



PIVOTAL EDUCATION

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 (USID): 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 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.

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

Student Enrolment Form

Applicant Details			
Family Name:			
Given Name(s):			
USI (If available):			
TCID (if available/required)			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth:	
Mobile Number:		Email:	
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:		
	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:			

Course Details

Course(s):	<input type="checkbox"/> BSB42015 Certificate IV in Leadership and Management (65 weeks) <input type="checkbox"/> BSB51918 Diploma of Leadership and Management (90 weeks) <input type="checkbox"/> FBP10117 Certificate I in Food Processing (30 weeks) <input type="checkbox"/> FBP20117 Certificate II in Food Processing (52 weeks) <input type="checkbox"/> FBP30117 Certificate III in Food Processing (91 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"/> TLI31616 Certificate III in Warehousing Operations (83 weeks) <input type="checkbox"/> Accredited Skillset: _____ <input type="checkbox"/> Corporate Workshop: _____		
Preferred Training Location:	<input type="checkbox"/> Work Place – (Please complete induction checklist) <input type="checkbox"/> Classroom base <input type="checkbox"/> Other – please specify: _____	Commencement Date:	

AVETMISS Data Collection- Please Answer all Questions.

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

7. Country and city of birth:	<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? <small>(If more than one language is spoken at home, indicate the one that is spoken most often)</small>	<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 school level and year COMPLETED? (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)
18. I declare that I am:	<input type="checkbox"/> An Australian Citizen <input type="checkbox"/> A New Zealand Citizen <input type="checkbox"/> An Australian Permanent Resident <input type="checkbox"/> An Australian Temporary Visa Holder-Sub Class <input type="checkbox"/> A Humanitarian Visa Holder

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"/> 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)

ACKNOWLEDGMENT and DECLARATION TO BE SIGNED BY PARTICIPANT

(and legal Guardian if participant is under 18 years of age)

Participant / Guardian 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

NSW Smart and Skilled Student Declaration:

1. The information I have provided is true, accurate, complete and not misleading in any way
2. I am an 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 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 Education
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 agree to the disclosure of my Personal Information to the Department of Industry, Skills and Regional Development and Other Government Agencies as stated in the privacy notice.
7. I declare that I understand my rights and obligations as explained to me under the Consumer Protection Policy
8. I authorise Pivotal Education 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 Education may enter into if it is during the course of subsidised training

Participant:

Student Name: _____ Signature _____

Date: _____

Employer (IF APPLICABLE):

Employer Representative Name: _____ Signature _____

Date: _____

Guardian / Parent (If participant is under 18 years old):

Legal Guardian Name: _____ Signature _____

Date: _____

**Induction Checklist
(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