

Training Enrolment Form

It is a regulatory requirement of a registered training organization (RTO 4755) to report information about their training to the National VET Provider Collection managed by the national Centre for Vocational Education Research (NCVER). The information made available for these purposes will not identify individuals. For information on how data will be able to be accessed. Refer to the NCVER's Data Access Protocols, available at www.ncver.edu.au.

Unique Student Identifier (USI)

From January 1 2015, Alzheimer's WA (RTO 4755), can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at www.usi.gov.au/students/create-your-usi/ on computer or mobile device.

Course Title:

Unique Student Identifier

- You MUST create a USI number via the website (www.usi.gov.au) OR complete the USI Consent form provided.
- Your USI will be a 10 character number made up of numbers and or letters

What is your USI number?

Section 1 - Personal Detail

1. Enter your full name*

* 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 Alzheimer's WA 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

Surname
(Legal Family name)

First Name
(Legal Given name)

2. Enter your birth date

Day:

Month:

Year:

3. Gender (Tick ONE box only)

Male

Female

Other

Please Specify

Prefer not to say

4. Enter your contact details

Telephone Home:

Work:

Mobile:

Personal Email Address

Alternative Email Address

5. What is the address of your usual residence

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building / Property Name:

Flat / Unit number: Street or lot number (e.g. 205 or Lot 118)

Street Name

Suburb, Locality or Town

State / Territory

Post Code

6. What is your postal address (if different from above)?

Building / Property Name:

Flat / Unit number: Street or lot number (e.g. 205 or Lot 118)

Street Name/PO Box

Suburb, Locality or Town

State / Territory

Post Code

7. What type of work do you perform?

Name of Employer

Current Position

Workplace contact details Email:

Phone:

Employment Type: Community Residential Acute Disability

Name of Supervisor

Supervisor contact details Email:

Phone:

Section 2 - Language and Cultural Diversity

8. In which country were you born?

Australia

Other - please specify

9. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No - English only

Yes, other - please specify

10. 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

11. How well do you speak English?

Very well

Well

Not very well

Not at all

12. Do you require assistance with English? (E.g. Reading course overheads, material)

Yes - please specify

No

Section 3 - Disability

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

Yes - Go to next question

No - Go to Section 4

14. 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) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing / Deaf

Acquired Brain Impairment

Physical

Vision

Intellectual

Medical Condition

Learning

Mental Illness

Other

15. Do you require assistance / consideration?

Yes - Please identify support required

No - Go to Section 4

Assistance Required (please specify):

Section 4 - Schooling

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

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent

Year 11 or equivalent

Year 10 or equivalent

Year 9 or equivalent

Year 8 or equivalent

Never attended school - Never completed any primary or secondary level education - go to section 5

17. Are you still enrolled in secondary or senior secondary education?

Yes

No

Section 5 - Previous Qualification Achieved

18. Have you SUCCESSFULLY completed any of the qualifications listed in question 19?

Yes - Go to next question

No - Go to Section 6

19. If YES, tick ANY applicable boxes.

Bachelor Degree or Higher Degree

Advanced Diploma or Associate Degree

Diploma (or Associate Diploma)

Certificate IV

Certificate III

Certificate II

Certificate I

Other education (including certificates or overseas qualifications not listed above)

Please specify

Section 6 - Employment Details

20. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full time employee	Employed - unpaid worker in a family business
Part time employee	Unemployed - seeking full-time work
Self-employed - not employing others	Unemployed - seeking part-time work
Self-Employed - employing others	Not employed-not seeking employment

Section 7 - Study Reason

21. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job	It was a requirement of my job
To develop my existing business	I wanted extra skills for my job
To start my own business	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	To get skills for community / voluntary work
Other - please specify	

22. Where did you hear about this course?

Nursing journal
Word of mouth
Alzheimer's WA Website
Alzheimer's WA Dementia Education Guide
Other - please specify

Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, Alzheimer's WA RTO Code 4755 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 Alzheimer's WA RTO Code 4755 for statistical, administrative, regulatory and research purposes. Alzheimer's WA RTO Code 4755 may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Employer - if you are enrolled in training paid by your employer;

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, 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 NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For more information about NCVER's Privacy Policy go to www.ncver.edu.au/privacy.

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student signature (or electronic acknowledgement)

Parent/Guardian Signature
[or electronic acknowledgment]*

* Parental / guardian consent
is required for all students
under the age of 18.

Date

Important Information for Participants

Cancellation Policy

Alzheimer's WA reserves the right to cancel workshops/course.

All reasonable effort will be made to ensure workshops/ courses are not cancelled.

A full refund is available for any cancellations made by Alzheimer's WA.

Please refer to student handbook for further information.

Appeals, complaints and compliments

Please refer to our Student Handbook which outlines the process for providing feedback.

Privacy and confidentiality

Alzheimer's WA is committed to respecting and maintaining the dignity and privacy of all people

Disability Supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 – Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 – Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 – Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 – Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 – Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 – Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 – Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 – Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 – Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.