

STAFF-IN-CONFIDENCE
(WHEN COMPLETE)

Enrolment Form

Information contained in this document is utilised in accordance with ISG Education Privacy Policy

Please complete the following form in full and return. If you have any questions, please contact our office, or visit our website at <http://www.isgeducation.com.au>

Post: G09/22-24 St Kilda Road,
St Kilda, VIC 3182
Email: admin@isgeducation.com.au
Fax: +61 3 9510 6908

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

Title:	Mr	Mrs	Ms	Miss	Other:
Surname:					
Given Names:					
Gender:	Male	Female	Date of Birth:		
	Other				

Section 2 – Identification

Have you completed a Course with ISG Education previously?	Yes	No
Previous Course Name		
Unique Student Identifier (USI)		
ISG Education is required by law to verify your Unique Student Identifier (USI) before we can issue certification.		
Do you have a USI?	Yes	Your USI No.
	No	
** Obtaining your USI?	<p>I will obtain my own USI from http://www.usi.gov.au</p> <p>I understand that delay in supplying my USI to ISG Education may result in delay in course participation and certification.</p> <p>I authorise ISG Education to obtain a USI on my behalf. I have attached one form of ID.</p>	
Provide at least ONE form of ID (e.g. Driver's License) <i>(Admin Staff will need to sight your ID)</i>		
ID Type:		

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ID #:		
ID Sighted (Admin to sign):		
List relevant industry licences you hold		
Examples: Occupational Licenses Industry Inductions First Aid High Risk		

Section 3 – Qualification / Course Details

I wish to enrol in the following course:		
Qualification / Course Name:		
Delivery Mode & Commencement:	Classroom	Date:
	Online	Time:
	Traineeship Workplace – Based Assessment Only (RPL)	Location:

Section 4 – Contact Details

Personal Contacts					
Phone: (Home)		Mobile:			
Email:					
Home Address:					
Address:					
Suburb:		State:		Postcode:	
Mailing Address: (if different to home address)					
Address:					
Suburb:		State:		Postcode:	
Next of Kin – Emergency Contact:					
Name:		Relationship:			
Contact Number					

Section 5 – Workplace Details (if applicable)

Company Name:					
Address:					
Suburb:		State:		Postcode:	
Email Address:					
Contact Person:		Work No:			

Section 6 – Marketing Feedback

How did you hear about ISG Education?	Email received	Industry Body / Regulator
	Press Advertisement	Employer
How did you hear about this course?	Internet Search	Work Colleague
	Television	Family / Friend
	Radio	I am a Past Student
	Billboard / Signage	From a past student of ISG Education
	Other:	

Section 7 – Personal Information			
A. Indigenous Status <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Yes, Aboriginal		Yes, Aboriginal and Torres Strait Islander	
Yes. Torres Strait Islander		No, Neither Aboriginal or Torres Strait Islander	
B. Employment Status <i>(Please choose by placing an X in the boxes that apply to you)</i>			
	Full-Time Employee		Employed – Unpaid Worker in Family Business
	Part-Time Employee		Unemployed – Seeking Full-Time Work
	Self-Employed (Not Employing Others)		Unemployed – Seeking Part-Time Work
	Employer		Not Employed – Not Seeking Employment

C. Disability Status <i>(Please choose by placing an X in the boxes that apply to you)</i>		
Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?		
Yes	No – Go to D.	
Disability, Impairment or Long-Term Condition:		
Hearing / Deafness	Physical	Medical Condition
Vision	Intellectual	Mental Illness
Acquired Brain Impairment	Learning	Not Specified
Other:		
Do you need any additional support?	Yes	No
Specify support required:		

D. Language and Literacy <i>(Please choose by placing an X in the boxes that apply to you)</i>		
Are you an Australian Citizen?	Yes	No
If NO, what is your country of birth?		
Please State your Visa Classification (if applicable) – e.g. 572, 457 etc.		
Is English your First Language?	Yes	No
If NO, what languages do you usually speak?		
How well do you speak English?	Very Well Well	Minimal Not at all

E. Education <i>(Please choose by placing an X in the boxes that apply to you)</i>			
What is your highest level of education COMPLETED?			
	Did not go to school		Completed Year 10 or Equivalent
	Year 8 or Below		Completed Year 11 or Equivalent
	Completed Year 9 or Equivalent		Completed Year 12 or Equivalent
Year / Month Completed:		School:	

F. Training <i>(Please choose by placing an X in the boxes that apply to you)</i>			
Have you completed any other courses / qualifications? (Specify Below)			No
			Yes
Qualification Level	Discipline /Subject Area	Qualification Level	Discipline /Subject Area
	Certificate I		Diploma/Adv. Diploma
	Certificate II		Bachelor
	Certificate III		Post Grad
	Certificate IV		Masters/Doctorate
Other:			

G. Reason for Study <i>(Please choose by placing an X in the boxes that apply to you)</i>		
Which of the following statements best describes your reason for enrolling in this course?	Personal Interest To get a job To get a better job or promotion I want extra skills for my job Requirement of my job	To start my own business To develop my existing business To try another career To gain a qualification Meet CPD / license / vocational requirements
	Other: (Please identify)	

Section 8 – Client Enrolment and Policy Acceptance Declaration

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 ISG Education 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.

I declare that I have read, understood and agree with the following:		Initial	
All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.			
PRIVACY The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We 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 visit the website or contact the RTO Manager of ISG Education.			
REFUND POLICY Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit our website or contact us.			
COLLECTION FEES By signing this enrolment form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.			
Client Name:			
Client Signature:		Date:	
RTO Staff Name:			
RTO Signature:		Date:	

Admin Use Only						
Client Name:						
Course Enrolled:						
LLN Assessment completed:	Yes	No	NA	Date:		Initial:
Enrolment processed in SMS:	Yes	No	NA	Date:		Initial:
Client File Created:	Yes	No	NA	Date:		Initial:
Invoice Raised:	Yes	No	NA	Date:		Initial:
Invoice Sent:	Yes	No	NA	Date:		Initial:
Confirmation Letter Sent:	Yes	No	NA	Date:		Initial:
Training & Assessment Resources allocated:	Yes	No	NA	Date:		Initial:
Trainer / Assessor Advised:	Yes	No	NA	Date:		Initial:
Client Induction Completed:	Yes	No	NA	Date:		Initial: