



# Enrolment Form - QLD

PH: 07 3844 8433 | 11 Lang Parade, Milton QLD 4064  
 RTO 4612 | ABN 21 078 869 673 | [qldtraining@ceputec.edu.au](mailto:qldtraining@ceputec.edu.au) | [www.ceputec.edu.au](http://www.ceputec.edu.au)

## COURSE SELECTION

Course Code:	Course Title:												
<b>PERSONAL DETAILS</b>		Single name only <input type="checkbox"/> (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section').											
Surname (Legal family name):	Date of birth (DD/MM/YYYY):												
Given Names (Legal names):	Gender (Tick one box):	<input type="checkbox"/> Male	<input type="checkbox"/> Female										
		<input type="checkbox"/> Unspecified											
<b>UNIQUE STUDENT IDENTIFIER (USI)</b>													
If you have a USI, please enter it here:		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
If not, <a href="https://www.usi.gov.au/students/create-your-usi">https://www.usi.gov.au/students/create-your-usi</a>													
<b>EMPLOYER DETAILS (MUST PROVIDE)</b>													
Current Employer:													
Employer Contact:	Business Ph:												
<b>Apprenticeship details (MUST PROVIDE)</b>													
Are you an Apprentice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a school-based apprentice?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
What year are you currently completing?	<input type="checkbox"/> 1 <sup>st</sup> Year <input type="checkbox"/> 2 <sup>nd</sup> Year <input type="checkbox"/> 3 <sup>rd</sup> Year <input type="checkbox"/> 4 <sup>th</sup> Year <input type="checkbox"/> Within 365 days from completing your Apprenticeship												
Start Date of your Apprenticeship	(As per your letter of enrolment from the Government)	Date:											
End Date of your Apprenticeship	(Expected completion date as per your letter of enrolment from the Government)	Date:											
<b>CONTACT DETAILS</b>													
City/Town of Birth:	Mobile Phone:												
Home Phone:	Work Phone:												
Email Address:													
Preferred Contact Method:	<input type="checkbox"/> Email	<input type="checkbox"/> Mobile	<input type="checkbox"/> Phone <input type="checkbox"/> Mail										
<b>EMERGENCY CONTACT DETAILS</b>													
Emergency Contact:													
Their Phone Number:	Relationship:												
<b>RESIDENTIAL ADDRESS</b>													
Building/Property name:													
Flat/Unit Number:	Street No:												
Street:													
Suburb:	State:	Postcode:											
<b>POSTAL ADDRESS - If same as the residential address above, leave blank. If different to the above, complete details below.</b>													
PO Box:													
Building/Property Name:													
Flat/Unit Number:	Street No:												
Street:													
Suburb:	State:	Postcode:											



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LANGUAGE & DIVERSITY	
Are you of Aboriginal and/or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, tick both 'Yes' boxes.)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other → <b>Please specify:</b>
Do you speak a language <b>other than English</b> at home?	<input type="checkbox"/> No, English only → Skip next question <input type="checkbox"/> Yes, other → <b>Please specify:</b> _____ (If more than one language, indicate the one that is spoken most often)
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

**LANGUAGE & DIVERSITY (cont...)**

Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No → Skip next question <input type="checkbox"/> Yes
<b>If yes</b> , please indicate the areas of disability, impairment or long-term condition (you may indicate more than one area).	<input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Mental Illness <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Unspecified <input type="checkbox"/> Medical Condition <input type="checkbox"/> Vision

**SCHOOLING & EMPLOYMENT STATUS**

Are you currently attending Secondary or Senior Secondary School?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What is your highest COMPLETED school level? (Tick ONE box)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Never attended school
Of the following categories, tick ONE box which BEST describes your current employment status?	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Employer (VIC Only) <input type="checkbox"/> Self-employed - Not employing others <input type="checkbox"/> Unemployed - Seeking full-time work <input type="checkbox"/> Unemployed - Seeking part-time work <input type="checkbox"/> Not employed - not seeking employment <input type="checkbox"/> Employed - Unpaid worker in a family business

