



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>			
Courses			
<input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> Ageing <input type="checkbox"/> Disability <input type="checkbox"/> Ageing & Disability			
<input type="checkbox"/> CHC43015 Certificate IV in Ageing Support			
<input type="checkbox"/> CHC43121 Certificate IV in Disability Support			
<input type="checkbox"/> BSB50420 Diploma of Leadership and Management			
<input type="checkbox"/> CHC52021 Diploma of Community Services			
<input type="checkbox"/> CHC62015 Advanced Diploma of Community Sector Management			
First Aid Courses / Unit of Competency			
<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"/> HLTAID014 Provide Advanced First Aid			
Professional Development Courses			
<input type="checkbox"/> Manual Handling			
<input type="checkbox"/> Professional development			
Preferred start date:			



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General Information

1. Have you ever studied with QIE before?	
2. Country of Birth:	
3. City of Birth:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Nationality:	
5. 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:	

6. 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
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7. 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"/> Year 10 or equivalent
<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school

10. In which YEAR did you complete that school level?	
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11. Are you still enrolled in secondary or senior secondary education	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Previous qualifications	Have you successfully completed any of the qualifications listed below?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, tick ANY applicable boxes <input type="checkbox"/> Bachelor degree or higher degree 008 <input type="checkbox"/> Advanced diploma or associate degree 410 <input type="checkbox"/> Diploma (or associate diploma) 420 <input type="checkbox"/> Certificate IV (or advanced certificate/technician) 511 <input type="checkbox"/> Certificate III (or trade certificate) 514 <input type="checkbox"/> Certificate II 521 <input type="checkbox"/> Certificate I 524 <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed here) 990



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12. Are you an international student (subclass 500 visa)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Previous qualifications

13. What is your most recent qualification?	
14. 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
15. 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"/> To develop my existing business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To get skills for community/voluntary work
<input type="checkbox"/> Other reasons	

Next of kin/emergency contact

Name:		Relationship to you:	
Address:			
		Postcode:	
Mobile:		Email:	

Privacy Statement and Student Declaration



Enrolment Form

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