

Student Enrolment Form

Applicant Details			
Family Name:		Title:	
Given Name(s):			
Student ID:			
USID (if available):			
TCID (if available/required)			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Home Number:		Mobile Number:	
Home address:			
Email:			
Employment Details			
Company Name			
Work Address			
Employment Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Casual		
	<input type="checkbox"/> Part-time <input type="checkbox"/> Average Hours per week:		
	Have you always been a full-time employee?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no date changed to full time)		
Employment Start Date			
Supervisor's Name			
Supervisor's Phone:			

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Course Details

Course(s):	<input type="checkbox"/> BSB40615 Certificate IV in Business Sales (65 weeks) <input type="checkbox"/> BSB41415 Certificate IV in Work Health and Safety (57 weeks) <input type="checkbox"/> BSB42015 Certificate IV in Leadership and Management (65 weeks) <input type="checkbox"/> BSB51915 Diploma of Leadership and Management (90 weeks) <input type="checkbox"/> FDF10111 Certificate I in Food Processing (30 weeks) <input type="checkbox"/> FDF10210 Certificate I in Pharmaceutical Manufacturing (32 weeks) <input type="checkbox"/> FDF20111 Certificate II in Food Processing (52 weeks) <input type="checkbox"/> FDF20211 Certificate II in Pharmaceutical Manufacturing (57 weeks) <input type="checkbox"/> FDF30111 Certificate III in Food Processing (91 weeks) <input type="checkbox"/> FDF30210 Certificate III in Pharmaceutical Manufacturing (79 weeks) <input type="checkbox"/> FDF40110 Certificate IV in Food Processing (104 weeks) <input type="checkbox"/> MSM30116 Certificate III in Process Manufacturing (87 weeks) <input type="checkbox"/> MSS30316 Certificate III in Competitive Systems and Practice (52 weeks) <input type="checkbox"/> MSS40316 Certificate IV in Competitive Systems and Practice (68 weeks) <input type="checkbox"/> TLI31316 Certificate III in Warehousing Operations (83 weeks)
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Preferred Training Location:	<input type="checkbox"/> Work Place <input type="checkbox"/> Other – please specify
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Commencement Date:		Proposed Completion Date:	
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AVETMISS Data Collection
(Question numbers below correspond directly with AVETMISS Data Collection Requirements)

7. In which country were you born?	<input type="checkbox"/> Australia (1101)	<input type="checkbox"/> Other (Please specify):
8. Do you speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only (1201) English only go to question 10	<input type="checkbox"/> Yes (please specify):

9. How well do you speak English? (tick)	<input type="checkbox"/> Very well (1)	<input type="checkbox"/> Not well (3)
	<input type="checkbox"/> Well (2)	<input type="checkbox"/> Not at all (4)
10. Are you of Aboriginal or Torres Strait Islander origin? (tick one)		
<input type="checkbox"/> No	For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes	
<input type="checkbox"/> Yes, Torres Strait Islander		
<input type="checkbox"/> Yes, Aboriginal		
11. Do you identify yourself as having a disability, impairment or long term condition? (Please tick)		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No – go to question 13		
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)		
<input type="checkbox"/> Hearing/deaf (11)	<input type="checkbox"/> Acquired brain impairment (16)	
<input type="checkbox"/> Physical (12)	<input type="checkbox"/> Vision (17)	
<input type="checkbox"/> Intellectual (13)	<input type="checkbox"/> Medical condition (18)	
<input type="checkbox"/> Learning (14)	<input type="checkbox"/> Other – please specify (19)	
<input type="checkbox"/> Mental Illness (15)		
13. What is your highest COMPLETED school level? (Tick ONE box only.)		
<input type="checkbox"/> Year 12 or equivalent (12)	<input type="checkbox"/> Year 9 or equivalent (09)	
<input type="checkbox"/> Year 11 or equivalent (11)	<input type="checkbox"/> Year 8 or below (08)	
<input type="checkbox"/> Year 10 or equivalent (10)	<input type="checkbox"/> Never attended school (02) – go to question 16	
14. In which YEAR did you complete that school level?		
15. Are you still attending secondary school?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
16. Have you successfully completed any of the following qualifications?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No – go to question 18		
17. If yes, the tick ANY applicable boxes:		
<input type="checkbox"/> Bachelor Degree or Higher Degree (008)		
<input type="checkbox"/> Advanced Diploma or Associate Degree (410)		
<input type="checkbox"/> Diploma or Associate Diploma (420)		

