**School First Aid – Student Enrolment Form**

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| **This form is to be completed in full and returned back on practical assessment day with evidence of online theory completion.**  🖎 Use BLOCK LETTERS | **CSTC Pty Ltd**  Registered Training Organisation (RTO) National Code: 0699  ABN: 85 078 440 105  PO Box 51, Moorooka QLD 4105  🕾 07 3373 8888 | 🖳 [brisbane@cstc.org.au](mailto:brisbane@cstc.org.au) |

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| **1. ENROLMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Student status** (Tick one only) | | | | | | | | | |  | | I am a new student | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | I am a continuing student | | | | | | | | | | | | | | | | | | |
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| **Unique Student Identifier (USI)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |  | | | **I authorise CSTC Pty Ltd may apply for a USI on my behalf., pursuant to s9(2) of the *Student Identifiers Act 2014*** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | I have read the Student Handbook Privacy Notice with regards to the application for a USI. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Which of the following best describes your main reason for undertaking this course / traineeship / apprenticeship?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | To get into another course of study | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. STUDENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Title (Mr/Mrs)** | | |  | **Given name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Middle name** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date of birth** | | |  | **Surname** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Preferred name** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Gender** (Tick one only) | | | | | | |  | | | Male | | | | | | | | | | | | | |  | | | Female | | | | | | | | | | | | | | | | |  | | | | | Other | | | | | | | | | | |
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| **Country of birth** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Town / city of birth** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Aboriginal or Torres Strait Islander origin** (Tick all that apply) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | No | | | | | | | | |  | | Aboriginal | | | | | | | | | | | | |  | | | Torres Strait Islander | | | | |
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| **3. CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Work phone number** | | | | | | | | | | | | | | | | | | **Mobile phone number** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Home phone number** | | | | | | | | | | | |
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| **Email address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Alternative email address (optional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Usual residential address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Building / property name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Flat / unit details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Street or lot number** | | | | |  | **Street name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Suburb, locality or town** | | | | | | | | | | | | | | | | | | | |  | | | **State** | | | |  | | | **Post code** | | | | | | | |  | | **Country** | | | | | | | | | | | | | | | | | | | |
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| **4. Emergency contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Contact name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Relationship to student** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | **Contact’s phone number** | | | | | | | | | | |
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| **5. LANGUAGE AND SUPPORT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you speak a language other than English at home?** (Tick one only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | No, English only | | | | | | |  | | Yes (Specify primary language): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Will you require assistance with any of the following?** (Tick all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Language | | | | | | | | | | | | | |  | | | | | Literacy | | | | | | | | | | | | | | | | | | | | | |  | | | | Numeracy | | | | | | | | | | | | |
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| **6. SCHOOLING DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Are you still attending secondary school?** (Tick one only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | No | | | | | | |  | | Yes (School Name): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is your highest completed school level?** (Tick one only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Year 12 or equivalent | | | | | | | | | | | | | | |  | | | | | Year 11 or equivalent | | | | | | | | | | | | | | | | | | | | |  | | | | Year 10 or equivalent | | | | | | | | | | | | |
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|  | | Year 9 or equivalent | | | | | | | | | | | | | | |  | | | | | Year 8 or below | | | | | | | | | | | | | | | | | | | | |  | | | | Never attended school | | | | | | | | | | | | |
| **7. DISABILITY, IMPAIRMENT OR LONG TERM CONDITIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you consider yourself to have one of the following disabilities, impairments, or long term conditions?** (Tick all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Hearing / deaf | | | | | | | | |  | | | | Physical | | | | | | | | | | | | | |  | | | | Intellectual | | | | | | | | | | | | | | | | | |  | Learning | | | | | | | |
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|  | | Mental illness | | | | | | | | |  | | | | Acquired brain impairment | | | | | | | | | | | | | |  | | | | Vision | | | | | | | | | | | | | | | | | |  | Medical condition | | | | | | | |
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|  | | Other (please specify): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | I do not have a disability, impairment or long term condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8. NOMINATED COURSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **COURSE NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **COURSE DATE** | | | | | | | | | | **PRICE** | | | |
| First Aid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | $70 | | | |
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| **9. ACKNOWLEDGEMENT OF ENROLMENT AND RELEASE OF INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please sign below to acknowledge:**   * I declare that the information I have provided to the best of my knowledge is true and correct. I will inform the RTO immediately if there is any change to this information. * I have read the Student Handbook and specific course brochure which outlines the terms and conditions of my enrolment, my rights, roles and responsibilities (including the requirement to wear covered footwear), Refund Policy, information on the delivery and assessment of the course(s), Privacy Policy and USI Privacy Notice. * I understand that CSTC Pty Ltd can be prevented from issuing me with a nationally recognised VET qualification or statement of attainment when completing my course if I do not have a USI. CSTC Pty Ltd are required to include my USI in the data they submit to the National Centre for Vocational Education Research Ltd (NCVER). If authorising CSTC Pty Ltd to apply for a USI on my behalf, I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. In accordance with s11 of the Student Identifiers Act 2014, CSTC Pty Ltd will securely destroy personal information collected from me solely for the purpose of applying or a USI on my behalf as soon as practicable after making the application or the information is no longer needed for that purpose. * I understand that under the Data Provisions Requirements 2012, CSTC Pty Ltd is required to collect personal information about me and to disclose that personal information to NCVER. My personal information (including the personal information contained on this enrolment form) may be used or disclosed by CSTC Pty Ltd for statistical, administrative, regulatory and research purposes. CSTC Pty Ltd may disclose my personal information 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. I 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. I may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose my 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>. * I understand that CSTC Pty Ltd may disclose my personal information to third parties including: School (if a secondary student undertaking VET, including a school-based apprenticeship or traineeship); Employer (if enrolled in training is paid by my employer); Commonwealth and State or Territory government departments and authorised agencies; Organisations conducting student surveys; Researchers; Funding bodies; other RTOs (to authenticate testamurs); and other relevant bodies as required. I consent to the collection, use and disclosure of my personal information in accordance with the points outlined. Release of information to any other bodies will not occur without my consent. * I recognise that the information collected for CSTC Pty Ltd’s records may be used to provide me with details about this course and related courses in the future. I may contact CSTC Pty Ltd to opt out of such communications at any time. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Student signature** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | |  | | |  |  | |
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| **Permission required for those under 18 years** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Parent/Guardian name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Parent/Guardian signature** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | |  | | |  |  | |