

# Schools program selection form

When you have made your choice of program please **complete this form and the next 2 pages** 'New Student - Personal Details' form and give both forms to your School VET Coordinator.

|  |   |                 |
|--|---|-----------------|
| Student name   |   |                 |
| LUI number   |   |                 |
| School   | <hr/> <hr/>   |                 |
| First choice program   | <hr/> <hr/>   |                 |
| *Alternative program<br>(second choice)<br><i>* optional</i> | <hr/> <hr/>   |                 |
| Parent/Guardian (print name):                                | <hr/>   |                 |
| Signature  |   | Date:    /    / |
| <b>School VET Coordinator to complete below details</b>      |   |                 |
| <b><i>The school confirms that:</i></b>                      |   |                 |
| <input type="checkbox"/>                                     | The student will be at least 15 years old at the commencement date of the program of study at CQ TAFE |                 |
| <input type="checkbox"/>                                     | The program of study (and alternative choice) is identified in the student's SET Plan                 |                 |
| <input type="checkbox"/>                                     | A completed 'New Student - Personal Details' form is attached   |                 |
| School VET Coordinator (print name:)                         | <hr/>   |                 |
| Signature  |   | Date:    /    / |

**School VET Coordinators:**      **Please return forms (as they are received) to your nearest CQ TAFE main campus**

Attention: School Liaison Officer, Sales and Marketing, CQ TAFE

**Emerald**                      PMB 4, Emerald Qld 4720  
**Gladstone**                PO Box 1334, Gladstone Qld 4680  
**Mackay**                     PO Box 135, Mackay Qld 4740  
**Rockhampton**            LMB 8065, Rockhampton Qld 4700

|                                    |                     |    |
|------------------------------------|---------------------|----|
| <b>CQ TAFE<br/>Office use only</b> | Received:    /    / |    |
| ISAS EMPLID number                 |                     |    |
| Confirmation from school           | YES                 | NO |
| Offer letter/pack sent             | Date:    /    /     |    |

# New Student - Personal Details

COMPLETE ALL SECTIONS IN FULL

## 1. Student details. Please use BLOCK letters.

**TAFE Student Number** (if known)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**Learner Unique Identifier**

(if known or for more information visit [www.qsa.qld.gov.au](http://www.qsa.qld.gov.au))

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**Family name\***

**Given name/s\***

(\*The name recorded above is used for all official purposes such as fee concession validation, and will appear on results/awards issued).

**Previous Family Names (if any e.g. maiden name)**

**Preferred Name (if different from above)**

Male  Female

Date of Birth

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|   |   |   |   |   |   |

## 2. Citizenship (please mark one box)

|                               |                            |                |                            |
|-------------------------------|----------------------------|----------------|----------------------------|
| Australian Citizen            | <input type="checkbox"/> 1 | Visitor's Visa | <input type="checkbox"/> 6 |
| New Zealand Citizen           | <input type="checkbox"/> 2 | Business Visa  | <input type="checkbox"/> 7 |
| Australian Permanent Resident | <input type="checkbox"/> 3 | Holiday Visa   | <input type="checkbox"/> 8 |
| Student Visa                  | <input type="checkbox"/> 4 | Other Visa     | <input type="checkbox"/> 9 |
| Temporary Resident Visa       | <input type="checkbox"/> 5 | please specify | _____                      |

If entry to Australia on Visa, what is your country of citizenship?

## 3. Cultural Diversity

Were you born in Australia? Yes  No

If no, in which country were you born?

**Do you identify yourself as any of the following**

No  Yes  (tick all that apply)

Aboriginal  Torres Strait Islander  South Sea Islander

## 4. Contact Details (compulsory)

|                |              |
|----------------|--------------|
| Home Phone ( ) | Home Fax ( ) |
| Mobile Phone   | Email        |

Home Address

  
  

|             |       |          |
|-------------|-------|----------|
| City/Suburb | State | Postcode |
|             |       |          |

**Mail Address** - (Please state "AS ABOVE" if same)

  
  

|             |       |          |
|-------------|-------|----------|
| City/Suburb | State | Postcode |
|             |       |          |

