

Domestic Fully Funded Enrolment Form

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Le Culinaire Hospitality Institute to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose.

PERSONAL DETAILS					
Family Name:		Given Name/s:			
Other Name/s: (If applicable)		Preferred Name: (For Student I.D Badge)			
Date of Birth: (DD/MM/YYYY)		Gender:	Male	Female	Other
Home Address:					
Suburb:		State:		Postcode:	
I reside in public/community housing: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Mobile:		Work:		Home:	
Email:					
EMERGENCY CONTACT DETAILS					
Family Name:		Given Name:			
Relationship to Applicant:		Mobile Number:			
MEDICAL CONDITION DETAILS					
Do you suffer from any medical condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say					
If yes, please detail:					
Are you on any special medical medication, that the college should be aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say					
If yes, please detail:					

ETHNICITY

Country of Birth:	
Are you of Aboriginal and/or Torres Strait Islander Origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
What language do you speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Other: Please specify which other language you speak:

CITIZENSHIP

Student Declaration: I am:

An Australian Citizen A New Zealand Citizen
 An Australian permanent humanitarian visa holder Non-Resident visa holder

What language do you speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Other: Please specify which other language you speak:
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USI (Unique Student Identifier) *Required for Accredited Courses

Do you have a USI (Unique Student Identifier)? Yes

USI NUMBER: _____

No (if answered no, **we can assist** – see below to consent, page 3)
 Unsure

Please visit <https://www.usi.gov.au/> for information about how to get your USI if you do not have one. Give access to Le Culinaire Hospitality Institute to create my USI on my behalf. Le Culinaire Hospitality Institute needs your permission and must give you a copy of The Student Identifiers Act 2014 and the Privacy Act 1988 protects your privacy. You can also access a soft copy from: <https://www.usi.gov.au/about-us/privacy> before creating a USI on your behalf.

CONSENT

Do you consent to Le Culinaire Hospitality Institute to create your USI on your behalf.

Yes No

Have you received a copy of the Student Identifier Scheme (USI) Policy before creating your USI?

Yes No

Sign: _____

Date: _____

EMPLOYMENT STATUS

- Full-time employee
- Part-time employee
- Self-employed - not employing others Employer
- Employed - Unpaid in family business
- Unemployed - Seeking full-time work
- Unemployed - Seeking part-time work
- Not employed and not seeking work

Do you have a Concession Card: Yes No

If answered Yes, what type of Concession do you have?

Pension Disability Job Seeker Other

REASON FOR STUDY

- To get a job
- To start my own business
- To get a better job promotion
- I want extra skills for my job
- Personal interest or self-development
- To try a different Career
- It is a requirement for my job
- I want extra skills for my job
- To develop my existing business
- To get into another course of study
- Other reason, please specify

English Proficiency/Qualifications

Very Well Well Not well Not at all

What year did you complete high school:

Highest Completed High School Level: Year 9 or Lower Year 10 Year 11 Year 12

Have you completed any courses since leaving school

Yes (please select below) No

Bachelor's degree or higher Advance/Associate Diploma Diploma or Associate Diploma

Certificate IV Certificate III /Trade Certificate Certificate II Certificate I Other

RECOGNITION OF PRIOR LEARNING (RPL) & CREDIT TRANSFER (C.T)

Do you want to apply for Recognition of Prior Learning? (RPL) Yes No (tick one box)

Do you want to apply for Credit Transfer? Yes No (tick one box)

If yes, you will need to provide COPIES of your qualification/s and Transcripts.

STUDENT DECLARATION

I (name) acknowledge that I have received and/or accessed the Student Information handbook and RTO fee schedule available from Le' Culinaire Hospitality Institute, website: www.leculinaire.edu.au and I hereby acknowledge that I have read, understood, and agree to the terms and conditions outlined including the terms of the RTO's refund policy.

I (name) understand that Le' Culinaire Hospitality Institute is required to share personal information about its students with the Australian Government and other designated authorities.

I declare that: (please initial the boxes)

I have received and/or accessed and read the Student Information Handbook and understand my rights and responsibility/ties as a student.

My decision to complete and submit this enrolment form has been without coercion.

I have received and/or accessed my Smart and Skilled Eligibility Enquiry Report

I have been given sufficient information on the delivery and assessment arrangements for this qualification.

I have consent to having my personal information being used in accordance with RTO's privacy policy.

I have informed of, and hereby agree to abide by, the RTO policies and procedures relating to fees, charges, rules, and regulations of the organisations.

I understand that my current USI number, or that created on my behalf as authorised will be used to collect and report my VET related data.

I grant permission for the RTO to utilise photo/s or video/s of myself in marketing including, social media accounts, the RTO's website and printed publications including assessment items and training material.

I declare that the information supplied on this form is true and correct.

I am aware that I may receive an NCVET student Survey which may be administered by an NCVET employee, agent, or third-party contractor. I may opt out of the survey at the time of being contacted NCVET will collect, hold, use and disclose my personal information in accordance with the Privacy Act 1988, the VET Data Policy and all NCVET policies and protocols (including those published on NCVET's Website at www.ncvet.edu.au)

The Department may disclose my Personal information to other Australian government agencies, including those located in States and Territories outside the New South Wales.

The above government agencies may use my Personal information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions.

My personal information may also be disclosed to other third parties if required by law. I also acknowledge and agree that the department may contact me by telephone email or post during or after I have ceased subsidised training with Le Culinaire Hospitality Institute for the purpose of evaluating and assessing my subsidised training. I consent to the collection, use and disclosure of my Personal information in the manner outlined above.

Name: _____ **Signature:** _____ **Date:** _____

Office use only

STUDENT ID NUMBER:

<p>Smart and Skilled Entitlement</p> <p>Full Qualifications Program <input type="checkbox"/></p> <p>Targeted Priorities Full Qualifications Program <input type="checkbox"/></p>	<p>Mode of Study:</p> <p><input type="checkbox"/> Face to Face</p> <p><input type="checkbox"/> Distance</p> <p><input type="checkbox"/> On the Job</p> <p><input type="checkbox"/> Combination</p>	<p>Please tick course wanting to enroll in:</p> <p><input type="checkbox"/> SIT31021- Certificate III in Patisserie</p> <p><input type="checkbox"/> SIT40721- Certificate IV in Patisserie</p>
<p>ID provided:</p> <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Medicare Card</p> <p><input type="checkbox"/> Other _____</p>	<p>Course Name and Course Code:</p> <p>Commitment ID:</p> <p>Course Start Date:</p> <p>Course End Date:</p>	