

## VET MULTI COURSE ENROLMENT FORM

VET112

**SECTION 1 - PERSONAL DETAILS - All students must complete**

USE BLACK OR BLUE PEN ONLY

Student Number

CDU Staff     Apprentice     International

Title     Mr     Mrs     Ms     Miss     Dr

**Have you previously provided CDU with a USI number?**

Yes     No

Surname

Given Names

If no, please provide your USI number in the space provided below.  
If you do not have a USI, visit [www.usi.gov.au](http://www.usi.gov.au) to apply for your USI and activate your USI account.

Gender     Male     Female  
 Indeterminate/Intersex/Unspecified

If you are unable to create your USI, please complete the attached Application for USI form and CDU will be able to create a USI on your behalf.

Date of Birth (dd/mm/yyyy)

Former Surname

**Mailing Address (during training) – All students must complete**

**Usual Residential Address – If different to your Mailing Address**

Number & Street or PO Box

Suburb/Town

State  Post Code

Country

Home Phone (including area code)

Work Phone (including area code)

Mobile Phone

Email

Number & Street (Cannot be a PO Box)

Suburb/Town

State  Post Code

Country

Fax number (including area code)

**Correspondence issued will be sent to your CDU Computer Account; once activated.**

**Emergency Contact – All students must complete**

Contact Name

Contact Phone 1 (including area code)

Contact Phone 2 (including area code)

I require proof of enrolment for Centrelink

**SECTION 2 - EXEMPTION FROM TUITION FEES - Complete if you are seeking an exemption from fees**

**Domestic students enrolled in VET courses that are not subsidised by the NT Government will attract full fees, and NO fee exemption will apply.**

You may seek an exemption from tuition fees if your course is subsidised by the Northern Territory Government and:  
(Please tick relevant box)

You are in receipt of a current Centrelink or Veteran's Affairs benefit

You have Refugee status or a Humanitarian Visa

If you have ticked either of the boxes above you **MUST** attach a certified copy of your Visa, Passport, current Centrelink or Veteran's Affairs card to this enrolment form.

Your course is **conducted in the Northern Territory** and more than 50kms away from Darwin, Palmerston, Alice Springs, Jabiru, Nhulunbuy, Katherine, Batchelor and Tennant Creek (R2).

**OFFICE USE ONLY**

Date received:	Date processed:
Team Code:	Processed by:

**SECTION 3a - COURSE DETAILS – Must be completed with a Team Leader/Delegate at the time of enrolment**

Course code  Commencing course in TP1  TP2  TP3  TP4

Course name

Unit Set Descriptor

Course mode Internal  External  Mixed  Team code

Campus where most of your studies in this course will be delivered

Alice Springs  Casuarina  Jabiru  Katherine Town  Waterfront

Katherine Rural  Palmerston  Nhulunbuy  Tennant Creek

Other delivery location (please specify)

**SECTION 4a - Complete if you are seeking Credit Transfer (CT) or Recognition of Prior Learning (RPL)**

**Credit Transfer** - please indicate whether your study was completed at Charles Darwin University or another institution.

I have studied at Charles Darwin University previously. (Team Leader/Delegate to advise on units that count towards this qualification)

I have studied at another institution and seek credit transfer/s. (Please attach a certified copy of your previous studies)

**RPL** - The University offers RPL as a form of assessment, if you think you qualify, please discuss with the Team Leader/Delegate. If you are seeking RPL through the self assessment process, you must have completed the RPL Application form before completing this enrolment form.

Please tick the box if you are currently undertaking the RPL self assessment.

**SECTION 5a - UNIT DETAILS – Must be completed with a Team Leader/Delegate at the time of enrolment**

List all the units you plan to start or seek RPL for in 2018. Teaching periods indicate the period in which you are starting a particular unit.  
**Teaching periods in 2018 start on: Teaching Period 1 – 1 January; Teaching Period 2 – 1 April; Teaching Period 3 – 1 July; Teaching Period 4 – 1 October.**

Unit Code	Teaching Period	Delivery Location	Mode (I/E/M)	Seeking RPL(x)	Unit Name	Training start date	Training end date

**TEAM USE ONLY**

Fee category (CSO to complete)  Learnline  AFB  Funding source: 11H  11J  11K  20A  Other (specify)

Lecturer Name  Lecturer Signature  Date

Student's RPL Request has been recorded on Team Register

**SECTION 3b - COURSE DETAILS – Must be completed with a Team Leader/Delegate at the time of enrolment**

Course code  Commencing course in TP1  TP2  TP3  TP4

Course name

Unit Set Descriptor

Course mode Internal  External  Mixed  Team code

Campus where most of your studies in this course will be delivered

Alice Springs  Casuarina  Jabiru  Katherine Town  Waterfront

Katherine Rural  Palmerston  Nhulunbuy  Tennant Creek

Other delivery location (please specify)

**SECTION 4b - Complete if you are seeking Credit Transfer (CT) or Recognition of Prior Learning (RPL)**

**Credit Transfer** - please indicate whether your study was completed at Charles Darwin University or another institution.

