

A PERSONAL DETAILS											
TITLE	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (pleas				v)						
STUDENT NAME	Surname				Preferred Name						
Use your legal name	First name					Middle Nar	ne				
	Property Name	!									
110145 4 DDD550	Flat/Unit Number					Street Num	Street Number				
HOME ADDRESS	Street Name										
	Suburb					Postcode					
	Property Name	!									
	Flat/Unit Numb	er					Street Number				
POSTAL ADDRESS if different to home address	Street Name										
ij dijjerent to nome dadress	PO Box (if appli	cable)									
	Suburb					Postcode	Postcode				
PHONE CONTACT	Home				Work			Mobile			
EMAIL											
PREFERRED CONTACT	☐ Home ☐ W	ork □ Mo	bile 🗆 Emai	I □ Post	☐ In Pers	son					
GENDER	☐ Male ☐ Fer	male				Date of Birt	th				
	Name										
EMERGENCY	Relationship										
CONTACT	Address										
	Phone (home)					Mobile					
EMPLOYMENT	☐ full-time emp	oloyee				□ unemplo	yed, see	eking part-time v	ing part-time work		
STATUS	□ part-time em					☐ unemployed, not seeking employment					
Which best describes your current employment status? □ employed — unpa			npaid worker in a family business			☐ self-employed, not employing others					
Select only one.	☐ unemployed,	, seeking f	ull-time work			□ employe	r				
B COURSE DETAILS	S										
COURSE CODE			COURSE NAME								
START DATE			DURATIO	ON							
DELIVERY MODE	☐ in class ☐ by	distance	\square blended \square	RPL							
ATTENDANCE TYPE	□ part-time □	traineeshi	р								
APPLYING FOR	☐ recognition o	of prior lea	rning 🗆 cred								
HOW DID YOU FIND	□ website □ newsletter			☐ my er	mployer media pos			☐ flyer ☐ word of mouth			
OUT ABOUT US?	□ network mee		tisement	ol.		☐ job network p					
C OTHER PERSONA	RSONAL DETAILS (required by Government Authority)										
Are you of Aboriginal or Torres Strait Islander origin?											
LANGUAGE AND DIVERSITY	□ No □ Ye What language	s, Aborigii do you m				English only			orres strait isiar	idei	
BIVERSITI	How well do yo	□ Very v	□ Very well □ Well □ Not very well □ Not at all				all				
	Were you born	Were you born in Australia ☐ Yes ☐ No, I was born in									
RESIDENCY	What is your residency status? ☐ Australian Citizen ☐ Permanent Resident ☐ New Zealand Citizen ☐ Humanitarian Visa										
	☐ To get a job			- INCAN	Lealand Cl			ent of my job			
	☐ To develop m	ny existing	business					ills for my job			
STUDY REASONS	☐ To start my o			☐ To get into another course of study							
	☐ To try for a d	☐ To try for a different career				☐ For personal interest					
	☐ To get a bett	promotion			\square For self-development						
						□ Other reasons					



