

**GET Education Australia Student Information**

Please complete this in **full** Once Completed email to [enrolments@get.edu.au](mailto:enrolments@get.edu.au). **Surname, Middle and First Name:** Your name should appear as it does on your driver's license. 1x **Evidence** of Identification (D.O.B. & Address) and 1x **Evidence** of Citizenship required. **Unique Student Identifier (USI):** GET Education can obtain this for you or you can go online to [usi.gov.au](http://usi.gov.au) and complete the online application.

|  |   |   |  |                        |      |
|--|---|---|--|------------------------|------|
| Title  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Master  |   | Today's date   |                        |      |
| Family Name(Legal)   |   |   | Middle Name  |                        |      |
| First Names (Legal)  |   |   | Known Name:  |                        |      |
| Gender and DOB   | <input type="checkbox"/> Male   | <input type="checkbox"/> Female                                   | Date of Birth  |                        |      |
| Contact Details  | Email   |   |  |                        |      |
|  | Mobile  |   | Work   |                        | Home |
| Address  |   |   |  |                        |      |
| Suburb   |   | State   |  | Postcode               |      |
| Postal Address if different to above                                       |   |   |  | Postcode               |      |
| Mandatory Student Identification   | <input type="checkbox"/> Driver's License (front & back) <input type="checkbox"/> Medicare card <input type="checkbox"/> Other ID Document (Fill in Doc 1 and 2)  |   |  |                        |      |
|  | Doc. 1  |   |  | Doc. 1                 |      |
| Emergency Contact  | Name:   |   |  | Relationship           |      |
| Emergency Contact  | Phone:  |   |  | Mobile                 |      |
| Work Force Status  | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seeking <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Other   |   |  |                        |      |
| Current Job Position   |   |   | Time in this Position  |                        |      |
| Employer Company Name  |   |   |  | ABN                    |      |
| Employer/Supervisor Contact Details  | Name  |   |  | Work                   |      |
|  | Email   |   |  |                        |      |
| Company / Employer Address   |   |   |  |                        |      |
| Postal if different  |   |   |  | Postcode               |      |
| Indigenous Status  | <input type="checkbox"/> Aboriginal   | <input type="checkbox"/> Torres Strait Islander                   | <input type="checkbox"/> Aboriginal and Torres Strait Islander |                        |      |
| Place of Birth & Residency Type (Evidence of Citizenship must be supplied) | Country of Birth  | <input type="checkbox"/> Australia <input type="checkbox"/> Other |  | If other write country |      |
|  | State of Birth  |   |  | Town of Birth          |      |
|  | <input type="checkbox"/> I am an Australian Citizen <input type="checkbox"/> I am a New Zealand resident <input type="checkbox"/> I am a Permanent Resident<br><input type="checkbox"/> I hold a Humanitarian Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Holiday Visa <input type="checkbox"/> Temporary Resident  |   |  |                        |      |
| Evidence of Citizenship  | <input type="checkbox"/> Copy of Australian Birth Certificate <input type="checkbox"/> Copy of Australian Passport <input type="checkbox"/> Copy of New Zealand Passport<br><input type="checkbox"/> Copy of Permanent Resident (PRE) ImmiCard <input type="checkbox"/> Copy of Current Visa <input type="checkbox"/> Medicare Card (Green) |   |  |                        |      |