	<input type="checkbox"/> Certificate IV or Advanced Certificate/Technician (511) <input type="checkbox"/> Certificate III or Trade Certificate (514) <input type="checkbox"/> Certificate II (521) <input type="checkbox"/> Certificate I (524) <input type="checkbox"/> Certificates other than the above (990)										
18. Of the following categories, which best describes your current employment status?	<input type="checkbox"/> Full-time employee (01) <input type="checkbox"/> Part-time employee (02) <input type="checkbox"/> Self-employed - not employing others (03) <input type="checkbox"/> Employer (04) <input type="checkbox"/> Employed - unpaid worker in family business (05) <input type="checkbox"/> Unemployed - seeking full-time work (06) <input type="checkbox"/> Unemployed - seeking part-time work (07) <input type="checkbox"/> Not employed - not seeking employment (08)										
19. 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 (01) <input type="checkbox"/> To develop my existing business (02) <input type="checkbox"/> To start my own business (03) <input type="checkbox"/> To try for a different career (04) <input type="checkbox"/> To get a better job or promotion (05) <input type="checkbox"/> It was a requirement of my job (06) <input type="checkbox"/> I wanted extra skills for my job (07) <input type="checkbox"/> To get into another course of study (08) <input type="checkbox"/> For personal interest or self-development (12) <input type="checkbox"/> Other reasons (11)										
20. Enter your Unique Student Identifier if you already have one:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
Personal Statement											
Do you consider that you have adequate literacy and numeracy skills to undertake the course:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure										
Are you seeking credit for previous training or recognition of prior learning:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure										
Are there any individual needs you have that we should be aware of so we take these into account when planning your training:	<input type="checkbox"/> Yes (<i>please specify</i>) <input type="checkbox"/> No <input type="checkbox"/> Not sure										

Fee Information:

Funding Source	<input type="checkbox"/> Fee for Service (refer to Schedule of Fees) <input type="checkbox"/> State Government Funding/Subsidy – please specify <input type="checkbox"/> Commonwealth Government Funding/Subsidy – please specify
Fee for Service (only):	<input type="checkbox"/> Tuition Fees: \$ <input type="checkbox"/> Other: \$ (please specify) TOTAL AMOUNT: \$
Government Funded Conditions: (please specify)	<input type="checkbox"/> Enrolment Fee (specify amount): \$ _____ <input type="checkbox"/> Enrolment Fee Waived/Concession (Specify with attached evidence) <input type="checkbox"/> Other (please specify)

Student Declarations:

Declaration:

I declare that to the best of my knowledge:

1. The information I have provided is true, accurate and complete
2. I will adhere to all conditions of enrolment
3. I have been informed about my rights and obligations
4. I agree to the course fees and payment arrangements (***applicable/not applicable***)
5. I have reviewed the course information and training and assessment services of the selected course
6. I consent to the information in this enrolment form being provided to the National Centre for Vocational Education and Research (NCVER) for statistical purposes
7. I have read and signed the Privacy Notice and application for Unique Student Identifier
8. I declare that I have disclosed all my unique learning needs and I have been informed about the learning, assessment and support services to be provided and any fees and costs that may relate to the course in which I am enrolling

Student Name: _____

Signature: _____ Date: ____ / ____ / ____

NSW Smart and Skilled Declaration Only:

1. The information I have provided is true, accurate, complete and not misleading in any way
2. I am a NSW resident or worker including where specified in an approved border area (Aboriginal and Torres Strait Islander only)
3. I have completed and signed the Smart and Skilled Subsidised Training Eligibility Form required to determine

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program, fee and eligibility for subsidies, concessions or exemptions

4. I agree to pay the fees payable as per itemised fees list generated by the Provider Calculator based on the information I have provided to Pivotal Training and Development
5. I understand that the Fee may be adjusted by the Department of Industry, Skills and Regional Development if the information I have given regarding RPL or Credit Transfer changed after training has commenced and that the changes will be advised to me
6. I have read and signed the Consent to the Disclosure of Personal Information to the Department of Industry, Skills and Regional Development and Other Government Agencies
7. I declare that I understand my rights and obligations as explained to me under the Consumer Protection Policy
8. I authorise Pivotal Training and Development and the Department of Industry, Skills and Regional Development to have appropriate access to USI records
9. I will be informed of any subcontracting arrangements (if applicable) that Pivotal Training and Development may enter into if it is during the course of subsidised training

Student:

Student Name: _____

Signature: _____ Date: ____ / ____ / ____

Employer:

Employer Representative Name: _____

Employer Representative Signature: _____ Date: ____ / ____ / ____

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USI PERMISSION FORM

If you already have a USI number please write it in this box below

The Commonwealth Government has implemented a more effective way to assist students as well as collect data. This means all students must have a Unique Student Identifier (USI). This will link all of your nationally recognised records and results and will make it easier for credit transfer and any other recognition processes.

