

# Keyboard Concepts

## Enrolment Form

Student Name \_\_\_\_\_

Student No. \_\_\_\_\_

<input type="checkbox"/> BSB30215 Certificate III in Customer Engagement
<input type="checkbox"/> BSB30415 Certificate III in Business Administration
<input type="checkbox"/> BSB40215 Certificate IV in Business
<input type="checkbox"/> BSB40515 Certificate IV in Business Administration
<input type="checkbox"/> BSB50315 Diploma of Customer Engagement
<input type="checkbox"/> BSB50215 - Diploma of Business
<input type="checkbox"/> BSB50415 - Diploma of Business Administration
<input type="checkbox"/> ICT10115 - Certificate I in Information, Digital Media and Technology
<input type="checkbox"/> ICT20115 - Certificate II in Information, Digital Media and Technology
<input type="checkbox"/> ICP31415 - Certificate III in Print Communications
<input type="checkbox"/> ICT40115 - Certificate IV in Information Technology
<input type="checkbox"/> ICT50115 - Diploma of Information Technology
<input type="checkbox"/> ICT60115 – Advanced Diploma of Information Technology
<input type="checkbox"/> BSB51915 - Diploma of Leadership and Management
<input type="checkbox"/> BSB61015 – Advance Diploma of Leadership and Management
<input type="checkbox"/> CHC30113 - Certificate III in Early Childhood Education and Care
<input type="checkbox"/> CHC50113 - Diploma of Early Childhood Education and Care
<input type="checkbox"/> CHC33015 - Certificate III in Individual Support
<input type="checkbox"/> CHC33015 - Certificate III in Individual Support (Aged Care)
<input type="checkbox"/> CHC33015 - Certificate III in Individual Support (Disability)
<input type="checkbox"/> CHC33015 - Certificate III in Individual Support (Home and Community)
<input type="checkbox"/> CHC43015 - Certificate IV in Ageing Support
<input type="checkbox"/> BSB51415 – Diploma of Project Management
<input type="checkbox"/> CHC50615 – Diploma of Human Resources Management

PERSONAL and CONTACT DETAILS			
GIVEN NAME:		MIDDLE NAME:	SURNAME:
DATE OF BIRTH: ____/____/____		NATIONALITY:	
EMAIL:	HOME CONTACT PHONE:		MOBILE:
AGE AT TIME OF ENROLMENT	<input type="checkbox"/> 15-19	<input type="checkbox"/> 20-24	<input type="checkbox"/> 25 +
		SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
UNIT NUMBER:	STREET NUMBER:	STREET NAME:	
SUBURB:	STATE:	POSTCODE:	
NEXT OF KIN/EMERGENCY CONTACT			
NAME:		RELATIONSHIP:	PHONE:

VICTORIAN STUDENT NUMBER (VSN):										
<p>If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number:</p> <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> <p>Are you new to the Victorian Education system or do not have your Victorian Student Number?</p> <p><input type="checkbox"/> No, I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.</p> <p><input type="checkbox"/> Yes, I have attended a Victorian school since 2009. Most recent Victorian school attended .....</p> <p>And/or</p> <p><input type="checkbox"/> Yes, I have participated in training at a TAFE or other training organization since the beginning of 2011</p> <p>List the most recent training organisations with which you have participated in training in Victoria since 2011 (List upto three (3) training organisations)</p> <p>.....</p> <p>.....</p>										

UNIQUE STUDENT IDENTIFIER (USI)										
<p>As of January 1st 2015, all candidates undertaking VET training in Australia must have a Unique Student Identifier (USI). Do you have or have your ever been issued a USI?</p> <p><input type="checkbox"/> Yes, Please specify</p> <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> <p><input type="checkbox"/> Yes, but I don't know <input type="checkbox"/> No/Not sure</p> <p>If you answered "No/Not sure" above, you must complete the details of "FORM 55 STUDENT CONSENT FORM" in order for RTO to apply for a USI on your behalf.</p>										

<b>Of the following categories, which best describes your current employment status? (TICK ONE BOX ONLY)</b>			
<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Self Employed – Not employing others <input type="checkbox"/> Employed - Unpaid worker in 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"/> Part Time Employee <input type="checkbox"/> Employer	
Employer Name (If applicable) .....			
Employer Address (If applicable) .....			
<b>OCCUPATION IDENTIFIER (VIC): (TICK ONE BOX ONLY)</b>			
<input type="checkbox"/> Manager <input type="checkbox"/> Community and Personal Service Workers <input type="checkbox"/> Machinery Operators and Drivers	<input type="checkbox"/> Technicians and Trades Workers <input type="checkbox"/> Clerical and Administrative Workers <input type="checkbox"/> Professionals	<input type="checkbox"/> Labourers <input type="checkbox"/> Other <input type="checkbox"/> Sales Workers	
<b>INDUSTRY OF EMPLOYMENT (VIC): (TICK ONE BOX ONLY)</b>			
<input type="checkbox"/> Agriculture, Forestry and Fishing <input type="checkbox"/> Financial and Insurance Services <input type="checkbox"/> Transport, Postal and Warehousing <input type="checkbox"/> Rental, Hiring and real Estate Services <input type="checkbox"/> Administrative and Support Services <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Other Services	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Education and Training <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Electricity, Gas, Water and Waste Services <input type="checkbox"/> Accommodation and Feed Services <input type="checkbox"/> Information Media and telecommunications <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Public Administration and Safety <input type="checkbox"/> Arts and recreation Services	
<b>SCHOOLING DETAILS</b>			
ARE YOU STILL ATTENDING SECONDARY SCHOOL? (Please Tick)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? (Please Tick) <input type="checkbox"/> Never attended school <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 12		
IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL? <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> (e.g. if you finished school when you were 15, add 15 to the year you were born, 15+1968 = 1983)			
<b>AUSTRALIAN RESIDENCY STATUS</b>			
COUNTRY OF BIRTH:	CITY OF BIRTH:	<input type="checkbox"/> AUSTRALIAN CITIZEN <input type="checkbox"/> AUSTRALIAN RESIDENT <input type="checkbox"/> VISA/TEMP PERMIT	
IF ON VISA/TEMP PERMIT STATE CODE / DESCRIPTION:			
<b>LANGUAGE</b>			
DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH AT HOME? (Please Tick)			
<input type="checkbox"/> YES, If Yes, please name language: ..... <input type="checkbox"/> NO			
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			

