

Nationally Accredited Training

Please answer all questions to complete your enrolment.

Personal details

1. Enter your full name

Family Name (Surname)

Given Names

2. Enter your birth date

Day/month/year

3. Sex (Tick ONE box only)

Male M

Female F

Unspecified X

4. 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's or territory's 'rural property addressing' or 'numbering' system as your residential street address.

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

5. What are your contact details?

Phone

Mobile

Fax

Email

Unique Student Identifier (USI)

6. What is your Unique Student Identifier?

USI:

If you do not have a Unique Student Identifier, please apply for one at <http://www.usi.gov.au> and notify AT Australia before course commencement.

(This should only take about 5 to 10 minutes to complete.)

Language and cultural diversity

7. In which country were you born?

Australia 1101

Other – please specify _____

In which town/city were you born?

8. Citizenship

Australian

Permanent Res

Temp Resident

Other specify: _____

9. 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 1201 **English only – Go to question 11**

Yes, other – please specify _____

10. How well do you speak English?

Very well 1

Well 2

Not well 3

Not at all 4

11. 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

Disability

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

Yes Y

No N **No – Go to question 14**

13. 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):

Hearing/deaf 11

Physical 12

Intellectual 13

Learning 14

Mental illness 15

Acquired brain impairment 16

Vision 17

Medical condition 18

Other 19

Schooling

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

- | | | |
|-----------------------|--------------------------|---|
| Year 12 or equivalent | <input type="checkbox"/> | 12 |
| Year 11 or equivalent | <input type="checkbox"/> | 11 |
| Year 10 or equivalent | <input type="checkbox"/> | 10 |
| Year 9 or equivalent | <input type="checkbox"/> | 09 |
| Year 8 or below | <input type="checkbox"/> | 08 |
| Never attended school | <input type="checkbox"/> | 02 Never attended school – go to question 16 |

15. In which **YEAR** did you complete that school level?

16. Are you still attending secondary school?

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

Previous qualifications achieved

17. Have you **SUCCESSFULLY** completed any of the following qualifications?

- | | | |
|-----|--------------------------|---------------------------------|
| Yes | <input type="checkbox"/> | Y |
| No | <input type="checkbox"/> | N No – go to question 19 |

18. If **YES**, then tick **ANY** applicable boxes.

| | Year | Recognition Aust/Other |
|---|--------------------------|---------------------------|
| Bachelor degree or higher degree | <input type="checkbox"/> | 008 |
| Advanced diploma or associate degree | <input type="checkbox"/> | 410 |
| Diploma (or associate diploma) | <input type="checkbox"/> | 420 |
| Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> | 511 |
| Certificate III (or trade certificate) | <input type="checkbox"/> | 514 |
| Certificate II | <input type="checkbox"/> | 521 |
| Certificate I | <input type="checkbox"/> | 524 |
| Certificates other than the above | <input type="checkbox"/> | 990 |

Employment

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

(Tick **ONE** box only)

- | | | |
|---|--------------------------|----|
| Full-time employee | <input type="checkbox"/> | 01 |
| Part-time employee | <input type="checkbox"/> | 02 |
| Self employed – not employing others | <input type="checkbox"/> | 03 |
| Employer | <input type="checkbox"/> | 04 |
| Employed – unpaid worker in a family business | <input type="checkbox"/> | 05 |
| Unemployed – seeking full-time work | <input type="checkbox"/> | 06 |

| | |
|-------------------------------------|-----------------------------|
| Unemployed – seeking part-time work | <input type="checkbox"/> 07 |
|-------------------------------------|-----------------------------|

| | |
|---------------------------------------|-----------------------------|
| Not employed – not seeking employment | <input type="checkbox"/> 08 |
|---------------------------------------|-----------------------------|

20. Current Employment Details

AT Australia will contact your employer to complete a questionnaire. Their feedback will play an important role in developing the quality of training at AT Australia.

