



STAFF-IN-CONFIDENCE
(WHEN COMPLETE)

Enrolment Form

Information contained in this document is utilised in accordance with the TITEB Privacy Policy

Please complete the following form in full and return to your Trainer or to the TITEB Training Centre at Wurrumiyanga. If you have any questions please discuss with your Trainer / Assessor. Please note you will be required to participate in your induction **BEFORE** you complete this enrolment form!

Section 1 – Personal Details *(Please choose by placing an X in the boxes that apply to you)*

Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

Surname:	
Given Name:	
Other Names:	
Preferred Name:	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/ Intersex / Unspecified
Date of Birth	
Unique Student Identifier:	
If you do not yet have a USI and want TITEB to apply for a USI on your behalf, you must complete Section 6 of this form. You will need to provide your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.	
Mobile Phone:	
Email Address:	

Referral Information (Marketing Feedback) *(Please choose by placing an X in the boxes that apply to you)*

How did you hear about this course?	<input type="checkbox"/> CDP Referral	<input type="checkbox"/> Facebook
	<input type="checkbox"/> Employer Referral	<input type="checkbox"/> Tiwi Times
	<input type="checkbox"/> School Referral	<input type="checkbox"/> TITEB Website
	<input type="checkbox"/> Community Flier	<input type="checkbox"/> Word of Mouth
	Other :	



Section 2 – Contact Details						
Personal Contacts						
Former Name (if applicable)						
Town / City of Birth:						
Home Phone:						
Work Phone:						
Secondary Mobile:						
Preferred contact method-	<input type="checkbox"/>	Email	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Mail
Emergency Contact:						
Name:		Relationship:				
Phone Number:		Mobile:				
Home Address:						
Number		Street Name				
Suburb / Community:		State:		Postcode:		
Mailing Address (if different to above):						
Number		Street Name				
PO Box (if applicable)						
Suburb / Community:		State:		Postcode:		
Section 3 – Personal Information						
Country of Birth						
Indigenous Status <i>(Please choose by placing an X in the boxes that apply to you)</i>						
<input type="checkbox"/>	Aboriginal	<input type="checkbox"/>	Aboriginal and Torres Strait Islander			
<input type="checkbox"/>	Torres Strait Islander	<input type="checkbox"/>	Neither Aboriginal or Torres Strait Islander			
Language Spoken at Home:						
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		



Education (Please choose by placing an X in the boxes that apply to you)					
Are you still attending secondary school	<input type="checkbox"/>	Yes – At secondary School	<input type="checkbox"/> Not attending secondary school		
What is your highest level of school education COMPLETED?					
<input type="checkbox"/>	Did not go to school	<input type="checkbox"/>	Completed year 10		
<input type="checkbox"/>	Completed year 8 or below	<input type="checkbox"/>	Completed year 11		
<input type="checkbox"/>	Completed Year 9 or equivalent	<input type="checkbox"/>	Completed year 12		
Year Completed		School:			
Employment Status (Please choose by placing an X in the boxes that apply to you)					
<input type="checkbox"/>	Employed – Unpaid Worker in Family Business	<input type="checkbox"/>	Full-Time Employee		
<input type="checkbox"/>	Not Employed – Not Seeking Employment	<input type="checkbox"/>	Part-Time Employee		
<input type="checkbox"/>	Self-Employed (Employing Others)	<input type="checkbox"/>	Self-Employed (Not Employing Others)		
<input type="checkbox"/>	Unemployed – Seeking Full-Time Work	<input type="checkbox"/>	Unemployed – Seeking Part-Time Work		
Disability Status (Please choose by placing an X in the boxes that apply to you)					
Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If Yes Please identify the type of disability, impairment or long-term condition:					
<input type="checkbox"/>	Acquired Brain Impairment	<input type="checkbox"/>	Hearing / Deaf		
<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Learning		
<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>	Mental Illness		
<input type="checkbox"/>	Other	<input type="checkbox"/>	Physical		
<input type="checkbox"/>	Vision				
Training (Please choose by placing an X in the boxes that apply to you)					
Have you completed any other courses / qualifications? (Specify Below)		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualification Level					
<input type="checkbox"/>	Certificate I	<input type="checkbox"/>	Diploma		
<input type="checkbox"/>	Certificate II	<input type="checkbox"/>	Advanced Diploma / Associate Degree		
<input type="checkbox"/>	Certificate III	<input type="checkbox"/>	Batchelor Degree or Higher		
<input type="checkbox"/>	Certificate IV	<input type="checkbox"/>	Miscellaneous Education		
Centrelink Information (Optional)					
Job Seeker ID:					
Centrelink Reference Number (CRN):					



