



Student Enrolment Form

CHC33021 Certificate III in Individual Support (Ageing and Disability)

Short Courses

HLTAID011 Provide First Aid

HLTHPS006 Assist clients with medication

HLTWHS002 Follow safe work practices for direct client care

HLTINF006 Apply basic principles and practices of infection prevention and control



Creating Brighter Futures

Head Office

4 Lahinch Drive
Fingal VIC 3939

Main Campus

Level 10, 474 Flinders Street
Melbourne VIC 3000

PROVIDING FALSE OR MISLEADING INFORMATION MAY RESULT IN YOUR ENROLMENT BEING CANCELLED

PRIVACY STATEMENT

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. Should you decline to provide required information we may not be able to process your enrolment application.

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. You should also be aware that if you reside overseas then we may need to disclose your personal information to overseas agents of the RTO. For example, if you as an overseas student use an education agent to assist with the enrolment process, then they will need to access personal information about you.

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 Employment and Workplace Relations (DEWR), 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 your RTO using the contact details listed below.

DEWR 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 DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.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, third-party 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 Platinum Institute 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.

Students may access Platinum Institute's Privacy Policy on the Institute's webpage.

This enrolment form is for use by students from the Solomon Islands

ENROLMENT QUESTIONS

1. Applicant Personal Details				
Title				
Given Name*				
Middle Name				
Family Name*				
Date of Birth*				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

**As it appears on your passport*

2. Contact Details	
Mobile number	
Email address	
Alternate email address *	

** If you have one*

3. Australian Address Details *				
3.1 Residential Address				
Street address				
Suburb City		State		Postcode
3.2 Postal Address (If same as residential address, please tick here.)				
Street address				
Suburb City		State		Postcode

** If you are currently offshore and do not have an Australian address, please fill in Section 4*

4. Permanent Overseas Address			
Address Line 1			
Address Line 2			
Suburb City			
State/Province		Zip code / Postcode	
Country			

5. Emergency Contact or Next of Kin			
Full name		Relationship	
Contact number		Email address	
Address			

6. Passport & Visa Details			
Passport number		Passport expiry date	
Passport country			
Country of birth		Nationality	
Do you currently hold an Australian visa?	<input type="checkbox"/> Yes (please fill 6.1 & 6.2)	<input type="checkbox"/> No (please fill 6.2)	
6.1 Section A (if applicable)			
Visa number		Visa type	
Visa expiry date			

8. Disability, Impairments and Special Needs			
<input type="checkbox"/> I do not have a disability, impairments and/or special needs			
<input type="checkbox"/> I do have a disability, impairments and/or special needs			
Please indicate if you consider you have any of the following disabilities, impairments, learning challenges, or long-term conditions that may affect your ability to complete your course?			
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"/>
Others, please specify			

9. Course Enrolment Application	
<input checked="" type="checkbox"/> Please indicate the course(s) in which you want to enrol.	
Qualification(s)	
<input type="checkbox"/> CHC33021 Certificate III in Individual Support (Ageing / Disability)	
<input type="checkbox"/> CHC33021 Certificate III in Individual Support (Ageing)	
<input type="checkbox"/> CHC33021 Certificate III in Individual Support (Disability)	
Short Course(s)	
<input type="checkbox"/> HLTAID011 Provide First Aid	
<input type="checkbox"/> HLTHPS006 Assist clients with medication	
<input type="checkbox"/> HLTWHS002 Follow safe work practices for direct client care	
<input type="checkbox"/> HLTINF006 Apply basic principles and practices of infection prevention and control	

10.0 Course Age Entry Requirement
<input type="checkbox"/> I confirm that I will be 18 years or older at the time of course commencement.

10.1 Image and Media Consent
Can the Institute photographs, or other media containing your image, that may be taken during classes or training sessions to promote the Institute in brochures, posters, the Institute's website and on similar promotional materials?. This consent is voluntary
<input type="checkbox"/> Yes, that's Ok
<input type="checkbox"/> No, I do not consent

11.0 Education & Previous Qualification		
Qualification Achieved	Year Finish	Education Provider
<input type="checkbox"/> Bachelor's Degree or higher		
<input type="checkbox"/> Advanced Diploma/Associate Degree Level		
<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"/> Year 12		
<input type="checkbox"/> Year 11		
<input type="checkbox"/> Any other qualifications, please specify:		
9.1 Current Studies (if you are currently enrolled in a course)		
Qualification	Date Started	Education Provider
12. English Language and Cultural Diversity		
Is English your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No (if 'No' complete section 12.1)		
If no, please specify your first language:		
12.1 English Language Proficiency Entry Requirement		
English Language Test Providers	Completed	Date Completed (dd/mm/yyyy)
International English Language Testing System (IELTS) Score 6.0 or higher	<input type="checkbox"/>	--/--/----
Completed Year 11, or higher	<input type="checkbox"/>	--/--/----
Completed a qualification, delivered in English, at AQF Level II or higher	<input type="checkbox"/>	--/--/----
<input type="checkbox"/> I have completed none of the above		
You may need to complete the Institute's English Language Proficiency Assessments before submitting this enrolment form.		
13.0 Aboriginal or Torres Strait Islander		
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, <input type="checkbox"/> Aboriginal, or <input type="checkbox"/> Torres Strait Islander		
14. Unique Student Identifier (USI)		
Do you have a Unique Student Identifier (USI)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Yes, please provide your USI details:		
No, you can create a USI via https://www.usi.gov.au/		
If you are unsure about how to proceed with this, please consult with Platinum Institute's Student Support and Careers Manager.		

