

Manual AVETMISS Enrolment Form

IMPORTANT INFORMATION - Please read carefully before completing this form.

- This information should have been completed on My Health Learning
- This form is only to be used if you are unable to complete the information on My Health Learning.
- If this information is not complete you will not be able to enrol in your course.
- PLEASE PRINT all answers and write clearly.

The minimum mandatory content for inclusion in a Privacy Notice as at Schedule 1 of the [VET Data Policy](#), is provided below and also available on the Department of Education and Training's website: - <https://www.education.gov.au/privacy-notice/>:

Privacy Notice

Under the *Data Provision Requirements 2012*, NSW Health RTO is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by NSW Health RTO for statistical, administrative, regulatory and research purposes. NSW Health RTO may disclose your personal information for these purposes 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.

You 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. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your 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).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

Unique Student Identifier (USI)

From 1 January 2015, NSW Health RTO is 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 NCVER. 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.

It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

Unique Student Identifier

Please enter your Unique Student Identifier (USI). This is a mandatory requirement.

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USI Number:

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Personal details

1. Enter your full name *

Single name only (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').

Family name (surname)

First given name

Second given name (middle)

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. **You must write your name, including any middle names, exactly as written in the identity document** you chose to obtain your USI.

2. Enter your birth date

Day/month/year

3. Gender (Tick ONE box only)

Male

Female

Other

4. Enter your contact details

Home phone _____ Work phone _____

Mobile _____

Email address _____

Alternative email address _____

5. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

6. What is your postal address (if different from above)?

Building/property name	_____
Flat/unit details	_____
Street or lot number (e.g. 205 or Lot 118)	_____
Street name	_____
Postal delivery information (e.g. PO Box 254)	_____
Suburb, locality or town	_____
State/territory	_____
Postcode	_____

Language and cultural diversity

7. In which country were you born?

Australia	<input type="checkbox"/>	_____
Other – please specify		_____

8. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only	<input type="checkbox"/>	_____
Yes, other – please specify		_____

9. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No	<input type="checkbox"/>	_____
Yes, Aboriginal	<input type="checkbox"/>	_____
Yes, Torres Strait Islander	<input type="checkbox"/>	_____

Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

Yes	<input type="checkbox"/> Y	_____
No	<input type="checkbox"/> N	No – Go to question 12

11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/>	_____
Physical	<input type="checkbox"/>	_____
Intellectual	<input type="checkbox"/>	_____
Learning	<input type="checkbox"/>	_____
Mental illness	<input type="checkbox"/>	_____
Acquired brain impairment	<input type="checkbox"/>	_____
Vision	<input type="checkbox"/>	_____
Medical condition	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Schooling

12. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent	<input type="checkbox"/>	
Year 11 or equivalent	<input type="checkbox"/>	
Year 10 or equivalent	<input type="checkbox"/>	
Year 9 or equivalent	<input type="checkbox"/>	
Year 8 or below	<input type="checkbox"/>	
Never attended school	<input type="checkbox"/>	Never completed any primary or secondary level education – go to question 14

13. Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/>	Y
No	<input type="checkbox"/>	N

Previous qualifications achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?

Yes	<input type="checkbox"/>	Y
No	<input type="checkbox"/>	N

No – go to question 16

15. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/>
Advanced diploma or associate degree	<input type="checkbox"/>
Diploma (or associate diploma)	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>
Certificate III (or trade certificate)	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/>

Employment

16. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>
Self employed – employing others	<input type="checkbox"/>
Employed – unpaid worker in a family business	<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"/>

Study reason

17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>
To try for 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"/>
For personal interest or self-development	<input type="checkbox"/>
To get skills for community/voluntary work	<input type="checkbox"/>
Other reasons	<input type="checkbox"/>

Disability Supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.