**Temporary Address**

|             |       |          |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |
|-------------|-------|----------|---------------------|--|--|--|--|--|--|----|--|--|--|--|--|--|
| City/Suburb | State | Postcode | Only effective from |  |  |  |  |  |  | to |  |  |  |  |  |  |
|             |       |          |                     |  |  |  |  |  |  |    |  |  |  |  |  |  |

## 5. Employment

**Employer Details**

|              |          |  |  |  |  |
|--------------|----------|--|--|--|--|
| Company Name |          |  |  |  |  |
| Contact Name |          |  |  |  |  |
| Address      |          |  |  |  |  |
| City/Suburb  | Postcode |  |  |  |  |
| Phone ( )    | Fax ( )  |  |  |  |  |
| Email        |          |  |  |  |  |

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

|   |                            |
|---|----------------------------|
| Employed full time by someone else                                      | <input type="checkbox"/> 1 |
| Employed part time or casual by someone else or school based apprentice | <input type="checkbox"/> 2 |
| Self employed - not employing other people                              | <input type="checkbox"/> 3 |
| Employer - someone who employs other people                             | <input type="checkbox"/> 4 |
| Employed unpaid family worker   | <input type="checkbox"/> 5 |
| Unemployed - looking for full time work                                 | <input type="checkbox"/> 6 |
| Unemployed - looking for part time work                                 | <input type="checkbox"/> 7 |
| Not employed - not looking for employment                               | <input type="checkbox"/> 8 |

## 6. Language

Do you speak a language other than English at home?

**No, English only**  **Go to Question 7**

(If more than one language, indicate the one that is spoken most often.)

**Yes, other, - Please specify**

How well do you speak English?

Very Well  Well  Not Well  Not at all

Is English language assistance required? No  Yes

(Please contact the institute to discuss your needs)

## 7. Schooling

What is your highest **completed** school level?

Year 12  Year 10  Year 8 or lower   
 Year 11  Year 9 or equivalent  Did not go to school

**In which year did you complete that school level?**

Are you still attending secondary school? No  Yes

If yes, provide grade and name of school. Grade \_\_\_\_\_

Name of school \_\_\_\_\_

## 8. Previous Qualifications Achieved

Have you **successfully** completed any of the following qualifications?

Yes  No  If yes, tick any applicable boxes

|  |  |  |  |
|--|--|--|--|
| Bachelor Degree or Higher Degree         | <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 8 | Certificate III (or Trade Certificate) | <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 4 |
| Advanced Diploma or Associate Degree     | <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 0 | Certificate II                         | <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 1 |
| Diploma (or Associate Diploma)           | <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 0 | Certificate I                          | <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 |
| Certificate IV (or Advanced Certificate) | <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 1 | Certificates other than above          | <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 0 |

## 9. Disclosure

Educational authorities such as TAFE Queensland and the National Centre for Vocational Education Research, conduct surveys of past and existing students for customer satisfaction, improvement and marketing purposes. If you have any objection to being contacted, please tick here.

## 10. Emergency contact (Person you want us to contact in an emergency)

|   |
|---|
| Name  |
| Phone (    )                                |
| Relation to Student (eg Son, Daughter, etc) |

## 11. Disabilities (answering these questions will not affect your enrolment)

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

No  **Go to Question 12**

Yes

If yes, please indicate the areas of disability, impairment or long term condition:

|                |   |                           |   |
|----------------|---|---------------------------|---|
| Hearing/Deaf   | <input type="checkbox"/> 1 <input type="checkbox"/> 1 | Acquired Brain Impairment | <input type="checkbox"/> 1 <input type="checkbox"/> 6 |
| Physical       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Vision                    | <input type="checkbox"/> 1 <input type="checkbox"/> 7 |
| Intellectual   | <input type="checkbox"/> 1 <input type="checkbox"/> 3 | Medical Condition         | <input type="checkbox"/> 1 <input type="checkbox"/> 8 |
| Learning       | <input type="checkbox"/> 1 <input type="checkbox"/> 4 | Other (please specify)    | <input type="checkbox"/> 1 <input type="checkbox"/> 9 |
| Mental Illness | <input type="checkbox"/> 1 <input type="checkbox"/> 5 |                           | <input style="width: 100px;" type="text"/>            |

Would you like to receive advice on support services, equipment and facilities which may assist? (if available) Yes  No

### Disability Type Definitions

These definitions may help you to complete the disabilities section (11) on this form.

