

Course Enrolment Form

PLEASE PRINT CLEARLY

Course Name:		Student ID No: (Office Use Only)	
USI No:	From January 01, 2015 everyone who is studying nationally recognised training in Australia must have a Unique Student Identifier (USI). This USI links to an online account that contains all of your training records and results that you complete from January 01, 2015 onwards. You can apply for your USI at https://www.usi.gov.au/students .		
<input type="checkbox"/> I do not have a USI. I give permission to SMIT to apply for a USI on my behalf (using my photo ID, eg Driver's Licence).			
Surname:		First Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / / (dd / mm / yy)		
Residential Address:			
Suburb	Postcode	State	
Postal Address:			
	Postcode	State	
Phone (Home):	Phone (Work):	Fax:	
Mobile Phone:	E-Mail:		
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email			
Who will be responsible for paying your course fees? <input type="checkbox"/> <i>Myself</i> <input type="checkbox"/> <i>Employer</i> <input type="checkbox"/> <i>Other</i> _____			
INVOICING: If your employer is paying, you must provide an authorised Purchase Order from them prior to commencement of the course.			
Company Name:		Contact Name:	
Contact Email Address:		Tel:	
• Have you been previously enrolled in this institution? Yes <input type="checkbox"/> No <input type="checkbox"/>			
• Your application is not valid and will not be processed if this form is not completed in full and/or if all required documentation is not attached.			
• If you do not consent to providing your personal information, including your photographic image, you will not be able to enrol with SMIT courses as your identity for the purposes of managing your enrolment, progression and related services cannot be verified.			
• On receipt of this completed enrolment form, your enrolment will be confirmed by phone or email.			

OFFICE USE ONLY

COURSE and PAYMENT DETAILS

Course Name	Fee	Amount Paid	Payment Details	Date Paid	Initials

LANGUAGE and CULTURAL DIVERSITY

• **In which country were you born?**

Australia Other (please specify)

• **In which town / city were you born?**

• **Do you have Australian Citizenship / Residence status?**

YES NO

• **Are you of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal AND Torres Strait Islander origin, tick both YES boxes.)

NO YES, Aboriginal YES, Torres Strait Islander

• **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 YES, other, please specify.....

• **If YES, how well do you speak English?**

Very well Well Not well Not well at all

EMPLOYMENT

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

- | | |
|---|--|
| <input type="checkbox"/> Full-time Employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time Employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-Employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer - employing others | <input type="checkbox"/> Not Employed – not seeking employment |

SCHOOLING

• **Did you attend an Australian School? If not, please specify country**

• **Are you still attending secondary school?** YES NO

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Completed Year 12 | <input type="checkbox"/> Completed Year 11 | |
| <input type="checkbox"/> Completed Year 10 | <input type="checkbox"/> Completed Year 9 | <input type="checkbox"/> Completed Year 8 or Below |

• **In which YEAR did you complete that school level?**

.....

PREVIOUS QUALIFICATIONS ACHIEVED

• **Have you SUCCESSFULLY completed any of the following qualifications?** YES NO

• **If YES, then tick applicable boxes.**

- | | |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Certificate IV |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> Diploma Level | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Miscellaneous Education | <input type="checkbox"/> Certificate I |

DISABILITY

• Do you consider yourself to have a disability, impairment or long-term condition? YES NO

• If YES, then please indicate the areas of disability, impairment or long-term condition

(You may indicate more than one area.)

CONDITION	COMMENT (if necessary)	CONDITION	COMMENT (if necessary)
<input type="checkbox"/> Hearing/Deaf		<input type="checkbox"/> Acquired Brain Impairment	
<input type="checkbox"/> Physical		<input type="checkbox"/> Vision	
<input type="checkbox"/> Intellectual		<input type="checkbox"/> Medical Condition	
<input type="checkbox"/> Mental Illness		<input type="checkbox"/> Other (please specify)	

STUDY SUPPORT

• Do you require learning support during your studies at SMIT? YES NO

• If YES, indicate in which area you need support. Please add more details.