You can create your own USI by going to www.usi.gov.au and creating your own account and when you receive your USI you can advise Pivotal Training and Development of your USI. We will also need your permission to view this in order to verify qualifications or transcripts.

Alternatively you can give Pivotal Training & Development permission to gather a USI on your behalf. Please complete Section A or Section B.

Section A (Permission for Pivotal to create USI)

Unique Student Identifier - Application Form

First Name:	Middle Name:
Family Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:	Town/City of Birth:
Preferred Contact Method <input type="checkbox"/> Phone <input type="checkbox"/> E mail <input type="checkbox"/> Mail	
Home Phone:	Mobile Phone:
Email:	
Address Details:	
Country of Residence:	
Address:	
Suburb/Town/City:	
State:	Postcode:
NSW Smart and Skilled Requirement (only):	
I grant permission for Pivotal Training and Development and the Department of Industry, Skills and Regional Development to have appropriate access to my USI records: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Personal Identification

To create a USI, you will need to provide Pivotal Training and Development with ONE valid Australian form of ID from the list below

Driver's License

State		Licence Number	
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Medicare Card

Medicare Card Number:		Card Colour:	
Individual Reference Number:		Expiry Date:	

Australian Passport

Document Number:	
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Visa (with Non-Australian Passport) for International students

Passport Number		Country of Issue	
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Birth Certificate (Australian) * Please note a Birth Certificate extract is not sufficient

State:	
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Certificate of Registration by Descent

Acquisition date:	
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Citizenship Certificate

Stock Number:		Acquisition Date:	
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Immicard

ImmiCard Number:	
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Privacy Notice

If you do not already have a Unique Student Identifier (USI) and you want Pivotal Training and Development to apply for a USI to the Student Identifiers Registrar (Registrar) on your behalf, Pivotal Training and Development will provide to the Registrar the following items of personal information about you:

- your name, including first or given name(s), middle name(s) and surname or family name as they appear in an identification document;
- your date of birth, as it appears, if shown, in the chosen document of identity;
- your city or town of birth;
- your country of birth;
- your gender; and
- your contact details

When Pivotal Training and Development applies for a USI on your behalf the Registrar will verify your identity. The Registrar will do so through the Document Verification Service (DVS) managed by the Attorney-General's Department which is built into the USI online application process if you have documents such as a Medicare card, birth certificate, driver licence, Australian passport, citizenship document, certificate of registration by descent, ImmiCard or Australian entry visa.

If you do not have a document suitable for the DVS and we are authorised to do so by the Registrar we may be able to verify your identity by other means. If you do not have any of the identity documents mentioned above, and we are not authorised by the Registrar to verify your identity by other means, we cannot apply for a USI on your behalf and you should contact the Student Identifiers Registrar.

In accordance with section 11 of the Student Identifiers Act 2014 Cth (SI Act), we will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

The personal information about you that we provide to the Registrar, including your identity information, is protected by the Privacy Act 1988 Cth (Privacy Act). The collection, use and disclosure of your USI are protected by the SI Act.

If you ask Pivotal Training and Development to make an application for a student identifier on your behalf Pivotal Training and Development will have to declare that [insert organisation name] has complied with certain terms and conditions to be able to access the online student identifier portal and submit this application, including a declaration that Pivotal Training and Development has given you the following privacy notice:

You are advised and agree that you understand and consent that the personal information you provide to Pivotal Training and Development in connection with your application for a USI:

- is collected by the Registrar for the purposes of:
 - o applying for, verifying and giving a USI;
 - o resolving problems with a USI; and
 - o creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
 - o Commonwealth and State/Territory government departments and agencies and statutory bodies

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performing functions relating to VET for: :

- ✦ the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
 - ✦ education related policy and research purposes; and
 - ✦ to assist in determining eligibility for training subsidies;
- VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - researchers for education and training related research purposes;
 - any other person or agency that may be authorised or required by law to access the information;
 - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law

Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the [Registrar’s Privacy Policy](#) or by contacting the Registrar on email usi@industry.gov.au or telephone the Skilling Australia Information line on 13 38 73, international enquiries +61 3 5454 5280. The Registrar’s Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act, which includes the following:

- misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs; and
- a failure by Us to destroy personal information collected by you only for the purpose of applying for a USI on your behalf

For information about how Pivotal Training and Development collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to Pivotal Training and Development’s privacy policy.