I have studied at Charles Darwin University previously. (Team Leader/Delegate to advise on units that count towards this qualification)

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**TEAM USE ONLY**

Fee category (CSO to complete)  Learnline  AFB  Funding source: 11H  11J  11K  20A  Other (specify)

Lecturer Name  Lecturer Signature  Date

Student's RPL Request has been recorded on Team Register

**SECTION 3c - COURSE DETAILS – Must be completed with a Team Leader/Delegate at the time of enrolment**

Course code  Commencing course in TP1  TP2  TP3  TP4

Course name

Unit Set Descriptor

Course mode Internal  External  Mixed  Team code

Campus where most of your studies in this course will be delivered

Alice Springs  Casuarina  Jabiru  Katherine Town  Waterfront

Katherine Rural  Palmerston  Nhulunbuy  Tennant Creek

Other delivery location (please specify)

**SECTION 4c - Complete if you are seeking Credit Transfer (CT) or Recognition of Prior Learning (RPL)**

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**TEAM USE ONLY**

Fee category (CSO to complete)  Learnline  AFB  Funding source: 11H  11J  11K  20A  Other  (specify)

Lecturer Name  Lecturer Signature  Date

Student's RPL Request has been recorded on Team Register

**SECTION 6 - STATISTICAL INFORMATION - All students must complete****Q1. Citizenship and Residence status during this teaching period?**

- Australian citizen including Australian citizens with dual citizenship
- Permanent Resident
- Temporary Entry Permit including student visa or diplomat or a dependant of a diplomat
- Status other than one of the above

**Q2. What is the postcode of the residential area in which you usually live? (Not a PO Box Postcode)**

- Australian postcode
- Overseas address (You do not need to provide a postcode)

**Q3. Do you speak a language other than English at home?**

- 1201  No, English only. Proceed to Q4.
- Yes, other. Name the language that is spoken most often.

**How well do you speak English?**

- 1  Very well    2  Well    3  Not well    4  Not at all

**Q4. In what country were you born?**

- 1100  Australia     Other Country
- (please specify)

**Q5. Are you of Australian Aboriginal or Torres Strait Islander origin?**

- 1  Yes, Aboriginal
- 2  Yes, Torres Strait Islander
- 3  Yes, Aboriginal and Torres Strait Islander
- 4  Neither Aboriginal nor Torres Strait Islander

**Q6. Which of the following categories, BEST describes your current employment status? (Tick ONE box only)**

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

**Q7. Are you still attending secondary school?**

- No
- Yes, Name of school

**Q8. In which YEAR did you complete your highest school level?**

Years 8 - 12 ONLY (Leave blank if you did not go to school)

**Q9. What is your highest COMPLETED school level?**

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

**Q10. Have you SUCCESSFULLY completed any of the following qualifications? Please tick ALL applicable boxes:**

- 008  Bachelor Degree or Higher Education
- 410  Advanced Diploma or Associate Degree
- 420  Diploma (or Associate Diploma)
- 511  Certificate IV (or Advanced Certificate/Technician)
- 514  Certificate III (or Trade Certificate)
- 521  Certificate II
- 524  Certificate I
- 990  Certificate other than the above
- No, I have not completed any of the above qualifications.

**Q11. Do you consider yourself to have a disability, impairment or long-term medical condition which is likely to affect your study? Disclosing a disability is confidential.**

- Yes     No. Proceed to Q12.

**If yes, then please indicate the areas of disability, impairment or long-term condition.**

- Hearing/deaf     Mental illness
- Physical     Acquired brain impairment
- Intellectual     Vision
- Learning     Medical condition
- Other

**Students are encouraged to contact the Disability Liaison Officer if adjustments are required to undertake studies. Please indicate if you would like to be contacted in regards to services available for students with disabilities.**

- Yes     No

**Q12. Of the following categories, which BEST describes your main reason for undertaking this study. (Tick ONE box only)**

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

**Q13. Do you intend to complete the whole qualification/course OR do you intend to complete a set of units? (Tick ONE box only)**

- Course     Units

## SECTION 7 - THIRD PARTY SPONSORSHIP

If your course fees is sponsored by a Third Party, the Third Party Authorisation form must be completed. The form is available at [W: cdu.edu.au/current-students/adminforms](http://W:cdu.edu.au/current-students/adminforms); forward the completed form as soon as possible to the VET Team.

