



Enrolment Form

Fill the form in capital letters

Personal Details			
Title	First name	Middle Name	Surname
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone:		Mobile:	
Email (Use Capital Letters):			
Unique Student Identifier (USI) if known: <i>If you do not yet have a USI and want QIE to apply for a USI on your behalf, complete the declaration at the end of the form.</i>			
Please provide your postal address in the boxes below accordingly			
Building / Property Name:			
Flat/Unit number:		Street or Lot number:	
Street Name:			
Suburb, locality, or town:			
State/Territory:		Postcode:	
<p>*What is the address of your usual residence? <i>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's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i></p>			
Enrolment Details: Please select the preferred course.			
<input type="checkbox"/> HLTAID009 Provide cardiopulmonary resuscitation			
<input type="checkbox"/> HLTAID011 Provide First Aid			
<input type="checkbox"/> HLTAID012 Provide First Aid in an education and care setting			
<input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> Ageing <input type="checkbox"/> Disability <input type="checkbox"/> Home & Community			
<input type="checkbox"/> BSB50420 Diploma of Leadership and Management			
<input type="checkbox"/> CHC43121 Certificate IV in Disability			
<input type="checkbox"/> CHC43015 Certificate IV in Ageing Support			
<input type="checkbox"/> CHC52021 Diploma of Community Services			
<input type="checkbox"/> CHC62015 Advanced Diploma of Community Sector Management			
Preferred start date:			
General Information			
1. Have you ever studied with QIE before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Country of Birth:			
3. City of Birth:			



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4. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>		<input type="checkbox"/> No, English only - Go to question 6 <input type="checkbox"/> Yes, other, please specify: _____	
5. 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	
6. Are you of Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	
8. Do you consider yourself to have a disability, impairment or long-term condition? If yes, please indicate the area of disability, impairment or long-term condition. (tick as many as apply)			
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition <input type="checkbox"/> Other: <input type="checkbox"/> None			
9. 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"/> Never attended school – Go to question 11			
10. In which YEAR did you complete that school level?			
11. Are you still attending secondary school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are you an international student (subclass 500 visa)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous qualifications			
12. What is your most recent qualification?			
13. Do you wish to apply for National Recognition or Credit Transfers? If YES, certified copies of transcripts from previous qualifications must be provided.			<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you wish to apply for Recognition of Prior Learning?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment			
Of the following categories, which BEST describes your current employment status? (tick one box only)			
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Part-time employee <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Employer <input type="checkbox"/> Not employed – not seeking employment			
Study reason			
Of the following categories, which BEST describes your main reason for undertaking this course?			
<input type="checkbox"/> To get a job		<input type="checkbox"/> I wanted extra skills for my job	
<input type="checkbox"/> To develop my existing business		<input type="checkbox"/> To get into another course of study	



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Next of kin/emergency contact			
Name:		Relationship to you:	
Address:			
		Postcode:	
Mobile:		Email:	

Privacy Statement and Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Quest Institute of Education.

I understand that my RTO [Quest Institute of Education] is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- Government departments and agencies and authorised VET related bodies.
- VET regulators.

If you would like us [Quest Institute of Education] to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I, _____ authorise

Quest Institute of Education to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.

- I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>
- I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.
- I confirm that I am not a Subclass 500 (International Student) visa holder.

Student Signature:		Date:	/	/
Print Name:				

Please use the details below to transfer / deposit funds and send your payment receipts to info@qie.edu.au for records.

Bank: Westpac Bank
Name: QIE
BSB: 032061
AC: 639218