

This Enrolment Application Form required you to provide your personal information and Gills College Australia regard this as confidential information. All information collected in this form is treated as per Gills College Australia privacy policy. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs.

All staff at Gills College Australia are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form. Please send the completed for to [admission@gillscollege.edu.au](mailto:admission@gillscollege.edu.au) or contact Gills College Australia for any question.

<b>Which campus would you like to enroll into?</b>					
Sydney Campus (NSW)		Perth Campus (WA)		Adelaide Campus (SA)	
<b>Which course would you like to enroll into?</b>					
Select	CRICOS Code	National Code	Course name	Weeks	Intake Month and Year
	106827J	AUR30620	Certificate III in Light Vehicle Mechanical Technology	78	
	106828H	AUR40216	Certificate IV in Automotive Mechanical Diagnosis	26	
	103943G	BSB40520	Certificate IV in Leadership and Management	26	
	104135J	BSB50420	Diploma of Leadership and Management	52	
	105583K	BSB60420	Advanced Diploma of Leadership and Management	52	
	106829G	BSB80120	Graduate Diploma of Management (Learning)	104	
	105580B	BSB50120	Diploma of Business	52	
	105574M	BSB60120	Advanced Diploma of Business	52	
	105586G	ICT40120	Certificate IV in Information Technology	52	
	105631G	ICT50220	Diploma of Information Technology	52	
	110204F	ICT60220	Advanced Diploma of Information Technology	52	
	111876B	SIT30821	Certificate III in Commercial Cookery	52	
	111877A	SIT40521	Certificate IV in Kitchen Management	78	
	111878M	SIT50422	Diploma of Hospitality Management	78	
	Cookery Package		Cert III in Commercial Cookery + Cert IV in Kitchen Management	78	
	Hospitality Package		Cert III CC + Cert IV KM + Diploma of Hospitality	104	
Have you ever studied with Gills College Australia before?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you wish to apply for Credit transfer?</b> If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.				<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Maybe - I'd like more information	
<b>Do you wish to apply for Recognition of Prior Learning?</b> If you indicate YES, you will be contacted to discuss this further.				<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Maybe - I'd like more information	

1. Personal Details			
<b>1. Enter your full name*</b>			
Surname:			
Given names:			
Enter your birth date	DD / MM / YYYY		
Gender (Tick ONE box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Country of Birth		Nationality	
City of Birth			
2. Enter your contact details			
Home phone:	(    )	Work phone:	(    )
Mobile:			
Email address:			
Alternative email address (optional)			
3. Australian address (If you are already living in Australia)			
House Number			
Street Name			
Suburb			
Post Code			
State			
4. Overseas address			
Building/ property name			
Flat/unit details:			
Suburb, locality, or town:			
State/territory:		Postcode:	
Country			
Phone Number with country and area code			
5. Passport and Visa Details			
Passport issued by (Country)			
Passport Number		Passport Expiry Date	
Do you have current Australian Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the visa type?	Visa Subclass :		Visa Expiry Date :

6. Health Cover			
Do you have current Overseas Student Health Cover (OSHC)	Yes	No	
If yes, please provide Name of the insurance company			
What is your membership number?		OSHC Expiry Date	DD / MM / YYYY
Do you want Gills College Australia to apply for your OSHC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you agree that Gills College will charge the cost of OSHC to you in the final invoice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of OSHC will you require?	<input type="checkbox"/> Single (Student only) <input type="checkbox"/> Dual Family (Student plus spouse or children) <input type="checkbox"/> Family Cover (Student plus spouse and children)		
7. English language level			
Provide details and documentation confirming your English language level:			
<input type="checkbox"/>	I have taken a recognised English language test in the last two years (e.g. IELTS, PTE, TOFEL and/or Cambridge) Name of the test _____ Score _____ Date of test _____		
<input type="checkbox"/>	I have successfully completed an English course in Australia (Please attach certificate)		
<input type="checkbox"/>	English is my first language		
<input type="checkbox"/>	Other (provide details) _____		
8. Academic record and Previous Qualification Achieved			
1. Are you currently enrolled in any course in Australia for which you received your current student visa, if yes, please answer question 2 and 3 in this section	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you doing this course as a concurrent course?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. The student in concurrent course will need to comply with visa and institute requirements of all courses in which they are enrolled, such as maintaining satisfactory course progress and attendance. To agree, tick Yes	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
4. Are you transferring from another education provider in Australia?  If yes, please provide details  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 9. Language and cultural diversity

1. In which country were you born?	<input type="checkbox"/> Australia [1101] <input type="checkbox"/> Other, please specify: _____
2. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only [1201] <input type="checkbox"/> Yes, other, please specify: _____
3. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