Section 4 - Program being undertaken:			
Training Start Date:			
Training Finish Date:			
Location of Training			
<input type="checkbox"/>	Milikapiti Community	<input type="checkbox"/>	Pickertaramoor – Tiwi College
<input type="checkbox"/>	Pirlangimpi Community	<input type="checkbox"/>	Wurrumiyanga Training Centre
<input type="checkbox"/>	Other – Please Specify		
Qualification / Course			
<input type="checkbox"/>	BSB10115 Certificate I in Business	<input type="checkbox"/>	BSB20115 Certificate II in Business
<input type="checkbox"/>	CHC22015 Certificate II in Community Services	<input type="checkbox"/>	FSK20113 Certificate II in Skills for Work and Vocational Pathways
<input type="checkbox"/>	ICT10115 Certificate I in Information, Digital Media and Technology	<input type="checkbox"/>	CPCWHS1001 Prepare to work safely in the construction industry
<input type="checkbox"/>	HLTAID003 Provide first aid	<input type="checkbox"/>	Other (add title below)
Reason for Study <i>(Please choose by placing an X in the boxes that apply to you)</i>			
<input type="checkbox"/>	To get a job	<input type="checkbox"/>	To start my own business
<input type="checkbox"/>	To try 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"/>	Other reasons
<input type="checkbox"/>	For personal interest or self-development	<input type="checkbox"/>	To get skills for community / volunteer work
Language, Literacy and Numeracy (LLN)			
<p>TITEB delivers all its courses in English, the language in which legislation, regulations and other information are written and attempts to establish students LLN needs prior to course commencement. Potential students are advised they need to have the required levels of literacy and numeracy for the course they intend to enrol in.</p> <p><i>If students are currently attending school</i>, this LLN ability assessment will be sought from the teacher responsible for organising the training with TITEB.</p> <p>If students are not school students and are enrolling in the course independently or through an employer, they will need to contact TITEB if they have any doubts of their ability to complete the assessments due to LLN needs.</p> <p>Also, if students are identified as needing assistance after course commencement a strategy will be provided by TITEB. This strategy may include referral to a professional organisation such as an Adult Education Institution.</p>			
<input type="checkbox"/> I believe I have the required language, literacy and numeracy skills to complete the course			



Section 5 - Client Enrolment and Policy Acceptance Declaration <i>(Please tick each box to acknowledge acceptance)</i>			
I declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to TITEB to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.			<input type="checkbox"/>
I declare that I understand and agree with the following:			Initial
PRIVACY The Primary purpose for TITEB to collect personal information on this form is to process the enrolment and for government reporting purposes. TITEB may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please refer to the Student Handbook.			<input type="checkbox"/>
MARKETING AND ADVERTISING I give consent for TITEB to use my name and photo for marketing and advertising purposes.			<input type="checkbox"/>
UNIQUE STUDENT IDENTIFIER (USI) I give permission to TITEB to use my USI to access previous transcripts (for the purpose of Credit Transfer or RPL) and as required to update my personal details on my behalf.			<input type="checkbox"/>
Client Name:			
Client Signature:		Date:	
RTO Staff Name:			
RTO Signature:		Date:	



Section 6 – Unique Student Identifier (USI) Application and Identification Information

Unique Student Identifier (USI)

From 1 January 2015, TITEB is required by law to verify your **Unique Student Identifier (USI)** before we can issue certification when you complete your course. 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.
If you would like TITEB 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 in the USI Application below.

Do you have a USI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your USI No.	
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If **No**, please complete the details below

<input type="checkbox"/>	I will obtain my own USI from http://www.usi.gov.au/ . I understand that delay in supplying my USI to TITEB may result in delay my course participation and certification.
<input type="checkbox"/>	I authorise TITEB to apply, pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.
<input type="checkbox"/>	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
<input type="checkbox"/>	I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Student Signature		Date:	
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If you are under 18, a Parent or Guardian must sign below

Parent or Guardian Signature		Date:	
Parent or Guardian Name			

Required Information for the USI Application

First Name	
Middle Name	
Family Name	
Town/City of Birth	(Provide the name of the Australian or overseas town or city where you were born)

Provide at least ONE of the following forms of Identification (Admin Staff will need to sight and copy your ID)

Australian Drivers Licence	State / Territory Issued:	
	Licence Number:	
Centrelink Concession Card	Customer Reference Number (CRN):	
	Card Type:	
	Expiry Date:	
Medicare Card	Card Number:	
	Reference number next to your name:	
	Card Colour:	<input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Blue
	Expiry Date:	



Australian Birth Certificate	State / Territory Issued:	
	Registration Number:	
	Date Printed / Issued:	
<hr/>		
Australian Passport	Passport Number:	
<hr/>		
Non-Australian Passport	Passport Number:	
	Visa Number:	
<hr/>		
Certificate of Registration by Descent	Acquisition Date:	
<hr/>		
Citizenship Certificate	Acquisition Date:	
	Stock Number (located on the back):	
<hr/>		
ImmiCard	Card Number:	
<hr/>		
In accordance with section 11 of the Student Identifiers Act 2014, TITEB will securely destroy personal information which we collect from individuals solely for applying for a USI on their behalf as soon as practicable after we have made the application, or the information is no longer needed for that purpose, unless we are required by or under any law to retain it		

In some instances, other forms of identification may be used to apply for a USI when none of the above are available.

If you are unable to produce the required evidence, please discuss this with the RTO Manager who will advise of your options. Alternatively you may review the requirements on the USI website at

<https://www.usi.gov.au/documents/guidance-note-alternative-proof-id-dvs-override>