

SCHOOL FIRST AID – STUDENT ENROLMENT FORM

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

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1. ENROLMENT DETAILS

Student status (Tick one only) I am a new student I am a continuing student

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

2. STUDENT DETAILS

Title (Mr/Mrs)

Given name

Middle name

Date of birth

Surname

Preferred name

Gender (Tick one only) Male Female Other

Country of birth

Town / city of birth

Aboriginal or Torres Strait Islander origin (Tick all that apply) No Aboriginal Torres Strait Islander

3. CONTACT DETAILS

Work phone number

Mobile phone number

Home phone number

Email address

Alternative email address (optional)

Usual residential address

Building / property name

Flat / unit details

Street or lot number

Street name

Suburb, locality or town

State

Post code

Country

4. EMERGENCY CONTACT DETAILS

Contact name

Relationship to student

Contact's phone number

5. LANGUAGE AND SUPPORT

Do you speak a language other than English at home? (Tick one only)

No, English only Yes (Specify primary language):

Will you require assistance with any of the following? (Tick all that apply)

Language Literacy Numeracy

6. SCHOOLING DETAILS

Are you still attending secondary school? (Tick one only)

No Yes (School Name):

What is your highest completed school level? (Tick one only)

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent

Year 9 or equivalent Year 8 or below Never attended school

7. DISABILITY, IMPAIRMENT OR LONG TERM CONDITIONS

Do you consider yourself to have one of the following disabilities, impairments, or long term conditions? (Tick all that apply)

- Hearing / deaf Physical Intellectual Learning
- Mental illness Acquired brain impairment Vision Medical condition
- Other (please specify):
- I do not have a disability, impairment or long term condition

8. NOMINATED COURSE

COURSE NAME	COURSE DATE	PRICE
First Aid		

9. ACKNOWLEDGEMENT OF ENROLMENT AND RELEASE OF INFORMATION

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 for 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.

Student signature

Date

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Permission required for those under 18 years

Parent/Guardian name

Parent/Guardian signature

Date

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