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| Schooling   | Year Last Attended School   |  | Level of Schooling Completed  | <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |   |
| Previous Education or Training you have <b>SUCCESSFULLY</b> Completed   | <input type="checkbox"/> Bachelor Degree/Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree<br><input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV<br><input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate II<br><input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than above<br><input type="checkbox"/> Short Courses completed (e.g. RSA, White Card, Forklift license etc.)     |  |   |   |   |
| Name Previous Qualifications Titles and short courses (e.g. SIT30616 Cert III in Hospitality)   |   |  |   |   |   |
| <b>Language &amp; Disability Status</b>   |   |  |   |   |   |
| Language Spoken at Home   | <input type="checkbox"/> English <input type="checkbox"/> Other   |  |   |   |   |
|   | How well do you speak English?  | <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all |   |   |   |
| Does the participant require any assistance for language, literacy or numeracy skills?  |   |  |   |   | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| Do you consider yourself to have a disability, impairment, or long term condition for which you may require additional support? If yes, tick any applicable boxes:  |   |  |   |   | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Medical condition <input type="checkbox"/> Vision <input type="checkbox"/> Intellectual<br><input type="checkbox"/> Diagnosed Mental Illness <input type="checkbox"/> Other: <input type="text"/> |   |  |   |   |   |
| Reason for undertaking this course  | <input type="checkbox"/> To get a Job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start a business <input type="checkbox"/> Try a different career <input type="checkbox"/> Get a better job or promotion <input type="checkbox"/> A job requirement <input type="checkbox"/> want extra skill for my Job<br><input type="checkbox"/> To get into another course of study <input type="checkbox"/> Personal Interest or Self-Development<br><input type="checkbox"/> Other: <input type="text"/> |  |   |   |   |
| <b>Previous Skills Recognition</b>  |   |  |   |   |   |
| <b>Recognition of Prior Learning Consideration (RPL)</b>  | Do you wish to be considered for Recognition of Prior Learning (RPL) or Credit Transfer (CT)?   |  |   |   | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|   | If YES refer to GET Education's website <a href="http://www.get.edu.au">www.get.edu.au</a> download and complete the Application for RPL consideration form, complete the form and submit it with this enrolment form.  |  |   |   |   |
|   | I have attached the evidence and completed the Application for RPL Consideration <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |   |   |
| Course Cancellation and Refund Policies and Procedures  | For information regarding GET's Cancellation and Refund Policies and Procedures please refer to GET Education's website <a href="http://www.get.edu.au">www.get.edu.au</a> or your Student Handbook or email the office <a href="mailto:admin@get.edu.au">admin@get.edu.au</a> for a copy. Thank you  |  |   |   |   |
| <b>Course Details (Must be completed by Student)</b>  | <b>COURSE CODE &amp; NAME</b>   |  |   |   |   |
|   | Number of units =   |  | <input type="checkbox"/> Skill set <input type="checkbox"/> Full qualification <input type="checkbox"/> Pathway to full qualification |   |   |
| <b>Mode of Delivery</b>   | <input type="checkbox"/> Workplace <input type="checkbox"/> Online <input type="checkbox"/> Classroom <input type="checkbox"/> Blended <input type="checkbox"/> self-paced  |  |   |   |   |

**NATIONAL UNIQUE STUDENT IDENTIFIER (USI)**

Enter your Unique Student Identifier (USI)

From 1 January 2015, GET Education Australia 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 at <http://www.usi.gov.au/create-your-USI/>.

If you would like GET Education Australia 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 <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

I authorise GET Education Australia 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 pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

☐ I have forgotten my USI Number and authorise GET Education Australia to verify my number

☐ I do not have a USI and I authorise GET Education Australia to apply for one on my behalf

**If you do or do not have a USI you must read the National Unique Student Identifier Privacy Notice attached.**

☐ I have read and understand what is required by the RTO and/or its training delivery partner in order for them to access and/or create a USI on my behalf. I consent to the RTO and/or its training delivery partner using my private information for the USI process.

| Payment Details |  | Deposit Payment Amount | \$ |
|-----------------|--|------------------------|----|
| Payment Types   | <input type="checkbox"/> Fee Paying <input type="checkbox"/> Employer Funded <input type="checkbox"/> Government Funding (co-contribution fee only) <input type="checkbox"/> Other |                        |    |

**STUDENT DECLARATION**
☐ I am aware that the information in this enrolment form may be provided to the State Register body and Nation Council Vocational Education Research for Statistical purposes.

☐ If my enrolment is accepted I agree to abide by the rules of GET Education Australia. I agree to the Refund Policy and understand that no refund of fees will be made after the commencement of the course. I understand that fees are payable in full prior to the course commencement, unless otherwise agreed.

☐ I have supplied copies of my identification documents as required

**Student Name:**
**Student Signature**
**Date:**

**If under the age of 18 a parent or guardian must sign the below declaration.**

I confirm that I am the legal guardian of the applicant and agree to the provisions contained in the declaration of the applicant. I agree to any change in degree, diploma or module that the applicant may make. GET Education Australia shall not be responsible if the applicant abandons his/her studies.

I confirm that I have acquainted myself with all the rules, regulations and instructions applicable to the qualification for which the applicant has enrolled and will support the applicant to comply with all the rules and regulations of GET Education Australia, I hereby bind myself as surety and principal co-debtor for all fees due and payable owing to GET Education Australia by the applicant.

**Guardian's Name:****Guardian's Signature:****Date:**