- English** (English is my second language)
- Listening**
- Reading**
- Writing**
- Numeracy**

STUDY REASON

• Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons

MEDICAL DECLARATION

- Some SMIT courses involve activities which require the student to be physically capable of understanding activities such as Life raft in a swimming pool, fire training etc. You need to inform us of any known condition. Please complete below by ticking the box

During the last five years have you suffered any significant illness or been in hospital?	
Do you have diabetes, hypertension, heart disease, or are you pregnant?	
Are you aware of any condition that could incapacitate you or could require expert medical attention?	
Do you have any allergies or reactions to drugs that you know of?	
Are you taking any medication SMIT needs to know about? (eg heart medication)	
<i>If you answered yes to any of the above, please give details</i>	

RECOGNITION OF PRIOR LEARNING/CREDIT TRANSFER

Are you applying for Recognition of prior learning?	
Are you applying for Credit Transfer?	
Please provide certified documents	

Course enrolment details

Please tick which course and dates you would like to enrol in

Course	✓	Date of Course
Master <24 Metres MAR30918 Certificate III in Maritime Operations (Master up to 24 metres Near Coastal)		
Coxswain Grade 1 MAR20318 Certificate II in Maritime Operations (Coxswain Grade 1 Near Coastal)		
Coxswain Grade 2 MAR10418 Certificate 1 in Maritime Operations (Coxswain Grade 2 Near Coastal)		
MED 2 - MAR30818 Certificate III in Maritime Operations (Marine Engine Driver Grade 2)		
Marine Radio - Long Range Operator's Certificate of Proficiency (HF & VHF) MARC043 - Transmit and receive information by marine radio		
Marine Radio - Short Range Operator's Certificate of Proficiency (VHF) MARC044 - Transmit and receive information by marine VHF radio		
Survive at Sea (for Shipboard Safety Skill Set - MARSS00008)		
Other:		

Certificate of Indemnity

This serves to certify that I
 Name of applicant (And name of parent or guardian if applicant under 18 years of age)

of address

.....
 Address of applicant (Only address of parent or guardian if applicant under 18 years of age)

hereby indemnify and exonerate Messrs. Seafood and Maritime Industries Training Ltd., its officers & staff, partners, servants, agents and/or representatives against any damages, claims and/or liabilities whatsoever whilst undergoing training in any courses or programs, including any excursions or field trips during the courses/programs, that the afore mentioned person has enrolled in with Seafood and Maritime Industries Training Ltd.

Declaration of Understanding

I give permission for photographs taken of myself during the training to be published

OR

I do not give permission for photographs taken of myself during the training to be published

I authorise SMIT to obtain / verify results from any Educational institution / jurisdiction attended by me.
 I consent to SMIT assessing my progress and competencies in accordance to AQF & SNR standards, including collecting, storing & disclosing to proper authorities any information relating to my admission and studies at SMIT.
 I understand that SMIT reserves the right to vary or reverse any Offer of Admission made on the basis of incorrect or incomplete competencies or information

I have read and understood the following elements in the Student Handbook, checklist and/or SMIT website:

- | | |
|------------------------------------|---|
| • Enrolment procedure | • Refund Policy |
| • Language and Learning Assistance | • Mutual Recognition Policy (including RPL) |
| • Pre-requisite requirements | • Privacy and confidentiality |
| • Eligibility requirements | • Access and Equity Policy |
| • Assessment requirements | • Grievance Policy |
| • Feedback on your assessment(s) | • Health and Safety |
| • Assessment appeal procedure | • Discipline |
| • Course fees | |

I hereby declare that I have been provided with and understand all the relevant information and requirements, including the conditions of enrolment and the Certificate of Indemnity regarding the training course/s in which I have enrolled.

Privacy Notice

Under the *Data Provision Requirements 2012*, **Seafood & Maritime Industries Training** 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 and your training activity data) may be used or disclosed by **Seafood & Maritime Industries Training** for statistical, regulatory and research purposes. **Seafood & Maritime Industries Training** may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- 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 an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student Declaration and Consent

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

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student Signature [or electronic acknowledgement]

Date

Parent/Guardian Signature [or electronic acknowledgement]*

Date

**Parental/guardian consent is required for all students under the age of 18.*