15. Credit Transfer / Advanced standing / Recognition of Prior Learning (RPL)					
Will you be applying for credit transfer / advanced standing or Recognition of Prior Learning (RPL)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please fill below.					
Qualification(s) Completed or Currently Completing					
Code and Title of qualification(s)		Provider		RTO Code	
		Provider		RTO Code	
		Provider		RTO Code	
		Provider		RTO Code	
If you have selected Yes to any of the questions above, you need to provide certified copies of relevant documents, such as USI Transcript or Statement(s) of Attainment with this application.					

15.1 Are you transferring from another provider, such as an Institute of College? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Provider	
RTO Code*	

* You will find this on www.training.gov.au

16. Employment Status			
What is your current employment status?			
Full- time employee (<i>Go to 16.1</i>)	<input type="checkbox"/>	Part-time employee (<i>Go to 16.1</i>)	<input type="checkbox"/>
Self-employed – not employing others	<input type="checkbox"/>	Self-employed – employing others	<input type="checkbox"/>
Employed – unpaid worker in a family business (<i>Go to 16.1</i>)	<input type="checkbox"/>	Unemployed – seeking full-time work	<input type="checkbox"/>
Unemployed – seeking part-time work	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>
16.1 If currently employed, please provide details:			
Employer Name			
Employer Address			
Job Title			

17. Study Reason(s)	
<input type="checkbox"/> To get a job	<input type="checkbox"/> To get skills for community/voluntary work
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> Other reason(s) (<i>please specify</i>):	

18. Education / Migration Agent Details <i>(if applicable, to be completed by Agent)</i>	
Agency Name	
Contact Name	
Agent Address	
Telephone Number	
Email address	

19. Document and Action Checklist
Please note you need to attach <u><i>copies of all relevant documents</i></u> to support your application. Enrolment cannot be processed until all required certified documents are provided.
Please confirm if the documentation has been submitted with this application.
<input type="checkbox"/> Passport
<input type="checkbox"/> Visa
<input type="checkbox"/> Overseas Student Health Cover (OSHC) <i>(only if applicable)</i>
<input type="checkbox"/> Academic records for all studies completed e.g. USI Transcript, Statement(s) of Attainment or Academic Transcript(s)
Evidence of your proficiency in the English Language which meets course entry requirements: <input type="checkbox"/> Certificate of Year 11 or higher, or equivalent <input type="checkbox"/> IELTS English Proficiency Test result <input type="checkbox"/> AQF Qualification at Level II or higher
<input type="checkbox"/> I will bring my own laptop / notebook with internet access, and MS Word and MS Excel installed.
<input type="checkbox"/> Other supporting documents <i>(if applicable, please specify):</i>

Student Declaration

- I declare that the information given in this application and the supporting documentation is true and correct.
- I declare that I am a genuine student.
- I understand that my student visa requires me to remain with my provider until I complete six (6) months of my principal course, which is the course at the highest AQF level.
- I agree to allow the Platinum Institute to check my visa entitlements via DHA's visa Entitlement Verification Online (VEVO) system. I agree to allow the Platinum Institute to obtain official records from any prior or current educational institutions I have attended, and/or employers I have stated, on this application form, by whom I have been employed.
- I understand that Platinum Institute may give advance notice of its intention to cancel my enrolment if my tuition fees are not paid by the required date. If my enrolment is cancelled due to non-payment of fees, I understand that Platinum Institute will be required to cancel my Confirmation of Enrolment; and that I will have to seek advice from the Department of Immigration and Border Protection regarding my ongoing eligibility for a student visa.
- I understand that any incorrect information or documentation given or the withholding of relevant information or documentation that relates to this application may result in cancellation of an offer letter or enrolment as a consequence.
- I declare that I have visited the Platinum Institute's website and read relevant course guides and understand the relevant sections, including the course information of the courses I have selected, admission and entry requirements, tuition fees, terms and conditions and refund policy.
- I understand that my enrolment may be terminated, and all fees forfeited should any course work, or part thereof, submitted by me for assessment be found to be plagiarised, copied without acknowledgement or not my own, where it is clear that I present and submit it as my own work.
- I agree to allow the Platinum Institute to obtain official records from any prior or current educational institutions I have attended, or employers I have stated that I have been employed by on this application form.
- I understand that tuition fees do not include books and other course materials other than those specifically stated in the course guide. I have read and understood the above conditions and accept them in full.
- I understand that I will need to bring my own laptop / notebook with internet access, and MS Word and MS Excel installed

Additional Declaration for Sponsored Students Only:

- I understand that I am responsible for ensuring that the Financial Guarantee provided by my sponsor remains current.
- If my Financial Guarantee expires, becomes invalid or my sponsor fails to pay, I understand that I will become responsible for payment of my tuition fees, Overseas Student Health Cover and Amenities Fee (where applicable).

Your Full Name (as it appears on your passport)

Your Signature:

Date: _____

** Where a parent or legal guardian signs this declaration, a copy of an identify document, which includes the person's signature must be provided with this enrolment application. Students must be 18 years of age at the time of course commencement.*

Completed Enrolment Forms and documents may be submitted by mail as follows:

Platinum Institute
4 Lahinch Drive
FINGAL VIC 3939

OR

A scanned copy of the completed enrolment form, and required documents, may be submitted by email:

info@platinuminstitute.com.au

To pay your \$250 enrolment administration fee, please use the following bank details:

Bank Westpac

BSB 033 267

A/c No 532 437

You must include your full name, as it appears on your passport or other official ID document.