

STUDENT ENROLMENT AND STATISTICAL DATA FORM

A.B.N. 85 116 774 747



Government of Western Australia
North Regional TAFE

PERSONAL DETAILS				Student ID:	
Title	(Full Legal Name) First Name	Middle Name	Last Name		Preferred Name
Gender	Date of Birth	Personal Email	Business Email		
Postal Address			Postal Suburb	Postcode	
Residential Address			Residential Suburb	Postcode	
Home Phone		Work Phone	Mobile		
Emergency Contact Name			Emergency Contact Number		
CITIZENSHIP AND CULTURAL DETAILS					
In which country were you born?		Are you Aboriginal or Torres Strait Islander?			
		<input type="checkbox"/> NO <input type="checkbox"/> TORRES STRAIT ISLANDER <input type="checkbox"/> ABORIGINAL <input type="checkbox"/> BOTH ABORIGINAL & TORRES STRAIT ISLANDER			
Are you an Australian Citizen or the holder of Permanent Visa or Visa Sub-class 309, 444, 820 or a 457 dependant visa? <input type="checkbox"/> YES <input type="checkbox"/> NO			If NO , please refer to the Visa SubClass Guide link for eligibility & fees → VISA SUBCLASS GUIDE		
Do you speak a language other than English at home?			Do you require help with English or Maths?		
<input type="checkbox"/> NO, ENGLISH ONLY <input type="checkbox"/> YES, OTHER PLEASE SPECIFY: <input type="text"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO		
DISABILITY DETAILS					
Do you consider yourself to have a disability, impairment or long-term condition?					
<input type="checkbox"/> NO <input type="checkbox"/> HEARING / DEAF <input type="checkbox"/> MEDICAL CONDITION <input type="checkbox"/> ACQUIRED BRAIN IMPAIRMENT <input type="checkbox"/> YES, PLEASE COMPLETE SECTION TO THE RIGHT → <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL ILLNESS <input type="checkbox"/> VISION <input type="checkbox"/> I WOULD LIKE TO BE CONTACTED TO DISCUSS SUPPORT OPTIONS *All enquiries are kept confidential <input type="checkbox"/> INTELLECTUAL <input type="checkbox"/> LEARNING <input type="checkbox"/> OTHER					
Concession Type <i>PLEASE ATTACH A COPY OF YOUR PROOF OF CONCESSION</i>		Concession Number		Expiry Date	
UNIQUE STUDENT IDENTIFIER (USI) <i>ENROLMENT WILL <u>NOT</u> BE PROCESSED WITHOUT THIS</i>		CHECK OR CREATE YOUR USI HERE: USI PORTAL		NO USI NUMBER? - I give approval to the College to apply for a USI on my behalf: <input type="checkbox"/> YES, I CONSENT (PLEASE FILL ID SECTION BELOW)	
PLEASE PROVIDE ONE VALID FORM OF ID FOR USI (PLEASE ATTACH A COPY OF YOUR ID)					
<input type="checkbox"/> DRIVERS LICENCE (EXTRAORDINARY LICENCE IS NOT ACCEPTABLE) <input type="checkbox"/> CITIZENSHIP CERTIFICATE <input type="checkbox"/> MEDICARE CARD <input type="checkbox"/> CERTIFICATE OF REGISTRATION BY DESCENT <input type="checkbox"/> AUSTRALIAN PASSPORT (CURRENT OR AN EXPIRY DATE WITHIN THE LAST TWO YEARS) <input type="checkbox"/> BIRTH CERTIFICATE (AUSTRALIAN) <input type="checkbox"/> VISA (WITH NON-AUSTRALIAN PASSPORT) FOR INTERNATIONAL STUDENTS <input type="checkbox"/> IMMICARD					
Suburb of Birth		Country of Birth			
How do you want to receive your USI? <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> POSTAL ADDRESS			NOTE: if you are unable to provide a form of ID specified in the list above, please contact our Client Services staff on 1300 996 573.		
GUARDIAN DETAILS FOR STUDENTS UNDER 18 YEARS OF AGE					
Title	First Name		Last Name		
Home Address		Suburb	Postcode		
Home Phone	Work Phone	Mobile	Email		

STUDY REASON

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 TRY FOR A DIFFERENT CAREER | <input type="checkbox"/> I WANTED EXTRA SKILLS FOR MY JOB | <input type="checkbox"/> TO GET SKILLS FOR COMMUNITY/VOLUNTARY WORK |
| <input type="checkbox"/> TO DEVELOP MY EXISTING BUSINESS | <input type="checkbox"/> TO GET A BETTER JOB OR PROMOTION | <input type="checkbox"/> TO GET INTO ANOTHER COURSE OF STUDY | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> TO START MY OWN BUSINESS | <input type="checkbox"/> IT WAS A REQUIREMENT FOR MY JOB | <input type="checkbox"/> FOR PERSONAL INTEREST OR SELF-DEVELOPMENT | <input type="text"/> |

SCHOOLING AND EDUCATION

Are you currently attending a school? <input type="checkbox"/> YES <input type="checkbox"/> NO	For WA schools, name of current school (or last attended if not at secondary school):		Student Curriculum Council ID:
What is your HIGHEST completed school level? (tick one box only) <input type="checkbox"/> COMPLETED YEAR 12 <input type="checkbox"/> COMPLETED YEAR 9 <input type="checkbox"/> COMPLETED YEAR 11 <input type="checkbox"/> COMPLETED YEAR 8 OR LOWER <input type="checkbox"/> COMPLETED YEAR 10 <input type="checkbox"/> DID NOT GO TO SCHOOL In which YEAR did you complete that school level? <input type="text"/>		Have you successfully COMPLETED any of the following qualifications? <input type="checkbox"/> BACHELOR DEGREE OR HIGHER DEGREE <input type="checkbox"/> CERTIFICATE III (OR TRADE CERTIFICATE) <input type="checkbox"/> ADVANCED DIPLOMA OR ASSOCIATE DEGREE <input type="checkbox"/> CERTIFICATE II <input type="checkbox"/> DIPLOMA (OR ASSOCIATE DIPLOMA) <input type="checkbox"/> CERTIFICATE I <input type="checkbox"/> CERTIFICATE IV (OR ADVANCED CERTIFICATE) <input type="checkbox"/> CERTIFICATES OTHER THAN ABOVE In which YEAR did you complete that qualification? <input type="text"/>	

STUDENT DECLARATION

North Regional TAFE produces a variety of promotional material featuring students, staff and guests, including publications, multimedia productions and online content such as webpages and social media.

- I allow North Regional TAFE to reproduce, publish or broadcast my image or voice in any of the media outlined in the Copyright Act.

I understand that NRT respects my privacy and will not disclose personal information except where required by legislation or to meet the legitimate requirements of government agencies.

- I provide authorisation to release my academic records to a third party associated to this enrolment.

By signing:

I agree that all personal information above is correct and I understand that I am enrolling in the course/s and unit/s as shown on this form.

I agree to the Terms & Conditions of enrolment, as listed on the North Regional TAFE (NRT) website below or in a copy available from Client Services at any of NRT's campuses.

I agree to adhere to NRT's student-related Policies & Procedures, including the Student Code of Conduct, while enrolled.

[NORTH REGIONAL TAFE](#)

Student Signature	Guardian Signature (if student is under 18 years)	Date Signed	Enrolling Officer Signature	Enrolment Date

- Consent and Health Care Information Form (for under 18 students only)