

Enrolment Application Fee for Service

<u>PLEASE W</u>	<u>RITE CLEARL</u>	<u>Y</u> SO WE (CAN READ I	T, SO THE	RE IS NO DELA	YS FOR YOU <u>1</u>	<u>THANK YOU</u> .	
<u>Today's</u> Unit/Qualification								
Title	Mr □	Ms 🗆	Miss 🗆	Mrs 🗆	Gender	Male □	Female □	
Student First Name					Middle Name			
Student Last Name					Previous Name			
Date of Birth			_	Suburk	/Town of Birth			
	Home Phone: Mobile Phone:							
Contact Details	Email:							
Emergency Contact Details	Emergency Contact Name:							
(Must be parent or guardian if student	Emergency Contact Phone:							
is under 18 years of age):	Emergency Contact					pecify		
	Number and St	reet Name:						
Residential Address	City/Town:	City/Town: State:			:	Post Code:		
Postal Address	PO Box Numbe	r:		City/To	own:	Post	Code:	
Contact Method	☐ Email		☐ Mail		☐ Phone			
Residential Status	Are you an Aus	tralian Citizeı	n or Permanent	Resident of A	Australia?	☐ Yes	□No	
Residential Status	If you have answered 'No' above, please specify:							
ATSI Status	Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)							
	☐ No ☐ Yes, Aboriginal ☐ Yes,				Yes, Torres Strait Islander			
	In which count	ry, were you l	oorn? 🗖 Aust	ralia 🔲 Oth	er - please specify _			
Country of Birth &	Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)							
Language	☐ No, English only (English only – Go to next section) ☐ Yes, Other – Please Specify							
	How well do you	speak Englisl	n? 🔲 Very	•		t Well		
	Are you still attending secondary school?							
Secondary	What is your highest COMPLETED school level? (Tick ONE box only.)							
Education	☐ Complet	ted Year 12		Completed Ye	ar 11	☐ Completed `	Year 10	
			Equivalent 🔲 (ar 8 or Lower	☐ Never atten	ded school	