**QUALIFICATIONS ACHIEVED & PURPOSE OF STUDY**

Have you SUCCESSFULLY COMPLETED any of the below qualifications?	<input type="checkbox"/> No → <b>Skip next question</b> <input type="checkbox"/> Yes
<b>If yes</b> , please tick ONE of these Prior Education Achievement Recognition Identifiers for ANY applicable qualification level	<b>x</b>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>



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Of the following categories, tick ONE box which BEST describes your main reason for undertaking this course or apprenticeship?	<input type="checkbox"/> Required by my job	<input type="checkbox"/> To get a better job/promotion
	<input type="checkbox"/> Develop my existing business	<input type="checkbox"/> To get a job
	<input type="checkbox"/> To start my own business	<input type="checkbox"/> Gain extra skills for my job
	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get into a course of study
	<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> Other reasons

<b>CONCESSION CARD HOLDER</b>		
Are you a current holder of a concession or pension card? <b>If yes,</b> an original or certified copy will need to be presented.	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**STUDENT ENROLMENT PRIVACY STATEMENT -** (please read, you will be signing below that you have read and understood this statement)

**Unique Student Identifier:**  
 From 1 January 2015, we CEPUTEC can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVET. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

**Why we collect your personal information**  
 As a registered training organisation (RTO), CEPUTEC will collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

**How we use your personal information**  
 We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO. [How we disclose your personal information](#)

CEPUTEC is required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVET Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVET Act) to disclose your personal information to the relevant state or territory training authority.

**How the NCVER and other bodies handle your personal information**  
 The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVET Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market. The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy). If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVET Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

**Sharing Information with other training providers:**  
 The personal information provided in this Enrolment Form and any subsequent amendments to it may be shared between the other RTOs within the PICAC group being; Master Plumbers Australia Limited (ABN 47 062 235 063), Service Trades College (RTO) Pty Ltd (ABN 50109049096), Fire Industry Training Pty Ltd (ABN 15 116 739 916), Plumbing Industry Climate Action Centre (PICAC) Ltd (ABN 11 146 359 104), and the Air Conditioning and Mechanical Contractors' Association of Victoria Limited (ABN 87 005 021 670) for the purpose of enrolling you in training courses, and sharing of results which relate to course prerequisites or licencing outcomes conducted by any of these entities.

**Surveys**  
 You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

**Contact information**  
 At any time, you may contact CEPUTEC to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

CEPUTEC  
[enquiries@CEPUTEC.edu.au](mailto:enquiries@CEPUTEC.edu.au) | [qldtraining@CEPUTEC.edu.au](mailto:qldtraining@CEPUTEC.edu.au)  
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### STUDENT CONSENT & DECLARATION

In signing this form, I declare that (please tick each box):

- I declare that the information I have provided to the best of my knowledge is true and correct and I have read and understood the instructions in this enrolment form including the privacy notices above.
- I consent to the collection, use and disclose of my personal information in accordance with the Privacy Notice above.
- Tuition fees are payable at the commencement of the course. Fees must be paid within the period stated on the invoice. See Fees, Charges and Enrolment Status Changes Policy at [picac.vic.edu.au](http://picac.vic.edu.au) for details.
- All courses are subject to minimum class numbers.
- I authorise CEPUTEC to search/locate and verify my Unique Student Identifier and Victorian Student Number (if appropriate)
- I will inform CEPUTEC when any of my contact details change including email and mobile details;
- I have been provided with appropriate and sufficient information to make an informed decision about my enrolment in this course, including information about:
  - Minimum entrance requirements;
  - Course structure, contents, duration, modes of study and assessment methods, which where applicable are detailed in my Training Plan;
  - Details of any arrangements with other providers;
  - Fees and charges associated with my course, including tuition fees, materials fees, refunds and cancellations;
- I have received the Learners Handbook (or accessed it on the CEPUTEC website), and acknowledge and agree to its details about:
  - Complaints and appeals;
  - Enrolment, orientation and support;
  - Fees, charges and enrolment status changes;
  - Health, safety and rights;
  - Access and equity;
  - Misconduct, attendance and discipline;
  - Credit transfer and recognition of prior learning;
  - Qualifications and statements of attainment;
  - Student support and welfare services.

Student Signature		Date	
Parent or Guardian Signature (If student is under 18 years of age)		Date	
Authorised RTO Approver (Form has been satisfactorily completed)		Date	