

STUDENT INFORMATION COLLECTION FORM

STUDENT DETAILS

First Name	<input type="text"/>	Middle Name	<input type="text"/>
Last Name	<input type="text"/>	Student ID	<input type="text"/>
Date of Birth	<input type="text"/>	Passport Number	<input type="text"/>
Visa Type	<input type="text"/>	Contact Number	<input type="text"/>
Intake Date	<input type="text"/>	USI Number	<input type="text"/>
Course Enrolled	<input type="text"/>		
Email	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		

IN CASE OF EMERGENCY CONTACT DETAILS

Person(s) Name	<input type="text"/>
Relationship to student	<input type="text"/>
Contact Number	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>

Collins Institute of Australia collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

For further information contact the institute at info@collins.edu.au or telephone (02) 8024 8999

DECLARATION

I certify that information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking administration. **(If you change your detail please inform the staff at the office reception)**

Student's Signature

Date: _____

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PRIVACY STATEMENT & STUDENT DECLARATION

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that my RTO [insert RTO name] is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purpose:

- School – if I am a secondary student undertaking VET, including a school based apprenticeship or traineeship.
- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- Researchers.

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Student's Signature

Date: _____

Note: parental consent required if student is under the age of 18

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PERSONAL DETAILS

1. Enter your full name*

Family name (surname)

Given names

Name for encryption

* Please write the name that your used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want [name of RTO] to apply a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

2. Enter your birth date

Date/Month/Year

Date of birth

3. Sex (Tick ONE box only)

Male

Female

Other

Sex

4. Enter your contact details

Home phone

Mobile

Work phone

Email Address

*Telephone number – home
Telephone number – work
Telephone number – mobile
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

Flat/unit details

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

Street name

Suburb, locality or town

State/territory

Postcode

*Address building/property name
Address street number
Address location – suburb, locality or town*

*Address flat/unit details
Address street name
State identifier
Postcode*

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

Building/property name	<input type="text"/>		
Flat/unit details	<input type="text"/>		
Street or lot number (e.g. 205 or Lot 118)	<input type="text"/>		
Street name	<input type="text"/>		
Suburb, locality or town	<input type="text"/>		
State/territory	<input type="text"/>	Postcode	<input type="text"/>

Address building/property name
Address street number
Address location – suburb, locality or town

Address flat/unit details
Address street name
State identifier
Postcode

LANGUAGE AND CULTURAL DIVERSITY

7. In which country were you born?

Australia

Other – please specify

Country identifier

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
English only – Go to question 10

Yes, other – please specify

Language identifier

9. How well do you speak English?

Very well

Well

Not well

Not at all

Proficiency in spoken English identifier

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

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

No

Yes, Aboriginal

Yes, Torres Strait Islander

Indigenous status identifier

DISABILITY

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

Yes

No No-Go to question 13

Disability identifier

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12. 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 | <input type="checkbox"/> | 11 |
| Physical | <input type="checkbox"/> | 12 |
| Intellectual | <input type="checkbox"/> | 13 |
| Learning | <input type="checkbox"/> | 14 |
| Mental illness | <input type="checkbox"/> | 15 |
| Acquired brain impairment | <input type="checkbox"/> | 16 |
| Vision | <input type="checkbox"/> | 17 |
| Medical condition | <input type="checkbox"/> | 18 |
| Other | <input type="checkbox"/> | 19 |

Disability type identifier

SCHOOLING

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

- | | |
|-----------------------|--------------------------|
| 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 attended school – go to question 16

Highest school level completed identifier

15. Are you still attending secondary school?

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

At school flag

14. In which YEAR did you complete that school level?

Year highest school level completed

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PREVIOUS QUALIFICATIONS ACHIEVED

16. Have you SUCCESSFULLY completed any of the following qualifications?

- Yes
- No No – go to question 18
Prior educational achievement flag

17. If YES, then tick ANY applicable boxes.

- Bachelor degree or higher degree 008
- Advanced diploma or associate degree 410
- Diploma (or associate diploma) 420
- Certificate IV (or advanced certificate/technician) 511
- Certificate III (or trade certificate) 514
- Certificate II 521
- Certificate I 524
- Certificates other than the above 990

Prior educational achievement identifier

EMPLOYMENT

18. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- Full-time employee 01
- Part-time employee 02
- Self employed – not employing others 03
- Employer 04
- Employed – unpaid worker in a family business 05
- Unemployed – seeking full-time work 06
- Unemployed – seeking part-time work 07
- Not employed – not seeking employment 08

Labour force status identifier

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STUDY REASON

19. 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 |

Study reason identifier

UNIQUE STUDENT IDENTIFIER

From 1 January 2015, we [insert RTO name] can be prevented from issuing you with a nationally recognized VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at

<http://www.usi.gov.au/create-your-USI/> on your computer or mobile device.

20. Enter your Unique Student Identifier (if you already have one)

Unique Student Identifier

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Unique Student identifier