	Have you successfully COMPLETED or currently enrolled in any of the following qualifications?						
Prior Education	□ No □ Yes (If Yes, tick all appropriate boxes)						
	☐ Certificate I ☐ Certificate II ☐ Certificat	e III Certificate IV					
	☐ Diploma ☐ Advanced Diploma ☐ Bachelor's degree ☐ Certificate other than the above						
	Of the following categories, which BEST describes your main reason for undertaking this course? (Tick one box only.)						
	☐ To get a job	☐ It was a requirement of my job.					
Study Reason	☐ To develop my existing business	☐ I wanted extra skills for my job.					
	☐ To start my own business	\square To get into another course of study					
	☐ To try for a different career	☐ For personal interest or self-development					
	☐ To get a better job or promotion	☐ Other reasons					
	Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)						
EI	☐ Unemployed – Seeking Full-time Work	☐ Employed – Unpaid Worker in a Family Business					
Employment Status	☐ Unemployed – Seeking Part-time Work	☐ Not Employed – Not Seeking Employment					
	☐ Full-time Employee	☐ Self Employed – Not Employing Others					
	☐ Part-time Employee	☐ Employer					
	Do you consider yourself to have a disability, impair	ment, or long-term medical condition? No					
Medical Condition/Disability	(If Yes, tick all appropriate boxes). \Box Medica	ıl					
	☐ Visual ☐ Learnin	g Physical					
	☐ Hearing ☐ Intellec						
	Please disclose whether you suffer from a medical c	ondition to help us create a safer learning environment for you.					
	Have you been medically diagnosed with Anaphylaxis? No Yes						
	If Yes, do you have your action plan and Epi/Ana Pen on your person always? No Yes						
	If Yes, do you have your action plan and Epi/Ana Pe	n on your person always? LI No LI Yes					
	If Yes, do you have your action plan and Epi/Ana Pel Have you been medically diagnosed with Epilepsy?						
Medical Disclosure		□ No □ Yes					
Medical Disclosure	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma?	□ No □ Yes					
Medical Disclosure	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify	□ No □ Yes □ No □ Yes □ No □ Yes					
Medical Disclosure	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition?	□ No □ Yes □ No □ Yes □ No □ Yes					
Medical Disclosure	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition? If Yes, please specify	□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes					
	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition? If Yes, please specify	□ No □ Yes □ No □ Yes □ No □ Yes					
Medical Disclosure Support	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition? If Yes, please specify Do you feel that you will need extra assistance/supplied to the property of the property	□ No □ Yes □ ort from your trainer in order to complete your course?					
	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition? If Yes, please specify Do you feel that you will need extra assistance/support of No Yes If Yes please specify below, the type of assistance you	No Yes No Yes No Yes No Yes Ort from your trainer in order to complete your course? u may need:					
Support Recognition of Prior	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition? If Yes, please specify Do you feel that you will need extra assistance/supply No Yes If Yes please specify below, the type of assistance you not be provided in the provided i	□ No □ Yes □ ort from your trainer in order to complete your course?					
Support	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition? If Yes, please specify Do you feel that you will need extra assistance/support of No Yes If Yes please specify below, the type of assistance you	No Yes No Yes No Yes No Yes Ort from your trainer in order to complete your course? u may need:					
Support Recognition of Prior Learning	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition? If Yes, please specify Do you feel that you will need extra assistance/supply No Yes If Yes please specify below, the type of assistance you not be provided in the provided i	□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ ort from your trainer in order to complete your course? u may need: □ g (RPL) for this qualification based on your previous experience?					
Support Recognition of Prior	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition? If Yes, please specify Do you feel that you will need extra assistance/support No Yes If Yes please specify below, the type of assistance you have any other type of medical condition?	□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ ort from your trainer in order to complete your course? u may need: □ g (RPL) for this qualification based on your previous experience?					
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Support Recognition of Prior Learning Credit Transfers	Have you been medically diagnosed with Epilepsy? Have you been medically diagnosed with Asthma? Do you have any other allergies or intolerances? If Yes, please specify Do you have any other type of medical condition? If Yes, please specify Do you feel that you will need extra assistance/supply No Yes If Yes please specify below, the type of assistance you not	□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ ort from your trainer in order to complete your course? u may need: □ g (RPL) for this qualification based on your previous experience?					
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	Have you previously been issued with a USI? Yes No						
	USI: If you answered Yes in the previous question enter your Unique Student Identifier (USI).						
	Would you like Jenagar to create one on your behalf?						
	If you do or do not have a USI, you must read the National Unique Student Identifier Privacy Notice below.						
	You are advised that and agree that you understand and consent that the personal information you provide in connection with an application or a verification for a USI: Is collected by the Registrar as authorized by the Student Identifiers Act 2014 Is collected by the Registrar for the purposes of: Applying for, verifying, and giving a USI. Resolving problems with a USI; and Creating authenticated vocational education and training (VET) transcripts.						
	 May be disclosed to: Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for: The purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs. 						
Unique Student	 Education related policy and research purposes; and To assist in determining eligibility for training subsidies 						
Identifier	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.						
	To create and/or verify a USI on your behalf Jenagar is required to enter details as per your identification provided, if all information requested is not provided, or is inaccurate, it may affect the Registrar's ability to provide you with a USI. The Student Identifiers Registrar's Privacy Policy is located on the website www.industry.gov.au , please note that this						
	document contains information on how you may: Access and seek correction of the personal information held about you, and						
	Complain about a breach of privacy and how such complaints will be dealt with.						
	I have read the Unique Student Identifier Privacy Notice and agree to allow Jenagar to apply or verify a Unique Student Identifier on my behalf. Student Name						
	Student Signature						
	Date						
	I have read and understood the terms and conditions of this application for enrolment and give permission to continue						
Parental Permission for Applicant under	with this enrolment and course.						
18 Years of Age	Parent/Guardian Name						
	Parent/Guardian Signature						
	Date						



Student Declaration and Acceptance Agreement

I understand and acknowledge that:

I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application /enrolment from may result in the withdrawal of any offer, particularly where it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of Jenagar.

I understand that it is my responsibility to provide all relevant documentation required for my enrolment in a course, including all documentation relevant to my eligibility for government funding, for the Recognition of Prior Learning (RPL) and/or for any Credit Transfers to be applied.

Declaration

I declare that the information provided to Jenagar in this Enrolment Application is to the best of my knowledge true, correct, and complete at the time of my enrolment.