D LEARNING SUPP	ORT										
	Do you have a disability, impai	rment or long-tern	n conditio	n which	may affe	ct your s	tudies?				
CURRORT NEEDS	□ no □ hearing/deaf	□ learning	[□ intellectual □m			□medi	☐medical condition			
SUPPORT NEEDS	□ acquired brain impairment	□ vision	[□ physical/mobility □ mental health condition					n		
	Would you like to receive advice	ce on learning supp	port that r	nay assi:	st you?	□no	□ yes				
E EDUCATION DET	TAILS										
	What is your highest complete	d school level?									
	☐ Year 12 or equivalent				☐ Year 9 or equivalent						
	☐ Year 11 or equivalent				r 8 or lov	ver to school	I				
	☐ Year 10 or equivalent	- T dic	1100 80	10 301100							
	In which year did you complete		<u>'</u>								
PRIOR EDUCATION	Are you still attending seconda	ry school?		□no	□ yes						
	Do you hold any of the following	ng qualifications?									
	☐ bachelor degree or higher d	_		□ cert	ificate II	l or trade	e certifica	ite			
	☐ advanced diploma or associa				ificate II						
	☐ diploma or associate diplom ☐ certificate IV or advanced ce		ın		ificate I ificates (other tha	n the ah	ove			
	☐ certificate IV or advanced certificate/technician ☐ certificates of the certificate IV or advanced certificates of the certificate IV or advanced Certifi						ol after leaving school				
F UNIQUE STUDEN	NT IDENTIFIER [USI]	'									
	☐ yes (please enter your USI)										
DO YOU HAVE A USI?	no (you may create your USI at	www.usi.gov.gu).Or									
DO TOO TIAVE A USI:	☐ I give the Business Growth Centre my permission to create a USI on my behalf. I have read and agree to the										
C CMART & CVILLE	Privacy Notice at Append D SUBSIDY ELIGIBILITY – FULL										
ARE YOU ELIGIBLE?	Complete this section if you are 1			ol, live or	work in N	ISW and a	re an Aust	tralian citiz	en, perma	anent	
ARE YOU ELIGIBLE?	resident, humanitarian visa holder or New Zealand citizen										
	☐ I am an Australian Aboriginal or Torres Strait Islander You are exempt from paying fees							ees			
	☐ I receive a Commonwealt	n. or									
	☐ I am a dependent child, s					You are exempt from paying fees					
	Commonwealth Disability										
					You are exempt from paying fees on						
	☐ I will be under the age of				eive one	of	one full q	ualification			
EXEMPTION DETAILS	the following Commonwealth benefits or allowances: Age pension						year if you:				
EXEMPTION DETAILS	☐ Austudy☐ Carer Payment [not carer allowance or carer adjustment						☐ live in public housing;☐ live in community housing;			ng;	
You must provide evidence to claim a course fee	☐ Carer Payment payment]	[not carer allowar	nce or car	er adjus	tment		live	in Aborigir	nal housin	g;	
exemption. Please see Appendix A for more	☐ Disability Suppo	ort Pension						eive crisis c			
information on what you	☐ Farm Household Allowance							ommodatio nelessness			
must produce before we can confirm your exemption	nust produce before we can						_	on the wai	-		
								sing; or			
	☐ Special Benefit						receive private rental assistance such as private rental subsidy, rental bond loans or tenancy				
	☐ Sickness Allowa ☐ Veterans' Child	ance Iren Education Sch	ama								
	□ Veterans' Affai		CHIC				guai	rantees.			
	☐ Widow B Pensi	on						not meet a			
	☐ Widow Allowar	nce						in the list			
	☐ Wife Pension☐ Youth Allowand					still be eligible for a fee exemption if there are places remaining. We will					
				advise you before you complete your enrolment							