| |
|------------|
| Occupation |
|------------|

| |
|-------------------|
| Organisation Name |
|-------------------|

| |
|-------------------------|
| Employer's Contact Name |
|-------------------------|

| |
|--------------------------|
| Employer's Contact Phone |
|--------------------------|

| |
|------------------|
| Employer's Email |
|------------------|

Study reason

21. Of the following categories, which **BEST** describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick **ONE** box only)

| | |
|--------------|-----------------------------|
| To get a job | <input type="checkbox"/> 01 |
|--------------|-----------------------------|

| | |
|---------------------------------|-----------------------------|
| To develop my existing business | <input type="checkbox"/> 02 |
|---------------------------------|-----------------------------|

| | |
|--------------------------|-----------------------------|
| To start my own business | <input type="checkbox"/> 03 |
|--------------------------|-----------------------------|

| | |
|-------------------------------|-----------------------------|
| To try for a different career | <input type="checkbox"/> 04 |
|-------------------------------|-----------------------------|

| | |
|----------------------------------|-----------------------------|
| To get a better job or promotion | <input type="checkbox"/> 05 |
|----------------------------------|-----------------------------|

| | |
|--------------------------------|-----------------------------|
| It was a requirement of my job | <input type="checkbox"/> 06 |
|--------------------------------|-----------------------------|

| | |
|----------------------------------|-----------------------------|
| I wanted extra skills for my job | <input type="checkbox"/> 07 |
|----------------------------------|-----------------------------|

| | |
|-------------------------------------|-----------------------------|
| To get into another course of study | <input type="checkbox"/> 08 |
|-------------------------------------|-----------------------------|

| | |
|---|-----------------------------|
| For personal interest or self-development | <input type="checkbox"/> 12 |
|---|-----------------------------|

| | |
|---------------|-----------------------------|
| Other reasons | <input type="checkbox"/> 11 |
|---------------|-----------------------------|

22. Are you intending to complete the assessment or undertake the course work only? (Tick **ONE** box only)

| | |
|---------------------|-----------------------------|
| Complete Assessment | <input type="checkbox"/> 01 |
|---------------------|-----------------------------|

| | |
|------------------|-----------------------------|
| Course work only | <input type="checkbox"/> 02 |
|------------------|-----------------------------|

If course work only, please explain why (eg CPD points)

Course Details

Total fee will be paid on enrolment of each individual unit:

| Unit | Date | Cost | Unit/s you want to attend |
|--|------|--------|---------------------------|
| NAT10909001 - Provide expert advice and guidance on assistive technology for communication | | \$1100 | <input type="checkbox"/> |
| NAT10909002 - Provide expert advice and guidance on walking and mobility aids | | \$700 | <input type="checkbox"/> |
| NAT10909003 - Provide expert advice and guidance on manual wheelchairs | | \$1100 | <input type="checkbox"/> |
| NAT10909004 - Provide expert advice and guidance on powered mobility options | | \$700 | <input type="checkbox"/> |
| NAT10909005 - Provide expert advice and guidance on assistive technology for self-care activities | | \$700 | <input type="checkbox"/> |
| NAT10909006 - Provide expert advice and guidance on assistive technology for lifting and transfer activities | | \$700 | <input type="checkbox"/> |
| NAT10909007 - Provide expert advice and guidance on assistive technology for transport | | \$700 | <input type="checkbox"/> |
| NAT10909008 - Provide expert advice and guidance on assistive technology for daily living activities | | \$700 | <input type="checkbox"/> |
| NAT10909009 - Provide expert advice and guidance on assistive technology for computer access and office activities | | \$700 | <input type="checkbox"/> |
| NAT10909010 - Provide expert advice and guidance on assistive technology on pressure support surfaces | | \$700 | <input type="checkbox"/> |
| NAT10909011 - Provide expert advice and guidance on assistive technology in the built environment | | \$700 | <input type="checkbox"/> |
| | | | |

| Unit | Date | Cost | Unit/s you want to attend |
|---|------|-------|---------------------------|
| NAT10909012 - Provide expert advice and guidance on digital assistive technology solutions | | \$700 | <input type="checkbox"/> |
| NAT10909013 - Provide expert advice and guidance on assistive technology for leisure activities | | \$700 | <input type="checkbox"/> |
| NAT10909014 - Provide expert advice and guidance on assistive technology for vision impairment | | \$700 | <input type="checkbox"/> |
| NAT10909015 - Provide expert advice and guidance on assistive technology for hearing impairment | | \$700 | <input type="checkbox"/> |
| NAT10909016 - Provide expert advice and guidance on assistive technology for memory loss | | \$700 | <input type="checkbox"/> |

Payment Information

Payment Method

Invoice Please provide the following details :

- Invoice to: _____
- Company Name: _____
- Full Address: _____
- Email to send invoice: _____

Cheque (Make cheques payable to Independent Living Centre NSW)

Direct Deposit
 Payable to Independent Living Centre NSW
 St George Bank, BSB 112 879
 Acct No. 4295 40510

Visa **Mastercard**

Name on Card: _____

Card No: | ____ | ____ | ____ | ____ |

Exp Date: | ____ / ____ | Amount: \$ _____

Signature: _____

Registration will not be finalised until payment is received. A receipt will be issued.