I indemnify Jenagar Pty Ltd from any claim or action and for any liability, other than legislative requirements with which Jenagar must comply, which may arise or occur as a result of participation in this training.

I understand and accept the fees, charges and refunds that may be applied to this enrolment and the circumstances in which they apply.

I have been provided with a copy of the Student Handbook and the contents have been explained to me.

Student Name:	
Student Signature:	
Date:	

Privacy Statement

Privacy and all personal information are protected under the Privacy Act 1988. The information requested on your enrolment form will be used for the process of enrolment and for statistical reporting for government agencies only. All information is kept confidential and access to this information is only available to you, and the relevant administration staff at Jenagar Pty Ltd. Jenagar is subject to audit by Government agencies. For the purpose of these audits your training file may be given to officers from agencies such as Australian Skills Quality Authority (ASQA) or the National VET Regulator (NVR). If you have concerns about personal information held by Jenagar Pty Ltd, you should contact Jenagar Pty Ltd on (07) 4787 1487 or in writing marked Private & Confidential to: The Manager, Jenagar Pty Ltd, PO Box 1905, Charters Towers, Qld - 4820. If you still feel that your concerns have not been resolved, your complaint can be sent direct to the Commonwealth Privacy Commissioner, GPO Box 5218, Sydney NSW 2001, Telephone: 1300 363 992 or email: privacy@privacy.gov.au.

Complaints Policy

Complaints can be made informally or formally, contact Jenagar in the first instance with your concern and it will be investigated, and you will be advised of the outcome, usually over the phone. If you prefer to put your complaint in writing, please use our complaint form, or detail the concern in an email or letter. This will be referred to our Chief Executive Officer or Operations Manager for investigation. You will receive a written response from Jenagar with the result of our investigation and the outcome of your complaint within 7 days of the receipt of your formal complaint. All records of any complaints and following investigations will also be kept on file.

Refund Policy

Students who have already paid for a course can ask for a refund in the event of the following:

- •Services are not provided (e.g., course cancellation).
- •The financial failure of Jenagar Pty Ltd
- The fair and reasonable non-attendance of student (e.g., sickness, family emergency).

Jenagar Pty Ltd will also negotiate a fair and reasonable level of refund in the event of other circumstances such as lack of satisfaction with services offered, or where disciplinary issues have led to a student being asked to withdraw from a program. Please feel free to request a copy of the Jenagar Pty Ltd Refund Policy for more information.



Consent and Release

Marketing and promotional material

Like any business, Jenagar are involved in marketing and promotional activities to ensure our services meet our client needs. The marketing and promotional activities we engage in are broad and varied and include traditional marketing methods, such as advertising and the preparation and distribution of marketing material, as well Good News Stories to the Department of Education and Training details the successes within the programs.

Throughout your course, we will collect and prepare material to market and promote our services and to attract prospective students and potential business allies. We will also collect feedback from you through surveys/questionnaires.

By signing this form:

- You acknowledge that the material which we will collect and prepare to market and promote our services:
 - may include photos of our students (past and present).
 - o may include any testimonials given by our students.
 - o may include any comments or statements made by our students and posted to our Facebook page.
 - o may be reproduced for any promotional purpose; and
 - o will, where applicable, be collected and disclosed in accordance with our Privacy Policy.
- You acknowledge that, where necessary, we will take all reasonable steps to protect any material which we collect for
 marketing and promotional purposes from misuse, unauthorized access, modification and/or non-permitted disclosure.
- You consent to us:
 - o taking your photo and reproducing it for any promotional purpose, including.
 - o in any publication or other form of marketing material.
 - on the Jenagar website (or as accessible from it); and
 - o at sites such as Facebook.
- Using any testimonial which you may give and reproducing it for any promotional purpose, including:
 - o in any publication or other form of marketing material.
 - on the Jenagar website (or as accessible from it); and
 - o at sites such as Facebook.
- Using any comment or statement which you may post to our Facebook, or other social media, page for any promotional purpose, including.
 - o in any publication or other form of marketing material.
 - on the Jenagar website (or as accessible from it); and
 - o at social media sites other than Facebook.
- You agree to release us from any claim or cause of action which you might otherwise have had in respect of the reproduction of your photo or any testimonial or post.

Student Name:				
Student Signature:				
Date:				
Parent/Guardian:				
Parent/Guardian Signature:				
Date:				
	•			