

KeyboardConcepts

Offshore Student 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:	
EMPLOYMENT STATUS					
Of the following categories, which best describes your current employment status? (TICK ONE BOX ONLY)					
<input type="checkbox"/> Full Time Employee		<input type="checkbox"/> Unemployed - seeking full time work		<input type="checkbox"/> Part Time Employee	
<input type="checkbox"/> Self Employed – Not employing others		<input type="checkbox"/> Unemployed - seeking part time work		<input type="checkbox"/> Employer	
<input type="checkbox"/> Employed - Unpaid worker in Family Business		<input type="checkbox"/> Not employed - not seeking employment			
Employer Name (If applicable)					
Employer Address (If applicable)					
OCCUPATION IDENTIFIER (VIC): (TICK ONE BOX ONLY)					
<input type="checkbox"/> Manager		<input type="checkbox"/> Technicians and Trades Workers		<input type="checkbox"/> Labourers	
<input type="checkbox"/> Community and Personal Service Workers		<input type="checkbox"/> Clerical and Administrative Workers		<input type="checkbox"/> Other	
<input type="checkbox"/> Machinery Operators and Drivers		<input type="checkbox"/> Professionals		<input type="checkbox"/> Sales Workers	
INDUSTRY OF EMPLOYMENT (VIC): (TICK ONE BOX ONLY)					
<input type="checkbox"/> Agriculture, Forestry and Fishing		<input type="checkbox"/> Mining		<input type="checkbox"/> Electricity, Gas, Water and Waste Services	
<input type="checkbox"/> Financial and Insurance Services		<input type="checkbox"/> Retail Trade		<input type="checkbox"/> Accommodation and Feed Services	
<input type="checkbox"/> Transport, Postal and Warehousing		<input type="checkbox"/> Wholesale Trade		<input type="checkbox"/> Information Media and telecommunications	
<input type="checkbox"/> Rental, Hiring and real Estate Services		<input type="checkbox"/> Education and Training		<input type="checkbox"/> Professional, Scientific and Technical Services	
<input type="checkbox"/> Administrative and Support Services		<input type="checkbox"/> Construction		<input type="checkbox"/> Public Administration and Safety	
<input type="checkbox"/> Health Care and Social Assistance		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Arts and recreation Services	
<input type="checkbox"/> Other Services					
SCHOOLING DETAILS					
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? 					
(e.g. if you finished school when you were 15, add 15 to the year you were born, 15+1968 = 1983)					
AUSTRALIAN RESIDENCY STATUS					
COUNTRY OF BIRTH:		CITY OF BIRTH:		<input type="checkbox"/> AUSTRALIAN CITIZEN	

IF ON VISA/TEMP PERMIT STATE CODE / DESCRIPTION:	<input type="checkbox"/> AUSTRALIAN RESIDENT <input type="checkbox"/> VISA/TEMP PERMIT
LANGUAGE	
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	
Overseas Qualification	
HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS? (Please Tick)	
<input type="checkbox"/> YES, If YES, what year <input type="checkbox"/> NO (GO TO NEXT QUESTION)	
<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificates other than the above
Name(s) of the Qualification:	
<i>*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).</i>	
DISABILITY	
DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG TERM CONDITION? (Please Tick)	
<input type="checkbox"/> YES <input type="checkbox"/> 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"/> Intellectual <input type="checkbox"/> Medical Condition	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning
<input type="checkbox"/> Physical <input type="checkbox"/> Acquired Brain Impairment <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.)	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> 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 start my own business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> To get into another course of study <input type="checkbox"/> To try for a different career	<input type="checkbox"/> To get a job <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reason, please specify

PRIVACY STATEMENT – I UNDERSTAND THAT

- 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.

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**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