#### Hearing Loss or Deaf

A hearing loss may be mild, moderate, severe or profound. A person who is Deaf usually has a severe or profound hearing loss and may use a sign language interpreter to communicate.

#### Physical

A physical impairment affects the mobility or dexterity of a person. Examples include arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, post-polio syndrome and the total or partial loss of a part of the body, for example amputation.

#### Intellectual

An intellectual impairment affects a person's ability to obtain and use information which can affect development and maturity. Everyday skills and behaviour such as self care and social skills may be difficult.

#### Learning

A learning disability may cause significant difficulties with listening, speaking, reading, writing, reasoning, or mathematical abilities. For example dyslexia or dysgraphia.

#### Mental Illness

A mental illness is a condition that affects a person's thought processes, understanding or reality, emotions or judgement. Its symptoms are likely to cause a person suffering or distress and represent a departure from a person's usual pattern and level of functioning.

#### Acquired Brain Impairment

An acquired brain impairment is an injury to the brain that results in a change or loss of previously existing abilities. Acquired brain injury can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. Impairment may be temporary or permanent and cause partial or total disability or psychosocial maladjustment.

## Vision

A vision impairment is a significant difficulty with seeing which cannot be corrected with prescription glasses. It can range up to and including blindness.

## Medical Condition

A medical condition is a temporary or permanent condition that may be hereditary, genetic or of unknown origin. Examples include AIDS, cancer, chronic fatigue syndrome, crohn's disease, cystic fibrosis, asthma and diabetes.

## 12. Identity Verification

For privacy protection, it is necessary to store an identity verification keyword. This will enable institute staff to verify your identity via the phone.

Password (up to 10 characters)

Password Hint (up to 20 characters eg—Mothers Maiden Name)

## Privacy Statement

Personal information collected as a result of your enrolment will be used by the Department for general student administration and vocational education and training administration and regulation; as well as departmental planning, reporting, communication, research, evaluation, financial administration (including debt recovery), auditing and marketing. Only authorised departmental officers and other authorised persons (e.g. service providers, funding recipients) have access to this information.

Your personal information may be disclosed to Australian and State Government authorities and agencies. Your personal information may be shared with other Queensland TAFE Institutes in which you enrol or apply to enrol. If you are a school-based apprentice or trainee, your personal information, attendance details, progress and results will be disclosed to your school and the Queensland Studies Authority. Your results may be disclosed to the Queensland Tertiary Admissions Centre. If you are an apprentice/trainee, your personal information, attendance details, progress and results will be disclosed to your employer or host employer. If you are under the age of 18 years your personal information, attendance details, progress and results may be disclosed to your parent/guardian. If you are studying at a Queensland Institute of TAFE towards your secondary education, your personal information, attendance details, progress and results will be disclosed to your school, Queensland Studies Authority and Education Queensland.

No further access to your personal information will be provided without your consent, unless authorised or required under a law. Please contact the enrolling TAFE Institute if you wish to access or amend any of the personal information on this form or if you have a concern or complaint about the way your personal information has been collected, used, stored or disclosed.

## STUDENT DECLARATION (please read carefully)

- I agree to abide by the TAFE Queensland Rules and Regulations and Institute Policy (available from the institute) and acknowledge that facilities made available for my use will be used only in accordance with the principles of proper use and relevant rules.
- I confirm the accuracy of the information provided.
- I understand I must provide evidence of concession eligibility at the time of enrolment. Subsequent evidence will not be accepted.**

If under the age of 18 years, this form must be signed by a parent/guardian to complete this enrolment. This includes consent for the student to have access to the Internet through TAFE Queensland.

Student's Signature:

/ /  
Date

Parent/Guardian's Signature:  
(If student under 18 years)



/ /  
Date

Issues may arise beyond the institute's control which affect its ability to deliver programs. Whilst every effort will be made to conduct all programs as advertised, the institute reserves the right to change or otherwise revise any program related issues including programs offered, class timetables, class locations and teacher allocations. The institute will make every reasonable attempt to advise students of any changes made to their selected program. The details in this document are correct at the time of printing.