### 10. Support Services

1. Do you consider yourself to have a disability, impairment or long-term condition which may affect your studies?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <u>go to question 11</u>
2. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: ( <i>You may indicate more than one area</i> )	
Hearing/ deaf [11]	<input type="checkbox"/> Physical [12]
Learning [14]	<input type="checkbox"/> Intellectual [13]
Vision [17]	<input type="checkbox"/> Mental Illness [15]
	<input type="checkbox"/> Acquired brain impairment [16]
	<input type="checkbox"/> Medical Condition [18]
	<input type="checkbox"/> Other [19]

### 11. Schooling

1. What is your highest COMPLETED school level ( <i>tick one box only</i> )		
If you are currently enrolled in secondary education, the <i>Highest school level completed</i> refers to the highest school level you have completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the <i>Highest school level completed</i> is Year 9.		
Year 12 or equivalent [12]	Year 11 or equivalent [11]	Year 10 or equivalent [10]
Year 9 or equivalent [09]	Year 8 or below [08]	Never attended school [02]
2. Are you still enrolled in secondary or senior secondary education?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**12. Previous qualification achieved**

1. Have you SUCCESSFULLY completed any of the qualifications listed in question 11?

Yes – indicate below by ticking the relevant options  
No – Go to Question 20

2. If yes, tick ANY applicable boxes

Bachelor's degree or Higher Degree	Advanced Diploma or Associate Degree	Diploma
Certificate – IV	Certificate – III	Certificate – II or Certificate – I

**13. Employment**

1. Of the following categories, which BEST describes your current employment status? (Tick one box only)  
For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee [01]	Part-time employee [02]	<input type="checkbox"/> Self-employed – not employing others[03]
Self-employed – employing others[04]	Employed – unpaid worker in a familybusiness [05]	<input type="checkbox"/> Unemployed – seeking full-time work[06]
Unemployed – seeking part-time work[07]	Not employed – not seeking employment [08]	

**14. Study reason**

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

To get a job [01]	It was a requirement of my job [06]
To develop my existing business [02]	I wanted extra skills for my job [07]
To start my own business [03]	To get into another course of study0 [08]
To try for a different career [04]	For personal interest or self-development [12]
To get a better job or promotion [05]	Other reasons [11]

**2. Answer the following questions**



soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

**15.3. Town/City of Birth** (please write the name of the Australian or overseas town or city where you were born)

**15.4. We will also need to verify your identity to create your USI.** Please provide details for one of the forms of identity below (numbered 1 to 8).

**1. Australian Driver's Licence**

State: \_\_\_\_\_

Licence Number: \_\_\_\_\_

**2. Medicare Card**

Medicare card number \_\_\_\_\_

Individual reference number (next to your name on Medicare card): Card colour (Tick below):

Green      Yellow      Blue

Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (format DD/MM/YYYY)

**3. Australian Passport**

Passport number \_\_\_\_\_

**4. Non-Australian Passport (with Australian Visa)**

Passport number \_\_\_\_\_ Country of issue \_\_\_\_\_

**5. Immicard**

Immicard Number \_\_\_\_\_

**6. Citizenship Certificate**

Acquisition date (day/month/year) \_\_\_\_\_

**7. Certificate of Registration by Descent**

Acquisition date (day/month/year) \_\_\_\_\_

**USI APPLICATION DECLARATION**

I authorise Gills College Australia to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

Student Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

<b>17. Agent Details: (Please complete this section if you are using education agent or representative)</b>	
Agent name	
Agent email	
Agent telephone number	

<b>18. Document Check list</b>	
Have you completed all sections of this application	Attached copies of your qualifications
Copy of visa (if available)	Attached copies of your English proficiency (if available)
Copy of passport	Read and signed the declaration



## 19. PRIVACY NOTICE

### Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. If you do not provide this information, we will be unable to process your enrolment.

### How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

### How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

### How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy)

If you would like to seek access to or correct your information, in the first instance, please contact us using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>

**Surveys**

You may receive a student survey which may be run by a government department or an NCVET employee, agent, third-party contractor, or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact Gills College Australia to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Please contact us using the contact details provided at the beginning of this Handbook. If you would like to view a copy of our privacy policy and associated procedures, let us know and we will provide this to you.

**20. DISABILITY SUPPLEMENT**

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

**If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

**Hearing/deaf'**

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

**Physical'**

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

**Intellectual'**

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

**Learning'**

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

**Mental illness'**

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

**Acquired brain impairment'**

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

**Vision'**

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

**Medical condition'**

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

**Other**

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

**21. Student Declaration and Consent, please tick all**

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:		Date:	/ /
Student Name:			