Cancellation and refunds: when a cancellation or refund is unavoidable, you can:

- Substitute a person in the course
- Request a refund up to 7 days prior to the course (less 10% admin fee)
- Request a transfer to another course

Special considerations: if you have any special needs or dietary requirements please attach the relevant information to your registration form.

Privacy Notice

If you do not already have a Unique Student Identifier (USI) and you want Assistive Technology Australia (AT Australia) to apply for a USI to the Student Identifiers Registrar (Registrar) on your behalf, AT Australia will provide to the Registrar the following items of personal information about you:

- your name, including first or given name(s), middle name(s) and surname or family name as they appear in an identification document;
- your date of birth, as it appears, if shown, in the chosen document of identity;
- your city or town of birth;
- your country of birth;
- your gender; and
- your contact details.

When we apply for a USI on your behalf the Registrar will verify your identity. The Registrar will do so through the Document Verification Service (DVS) managed by the Attorney-General's Department which is built into the USI online application process if you have documents such as a Medicare card, birth certificate, driver's licence, Australian passport, citizenship document, certificate of registration by descent, ImmiCard or Australian entry visa.

If you do not have a document suitable for the DVS and we are authorized to do so by the Registrar we may be able to verify your identity by other means. If you do not have any of the identity documents mentioned above, and we are not authorized by the registrar to verify your identity by other means, we cannot apply for a USI on your behalf and you should contact the Student Identifiers Registrar.

In accordance with section 11 of the Student Identifiers Act 2014 Cth (SI Act), we will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

The personal information about you that we provide to the Registrar, including your identity information, is protected by the Privacy Act 1988 Cth (Privacy Act). The collection, use and disclosure of your USI are protected by the SI Act.

If you ask AT Australia to make an application for a student identifier on your behalf, AT Australia will have to declare that AT Australia has complied with certain terms and conditions to be able to access the online student identifier portal and submit this application, including a declaration that AT Australia has given you the following privacy notice:

You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI:

- is collected by the Registrar for the purposes of:
 - applying for, verifying and giving a USI;
 - resolving problems with a USI; and
 - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
 - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
 - education related policy and research purposes; and
 - to assist in determining eligibility for training subsidies;
 - VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;

- researchers for education and training related research purposes;
- any other person or agency that may be authorized or required by law to access the information;
- any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorized or required by or under law.

Privacy Policies and Complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar's Privacy Policy (visit <http://www.usi.gov.au/Pages/privacy-policy.aspx>) or by contacting the Registrar. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act, which includes the following:

- misuse or interference of or unauthorized collection, use, access, modification or disclosure of USIs; and
- a failure by AT Australia to destroy personal information collected by AT Australia only for the purpose of applying for a USI on your behalf.

For information about how AT Australia collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to AT Australia's privacy policy which can be obtained by contacting AT Australia on (02) 9912 5800 or by email to training@at-aust.org.

Declaration I have read and understand the details provided to me in the **training guide**
 I have read, understand and accept the Privacy Notice provided in this Form
 I understand the conditions, assessment and appeals process
 I agree to participate in the training and assessment

 Student's Signature

 Date

Would you like to receive AT Australia training mailouts for upcoming courses (via email)?

- Yes, add me to your mailout list** **No, I am not interested**

Assistive Technology Australia, Shop 4019, Lvl 4, Westpoint Shopping Centre, 17 Patrick Street, Blacktown NSW 2148

Infoline: 1300 452 679 • Reception: (02) 9912 5800 • Fax: (02) 8814 9656 • PO Box 8034, Blacktown Westpoint NSW 2148

Email: training@at-aust.org • Web: <http://www.at-aust.org>

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