaul & Repair of Electrical Equipment in Hazardous Areas <input type="checkbox"/> High Voltage Switching <input type="checkbox"/> High Voltage Switching (Refresher) <input type="checkbox"/> High Voltage Coordination <input type="checkbox"/> High Voltage Switching & Coordination <input type="checkbox"/> Certificate IV in Electrical – Instrumentation <input type="checkbox"/> Certificate III in Instrumentation & Control <input type="checkbox"/> Process Plant Operations Certificate <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Gas Supply Operations Certificate <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Online Training <input type="checkbox"/> Other _____	

MARKETING	
How did you hear about us?	<input type="checkbox"/> Website <input type="checkbox"/> Employer <input type="checkbox"/> Referral/Word of Mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify):
Why Volt Edge?	<input type="checkbox"/> Cost of Course <input type="checkbox"/> Quality of Training <input type="checkbox"/> Experience of Trainers <input type="checkbox"/> Locations of Training Suited <input type="checkbox"/> First Company I Found <input type="checkbox"/> Course Date/s Suited <input type="checkbox"/> Other (please specify):

AVETMISS INFORMATION	
Which best describes your current employment	
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment	
Language and Diversity	
In which country were you born? If from the UK please specify which country: <i>(e.g. England, Scotland, Wales, or Nth Ireland – NOT 'UK')</i> <i>(We require this information to verify your USI)</i>	<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Other – please specify: _____
In which Town/City were you born?	
What is your citizenship status?	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> International Study Visa <input type="checkbox"/> Visa – please specify: _____
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify: _____
Do you require assistance with English during your training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to have a disability, impairment or long-term Condition that may affect your training? If YES, then please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <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 <input type="checkbox"/> Medical condition <input type="checkbox"/> Other – please specify: _____

SCHOOLING		
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which school? QLD Students Only: LUI Number: _____
What is the highest COMPLETED school level?	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> No <input type="checkbox"/> Yes, tick any that apply <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other education: _____	
Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only.)	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reason: _____	

Privacy Notice

Under the Data Provision Requirements 2012, Volt Edge 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 for statistical, regulatory and research purposes. Volt Edge may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- Licencing body;
- NCVER;
- Organisations conducting student surveys;

I declare that:

- I have read and understood the Student Handbook including the privacy policy (available to each student in each classroom, with every trainer and on our website)
- I understand and accept that fees and charges apply to this enrolment and such fees and charges are payable and have read and understood the Payments, Cancellations and Refund Policy. I was provided with a statement of fees prior to enrolment
- I give my permission for Volt Edge to provide my employer a copy of my Certificate, Statement of Attainment or record of my results
- I give my permission for Volt Edge to take my image & reproduce my image for licencing identifications, assessment and for marketing purposes

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- 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 an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at www.ncver.edu.au).

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice at the end of this document.

STUDENT SIGNATURE [or electronic acknowledgement] DATE

PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement] * DATE

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