G SMART & SKILLE	D SUBSIDY FI	IGIRII ITY –	FULL OU	AI IFICATI	ON - cor	ntinue	d						
SWART & SKILLE													
	Commo	I will be over the age of 30, when my course starts and I receive one of the Commonwealth benefits or allowances listed in the Exemption details section above. You are eligible for the Concession Fee rate for courses up to and including Certificate IV level.									up to and		
CONCESSION DETAILS	Commo	I am a dependent child, spouse or partner of a person receiving one of the Commonwealth benefits or allowances listed in the Exemption details section above. I have been unemployed for longer than 12 months You must provide evidence to claim a course fee concession. Please see Appendix A for more information on what you must produce to the course fee concession.											
	☐ I have b	een unempl	loyed for lo	onger than	n 12 mon	ths				-		ou must produce your concession.	
H SMART & SKILLE	D SUBSIDY - I	PART OUAL	IFICATION	V						sejore we	ourr conjunt	your conocosion.	
THE SHARE CONTEST					:£: :	1 1	15.			There is r	no fee nava	able for your	
ARE YOU ELIGIBLE	older, h	rolling in a sl ave left scho ent resident	ool, live or	work in N	SW and a	m an <i>i</i>	Austral	ian citiz	en,	enrolmer		iore for your	
STUDENT PRIVA	CY NOTICE AN	ND CONSEN	NT TO USE	AND DIS	CLOSUR	E OF F	PERSO	NAL INF	ORMA	ATION			
Protecting Your Privacy													
obligation to provide yo	We collect and store your personal details to maintain our participant records and to issue you with credentials or qualifications. We have a legal obligation to provide your personal details and identification to the National Centre for Vocational Education Research (NCVER) for audit, verification, research, statistical analysis, program evaluation, post-completion surveys and internal management purposes.												
We do not share, rent o	r sell personal in	formation yo	u provide. \	We protect	and main	tain yo	ur confi	dentiality	under t	he <i>Privacy</i>	Act.		
Student Declaration:													
By signing this enrolmer	nt form I:												
• confirm that I h	ave read the Info	ormation Pack	kage for this	course and	the Stud	ent Han	ndbook,	and I und	derstand	d the Fees a	ınd Refuna	information;	
• declare the info	rmation on this f	form is true a	nd correct;										
 agree to keep n 	ny details up to d	late by notifyi	ing the Busir	ness Growtl	n Centre o	f any ch	hanges t	to my info	ormatio	n; and			
 consent to the l 	Business Growth	Centre releas	ing my infor	mation to	the Nation	al Cent	re for V	'ocationa	l Educat	ion Researd	ch (NCVER		
Declaration for Students accessing Smart & Skilled Fee Subsidies													
name, Unique S my ethnicity or	nd agree that per Student Identifier, health information Is and Regional E	r, date of birth on) (together	n, contact de Personal Inj	tails, traini formation)	ng outcon	nes and	perforr	mance, o	r sensitiv	ve personal	informati	on (including	
	t may disclose m ide New South W		formation to	other Aus	tralian Go	vernme	nt agen	icies, incl	uding th	ose located	d in States	and	
including but no	ernment agencies ot limited to the e tions or Concession	evaluation an	d assessmer	nt of my tra	ining, the	determ	nination	of my eli	gibility t	o receive s	ubsidised t		
										,			
 I consent to the collection, use and disclosure of my Personal Information in the manner outlined above; and 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 the Business Growth Centre for the purposes of evaluating and assessing my subsidised training. 													
PRINT YOUR FULL NAME	■												
SIGNATURE	RE DATE												
Note: If you are under 18 year	rs of age at the tim	e of giving cons	sent, then the	consent of y	our parent (or guard	lian is req	uired	-				
PRINT FULL NAME of GL	JARDIAN												
SIGNATURE of GUARDIAN DATE													
J PAYMENT DETAI	ILS [ONLY CO	MPLETE TH	IS SECTIO	N AFTER	WE PRO	VIDE '	YOU W	/ITH A F	INAL (QUOTE]			
Please select	□ Cash □	Cheque	☐ Invoice	for Bank T	ransfer		Debit	Card	□С	redit Card			
Payment amount	Must not be	more than \$	\$1,500 unle	ess paid b	y employ	er		\$					
Credit Card Details	Name on car	d					1						
□ Visa □ MasterCard	Card number	r											
-	Signature								Ex	oiry Date			



K OFFICE USE ONL	Y					
Enrolment Type	□ Exemption □ Concession □ Fee-Free Scholarship □ S&S first □ S&S subsequent □ Traineeship □ Full Fee					
Application Date		Student Number				
NOE Completed		Commitment ID/TCID				
Payment Plan		Evidence on file		Identity Exemption Concession Fee-Free Scholarship		
Notes:						



Documents you will need to complete your enrolment

You will need to provide some documentation to complete your enrolment. You may bring your original documents to the Centre, or you may provide certified copies of your documents with your enrolment, via email or post.