HAVE YOU **SUCCESSFULLY** COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS? (Please Tick)

- ☐ YES If YES, what year .....
- ☐ NO (GO TO NEXT QUESTION)

- |  |   |
|--|---|
| <input type="checkbox"/> Certificate I                                       | <input type="checkbox"/> Diploma (or Associate Diploma)       |
| <input type="checkbox"/> Certificate II                                      | <input type="checkbox"/> Advanced Diploma or Associate Degree |
| <input type="checkbox"/> Certificate III (or Trade Certificate)              | <input type="checkbox"/> Bachelor Degree or Higher Degree     |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> Certificates other than the above    |

Name(s) of the Qualification: .....

*\*Qualifications gained overseas are not Australian qualification except where equivalency has been formally established with a qualification within AQF by a recognised authority (if you have formally established an equivalency of your overseas qualification within AQF by a recognised authority please select appropriate below).*

## DISABILITY

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG TERM CONDITION? (Please Tick)

- ☐ YES ☐ NO (GO TO NEXT QUESTION)

If Yes, Please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Vision            | <input type="checkbox"/> Hearing/Deaf   | <input type="checkbox"/> Physical                  |
| <input type="checkbox"/> Intellectual      | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Learning       | <input type="checkbox"/> Other                     |

PLEASE INDICATE ANY SPECIAL NEEDS/ASSISTANCE YOU MAY REQUIRE IN RELATION TO YOUR DISABILITY

## ATSI STATUS

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

- ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

## REASON FOR STUDY

PLEASE TICK WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE/TRAINEESHIP/APPRENTICESHIP. (PLEASE TICK ONE BOX ONLY)

- |  |  |
|--|--|
| <input type="checkbox"/> To develop my existing business     | <input type="checkbox"/> To get a job                              |
| <input type="checkbox"/> To start my own business            | <input type="checkbox"/> It was a requirement of my job            |
| <input type="checkbox"/> To get a better job or promotion    | <input type="checkbox"/> I want 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 try for a different career       | <input type="checkbox"/> Other reason, please specify .....        |

## CONCESSION ELIGIBILITY

ARE YOU ELIGIBLE FOR CONCESSION? (Please Tick) ☐ YES ☐ NO

If Yes, Please Specify

- ☐ Low Income/Special Benefit
 ☐ Family Allowance/Single Parent
 ☐ Youth
 ☐ Newstart  
☐ Sickness Allowance
 ☐ Age/Carer/Disability/Partner/Widow/Wife
 ☐ Other .....

Concession Card Number: ..... Expiry Date: .....

**PRIVACY STATEMENT – I UNDERSTAND THAT**

- The Keyboard Concepts (KBC) is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>).
- The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.
- I acknowledge that I have a right to access personal information which KBC hold about me, subject to exceptions in relevant privacy legislation. I understand that I can obtain further information about KBC in the Student Handbook
- The Education and Training Reform Act 2006 requires Keyboard Concepts to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.
  - For more information in relation to how student information may be used or disclosed please contact us on phone 1300 34 76 76 or email [training@stac.edu.au](mailto:training@stac.edu.au).

**I acknowledge and agree to the terms described in the privacy statement:**

***If the applicant is 18 years of age and over***

***If the applicant is under 18 years of age***

.....  
STUDENT NAME

.....  
PARENT/GUARDIAN NAME

.....  
SIGNATURE

.....  
DATE

.....  
PARENT/GUARDIAN SIGNATURE

.....  
DATE

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**STUDENT DECLARATION**

- I confirm that the information I have given within this form is true and correct, and I have been provided by Keyboard Concepts, all the information regarding the course/modules that I am enrolling in
- I understand and have been provided information by KBC in relation to Credit Transfer and Recognition of Prior Learning (RPL)
- I agree to act in accordance with Keyboard Concepts regulations, statutes and disciplinary procedures
- I have read and understood the Statement of Fees, Application Procedure and Refund Policy
- I have received and understood minimum entrance requirements
- I have read and understood the Complaints and Appeal Policy
- I understand it is my responsibility to read and understand the contents of the student handbook

***If the applicant is 18 years of age and over***

***If the applicant is under 18 years of age***

.....  
STUDENT NAME

.....  
PARENT/GUARDIAN NAME

.....  
SIGNATURE

.....  
DATE

.....  
PARENT/GUARDIAN SIGNATURE

.....  
DATE