

Enrolment Form

Client Declaration

I understand that by signing below I agree to the conditions of enrolment and payment as set out in CHP School of Hospitality Student Handbook available at www.chpsoh.com.au/STUDENTINFORMATION and:

- I have read the Student Handbook and Course handbook and understand their contents
- I have prepared my photo ID (Driver's License or Passport) for trainer to check before course commencement
- I agree to notify CHP School of Hospitality immediately of any changes to my personal or contact details
- I have read and agree to the Privacy Statement
- I have read and agree to the Refunds Policy and Complaints/Appeals Procedures
- I have been advised that I may be contacted by Australian Skills Quality Authority (ASQA) for feedback on the courses.

Student Signature _____ Date _____

Parent/Guardian Signature (if student is under the age of 18) _____ Date _____

I WISH TO ENROL FOR THE FOLLOWING COURSES:	
Training Course	Course Date

1) Title: Mr Mrs Miss Ms (please circle)	Family Name (Surname):
First Name:	Middle Name/s:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth (dd/mm/yyyy):
2) Contact Phone:	Email Address:
3) Residential Address Flat/Unit Number: _____ Street Number: _____ Street Name: _____ Suburb: _____ State: _____ Postcode: _____	Sighted ID (Trainer to tick) <input type="checkbox"/> Driver License <input type="checkbox"/> Passport <input type="checkbox"/> Other, please specify: _____
4) Postal address	<input type="checkbox"/> Please Tick If Postal address is the same as Residential Address
Suburb: _____ State: _____ Postcode: _____	
6) In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify _____	
7) Do you speak a language other than English at home? <input type="checkbox"/> English only - Go to Question 9 <input type="checkbox"/> Yes, Please specify _____	
8) How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
Do you require assistance for Language, Literacy and Numeracy (LLN)? If yes, please contact us on (02) 9959 0025. <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM

9) 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, Torres Strait Islander

10) Do you consider yourself to have a disability, impairment or long-term condition?

- Yes No - Go to Question 12

11) If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area.)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other _____ |

12) What is your highest COMPLETED school level? (Tick ONE box only.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Year 8 or below | <input type="checkbox"/> Never attended school Go to Question 14 |

13) In which YEAR did you complete that school level? _____

14) Are you still attending secondary school? Yes No

15) Have you SUCCESSFULLY completed any of the qualifications listed below?

- Yes No - Go to Question 17

16) If YES, then tick ANY applicable boxes.

- | | | |
|---|--|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate IV (or above with Acquired disability) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificates other than the above |

17) Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employer | <input type="checkbox"/> Unemployed - seeking full-time work |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Employed - unpaid worker in a family business | <input type="checkbox"/> Unemployed - seeking part-time work |
| <input type="checkbox"/> Self-employed - not employing others | | <input type="checkbox"/> Not employed - not seeking employment |

18) Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only.)

- | | | |
|--|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I want extra skills for my Job | <input type="checkbox"/> For Personal Interest or Self-development |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career | <input type="checkbox"/> Other Reason |
| | <input type="checkbox"/> To get a better job or promotion | |

19) Enter your Unique Student Identifier (if you have one already)

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From 1 January 2015, we [CHP School of Hospitality] can be prevented from issuing you with a nationally recognized VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, **CHP School of Hospitality** 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 **CHP School of Hospitality** for statistical, administrative, regulatory and research purposes. **CHP School of Hospitality** 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).

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

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