1 Proof of identity	vide certified copies of your documents with your enrolment, via email or post.
Your USI	If you provide your USI, you will not need any further evidence of identity
Drivers Licence	We will need to sight your drivers' licence or a certified copy of your drivers' licence if you ask us to apply for a USI on your behalf
2 Citizenship	
Australian or New Zealand Citizen	Your signature on the enrolment form is acceptable if you have answered the "Residency" section. We may request further evidence if necessary. This evidence may include: Your Australian or New Zealand birth certificate; or Your Australian or New Zealand passport; or Green Medicare card; or Citizenship certificate
Australian permanent resident or humanitarian visa holder	You must provide:
3 Fee exemption f	or Aboriginal and Torres Strait Islander students
Proving your status	 You need to declare your status on your enrolment form and sign the form. You must be able to provide documentary evidence of community identification if required by the Department.
4 Fee exemption of	or concession on the basis of disability
You must provide	 Centrelink evidence of proof of the Disability Support Pension that shows your Centrelink reference number [CRN]; or A current Centrelink income statement for the Disability Support Pension, which shows that income is for the Disability Support Pension and shows the CRN; or Any other evidence that clearly shows the CRN and confirms receipt of the Disability Support Pension Documentary evidence of training support needs due to your disability. You may provide a letter or a statement from: your medical practitioner; or a TAFE NSW teacher or consultant for students with a disability, a school counsellor or special education coordinator, Centrelink, a Disability Service Provider, or a Job Capacity Assessor; or a specialist allied health professional [including a rehabilitation counsellor, psychologist, speech pathologist or occupational therapist] Students seeking an exemption as a dependent of someone who is receiving the Disability Support Pension must provide documentary evidence that Centrelink recognises the individual as a dependent. This evidence should show the CRN of the Disability Pension Recipient.
5 Fee concession a	as a recipient of a specified Commonwealth Benefit or Allowance
You must provide	 A letter from Centrelink confirming receipt of the benefit, that shows your Centrelink reference number [CRN]; or A current concession card that shows the CRN; or A current Centrelink income statement that shows the benefit or allowance category and the CRN Any other evidence that shows the benefit or allowance category and the CRN Students seeking an exemption as a dependent of someone who is receiving a specified Commonwealth benefit or allowance must provide documentary evidence that Centrelink recognises the individual as a dependent. This evidence should show the CRN of the benefit or welfare recipient A letter from your Employment Service Provider confirming you have been unemployed for



Who can certify my documents?

Any person who is listed below and who has a connection to Australia can certify your documents as a true copy of the original:

- 1. a person who is currently licensed or registered under a law of a State or Territory to practise in one of the following occupations:
 - o Chiropractor
 - Dentist
 - o Legal practitioner
 - o Medical practitioner
 - o Nurse
 - o Optometrist

- Patent attorney
- o Pharmacist
- o Physiotherapist
- o Psychologist
- Trade marks attorney
- o Veterinary surgeon
- 2. a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
- 3. a person who is in the following list:
 - O Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
 - o Bailiff
 - o Bank officer with 5 or more continuous years of service
 - o Building society officer with 5 or more years of continuous service
 - Chief executive officer of a Commonwealth court
 - o Clerk of a court
 - o Commissioner for Affidavits
 - o Commissioner for Declarations
 - o Credit union officer with 5 or more years of continuous service
 - o Employee of the Australian Trade Commission who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3(d) of the Consular Fees Act 1955; and
 - c. exercising his or her function in that place
 - o Employee of the Commonwealth who is:
 - a. in a country or place outside Australia; and
 - b. authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - c. exercising his or her function in that place
 - o Fellow of the National Tax Accountants' Association
 - o Finance company officer with 5 or more years of continuous service
 - O Holder of a statutory office not specified in another item in this list
 - Judge of a court
 - o Justice of the Peace
 - Magistrate
 - o Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
 - o Master of a court
 - o Member of Chartered Secretaries Australia
 - O Member of Engineers Australia, other than at the grade of student
 - o Member of the Association of Taxation and Management Accountants
 - o Member of the Australasian Institute of Mining and Metallurgy



- Member of the Australian Defence Force who is:
 - an officer; or
 - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or
 - a warrant officer within the meaning of that Act C.
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - a. the Parliament of the Commonwealth; or
 - b. the Parliament of a State; or
 - a Territory legislature; or
 - a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - a. the Commonwealth or a Commonwealth authority; or
 - b. a State or Territory or a State or Territory authority; or
 - a local government authority; with 5 or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - a. the Commonwealth or a Commonwealth authority; or
 - b. a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution

For further assistance

Please contact our Training Administration Officer State Training Services Business Growth Centre (NSW)

48 Oakdale Road

Gateshead NSW 2290

P: 02 4942 3133

E: admin@mybgc.org.au

Smart & Skilled

P: 1300 772 104

E: enquiries@smartandskilled.nsw.gov.au



Privacy notice for students who ask us to create a USI on their behalf

Consent for collection, use or disclosure of personal information

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the Student Identifiers Act 2014.
- 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 performing functions relating to VET for:
 - the purposes of administering and auditing 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;
 - o 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;
 - o 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:
 - o researchers for education and training related research purposes;
 - o any other person or agency that may be authorised or required by law to access the information;
 - o 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.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

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 usi@education.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 1988*, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.