Pivotal Training and Development’s Privacy Policy can be found in our Student Handbook and is provided to all students

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at enrolment (also provided on request at any time). This privacy policy contains information about how individuals may access and seek correction of the personal information held by us, and how to complain about a breach of privacy, and how we will deal with such a complaint.

In providing your personal information as requested and signing this notice, you are confirming your receipt of and understanding of these details and providing your consent for the collection, storage, use and disclosure of your personal information as outlined.

Student Name			
Student Signature		Date	

DO NOT COMPLETE IF YOU HAVE ALREADY COMPLETED SECTION A

(ONLY COMPLETE IF YOU ARE CREATING YOUR OWN USI)

Section B (Creating your own USI)

Student Name:

I,.....(insert name) will create my own USI and advise Pivotal Training & Development. I also give permission for Pivotal Training & Development to verify my records by viewing them via the USI. I understand my enrolment cannot be confirmed until I provide the USI.

Smart and Skilled only:

I authorise Pivotal Training and Development and the Department of Industry, Skills and Regional Development to have appropriate access to USI records

Signature:

Date:

**Induction Checklist
(on-the-job participants)**

General conditions of employment

YES NO

- | | | |
|---|--------------------------|--------------------------|
| Are you familiar with the staff in your department | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a tour been conducted around the work environment | <input type="checkbox"/> | <input type="checkbox"/> |

Duties and Responsibilities

- | | | |
|--|--------------------------|--------------------------|
| Have the scope and standards of work, behaviour and dress been clearly stated? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has this training been explained and discussed with you? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the confidentiality of any information you provide been discussed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received, read and understood a copy of the Participant Handbook? | <input type="checkbox"/> | <input type="checkbox"/> |

Security and Safety

- Are you familiar with:
- | | | |
|--|--------------------------|--------------------------|
| ➤ Safe evacuation and emergency procedures at your workplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ First aid procedures at your workplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Reporting procedures for any workplace accident or incident | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Correct reporting structure for any other workplace concerns | <input type="checkbox"/> | <input type="checkbox"/> |

I have read and understood my responsibilities in regard to my training. I agree to abide by the policies and procedures outlined in the Student Handbook that has been provided to me. I also understand that I may request a copy of any of the Pivotal Training & Development policies that relate to my training at any time by contacting the Training and Compliance Manager.

.....
Participant (print name)

.....
Participant (signature)

.....
Date

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Please read all conditions carefully- Any questions are to be referred to Pivotal Training and Development staff if required for further information and clarification prior to proceeding with enrolment. Only applications received with the student signature will be treated as a valid application. Incomplete or unsigned applications may result in delays to processing.

Payment of Fees: All Pivotal Training and Development Fee for Service course fees including payment structure and refund provisions are clearly stated in the Schedule of Fees. Student fees must be paid into the following:

Account Name:	Pivotal Training & Development
Account Number:	353 214 522
Branch Number (BSB):	012 172
Bank Name:	ANZ
Branch:	Sydney

Refunds and Cancellations: All refund and cancellation requests must be submitted using the Refund Request Form as per Fees and Refunds Policy.

Public Holidays: Pivotal Training and Development is closed for all NSW public holidays. Compensation will not be made for classes offered on public and special holidays.

Unique Student Identifier (USID): All Pivotal Training and Development students are required to provide Pivotal Training and Development with their Unique Student Identifier. Students will not be eligible to collect their certification at completion of their course of study without providing Pivotal Training and Development with their USID.

Collection and Use of Personal Information: Personal information provided on this form is collected and protected for the purpose of providing education and training only. Students may access their personal information/records at any time. Information will not be provided to a third party without the written and signed consent of the students.

The Australian Skills Quality Authority is entitled to collect activity data about a student's enrolment and achievements for the purposes of monitoring and reporting of training outcomes. The information provided by students may be accessed by Commonwealth officers and by the National Centre for Vocational Education and Research (NCVER) for statistical research purposes.

Code of Conduct: Students must abide by Pivotal Training and Development policies and codes of conduct at all times.

Return Student Enrolment Form to:

Pivotal Training and Development Head Office
 Level 8, 80 George Street
 Parramatta NSW 2150
 Email: training@pivotal.com.au
 Tel: (02) 9687 9299
 ACN: 080 057 272
 ABN: 82 080 057 272
 RTO ID: 90272

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