



PIVOTAL
EDUCATION

CoR TRAINING
Student Enrolment Form

Terms and Conditions

Any questions are to be referred to Pivotal Education 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 Education 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 Education is closed for all NSW public holidays. Compensation will not be made for classes offered on public and special holidays.

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

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.

Privacy Notice

Under the Data Provision Requirements 2012, Pivotal Education 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), may be used or disclosed by Pivotal Education for statistical, administrative, regulatory and research purposes. Pivotal Education may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- 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 a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

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

Return Student Enrolment Form to:

Pivotal Education 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

Form	Short course enrolment form	Version	1.1	Effective Date	June 2020	Owner	PIVOTAL EDUCATION RTO 90272	2 Page
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Student Enrolment Form

APPLICANT DETAILS			
Family Name:			
Given Name(s):			
USI (If available):	If you do not have USI, please complete a USI permission form		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth:	
Email address:		Phone:	
Home address:			
Employment Details			
Company Name:			
Work Address:		Work Phone:	
Employment Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time <input type="checkbox"/> Average Hours per week:		

COURSE DETAILS			
Course(s):	<input type="checkbox"/> TLIF0001 – Apply chain of responsibility legislation, regulations and workplace procedures <input type="checkbox"/> TLIF0002 – Administer chain of responsibility policies and procedures <input type="checkbox"/> Non - Accredited refresher: _____		
Preferred Training Location:	<input type="checkbox"/> Work Place – (Please complete induction checklist part B) <input type="checkbox"/> Classroom base <input type="checkbox"/> Online	Commencement Date:	

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 (please specify): _____ <input type="checkbox"/> No
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 (please specify) <input type="checkbox"/> No <input type="checkbox"/> Not sure

FEE INFORMATION:	
Funding Source:	<input type="checkbox"/> yourself - Fee for Service (refer to Schedule of Fees) <input type="checkbox"/> Government Funding/Subsidy <input type="checkbox"/> Employer funded training
Fee:	<input type="checkbox"/> CoR level 1 – Online: \$145.00 <input type="checkbox"/> CoR level 1 – face to face: \$ 325.00 <input type="checkbox"/> CoR level 2 – Online: \$399.00 <input type="checkbox"/> CoR level 2 – face to face: \$799.00 <input type="checkbox"/> Other – please refer to contract/agreement: \$

AVETMISS Data Collection- Please Answer all Questions.

(Question numbers below correspond directly with AVETMISS Data Collection Requirements)

7. In which country were you born?	<input type="checkbox"/> Australia (1101) Suburb: _____	<input type="checkbox"/> Other (Please specify): Country/City: _____
8. Do you speak a language other than English at home?	<input type="checkbox"/> No, English only (1201)	<input type="checkbox"/> Yes (please specify):
9. Are you of Aboriginal or Torres Strait Islander origin? (tick one)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal		
For persons of both Aboriginal and Torres Strait Islander origin, mark both "Yes" boxes		
10. 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 12		
11. 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"/> Physical (12) <input type="checkbox"/> Intellectual (13) <input type="checkbox"/> Learning (14) <input type="checkbox"/> Mental Illness (15)		<input type="checkbox"/> Acquired brain impairment (16) <input type="checkbox"/> Vision (17) <input type="checkbox"/> Medical condition (18) <input type="checkbox"/> Other – please specify (19)
12. What is your highest COMPLETED school level? And what year was that? (Tick ONE box only.)		
<input type="checkbox"/> Year 12 or equivalent (12) : _____ <input type="checkbox"/> Year 11 or equivalent (11) : _____ <input type="checkbox"/> Year 10 or equivalent (10) : _____		<input type="checkbox"/> Year 9 or equivalent (09) : _____ <input type="checkbox"/> Year 8 or below (08) : _____ <input type="checkbox"/> Never attended school (02) – go to question 14
13. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 16	
15. 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)
16. 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)
17. 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)

(PART B) Induction Checklist
To be completed for Workplace Delivery Only

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 Education policies that relate to my training at any time by contacting the Training and Compliance Manager.

.....
Participant (print name)

.....
Participant (signature)

.....
Date

STUDENT DECLARATION:**Student 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
9. I agree to pay the fees payable as per listed and agreed upon fees

Student:

Student Name: _____

Signature: _____ Date: ____ / ____ / ____

Employer (for workplace delivery only):

Employer Representative Name: _____

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