If you are an apprentice, please complete the VET105 - Third Party Authorisation form for Apprentice; all others must complete the VET104 - Third Party Authorisation Form

**NOTE: Payment for CDU staff undertaking approved training should be handled by Journal Transfer.**

## SECTION 8 - PRIVACY STATEMENT & DECLARATION - All students must complete

1. I declare that the information I have supplied on this form is, to the best of my knowledge, correct and complete.
2. I understand that the giving of forged, false or misleading information may lead to the cancellation of my enrolment.
3. I am aware of what is required for entry into this course.
4. I have been informed of fees & charges associated with this course, including the requirements and timelines to withdraw without incurring fees.
5. I further undertake to pay the prescribed fees and charges (if any) within the time allowed by Charles Darwin University for such payment.
6. I understand that I am responsible for notifying Centrelink of study load or changes to study load where applicable.
7. I acknowledge that I have access to, and have read the information supplied in the VET Student Guide.  
<http://www.cdu.edu.au/cdu-vet/student-guide>
8. I acknowledge that I have access to, and have read the information regarding VET Student Loans schemes, if applicable.
9. I declare that if this course is supplied under NTG recurrent funding (including the entitlement) and if I am an NT or Commonwealth Government employee, I am undertaking this training for personal reasons and it is not professional development requested by my employer.
10. I acknowledge that while I am enrolled I will comply with the rules, policies, procedures and by-laws of Charles Darwin University.
11. I understand that Charles Darwin University will not disclose the information provided by me on this form to third parties, without my written consent, in accordance with Charles Darwin University's Privacy Policy, which is available at:  
<http://www.cdu.edu.au/governance/doclibrary/pol-032.pdf>
12. I understand that Charles Darwin University is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement, and that the information contained on my enrolment form may be used by Charles Darwin University or the following third parties for administrative, regulatory and/or research purposes:
  - School - if I am secondary student undertaking VET, including school-based apprenticeship or traineeship.
  - Employer - if I am enrolled in training paid by my employer.
  - Government departments and authorised agencies.
  - NCVER.
  - Organisations conducting student surveys.
  - Researchers
13. I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey which may be administered by a NCVER employee, agent or third party contractor, and that I may opt out of the survey at the time of being contacted.
14. I agree to be contacted via electronic means while I am a student at Charles Darwin University.
15. I acknowledge that it is my responsibility to provide a Unique Student Identifier (USI).  
I authorise Charles Darwin University to verify a USI supplied by me or obtain a USI on my behalf, and view my training records and results on the USI website. I understand that if my USI is not recorded, no certificates or statements of attainment can be issued.

I declare that I have read and accept the above privacy statement and student declaration terms and conditions.

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

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

# Application for Unique Student Identifier (USI)

Complete this form to allow Charles Darwin University to apply for a USI on your behalf

**NOTE** - If you do not possess one of the below Evidence of Identity documents, you will need to provide an acceptable alternate document as Evidence of Identity to your industry team. (see page 2)

**PERSONAL DETAILS** - \* indicates a mandatory field

First Name \*

Middle Name

Family Name \*

Date of Birth \*   
(dd/mm/yyyy)

Country of Birth \*

Town/City of Birth\*

Gender \*  Male  Female

Country in which you are studying\*

**CONTACT DETAILS** - \* indicates a mandatory field

Preferred Contact Method \*  Email  Mobile  Mail  
*Please provide contact details for preferred contact method only*

Email Address

Mobile Phone

Home Phone   
(including area code)

Country of Residence\*

Address

Suburb/Town/City

State  Post Code

I declare that I have read the attached USI privacy information sheet, and consent to the collection, use and disclosure of my personal information.

**EVIDENCE OF IDENTITY**

Provide details for any ONE form of ID. **IMPORTANT** - The details you enter MUST match the details shown on your chosen form of ID

**DRIVER'S LICENCE DETAILS** - \* indicates a mandatory field

State issued\*

Licence Number \*

**\*NOTE:** People with one name only will not verify with Document Verification Service (DVS) using a drivers license. Please use a different form of ID

**MEDICARE CARD DETAILS** - \* indicates a mandatory field

Medicare Card Number \*

Individual Ref Number \*  Card Colour \*

Expiry Date \*

**AUSTRALIAN PASSPORT DETAILS**  
\* indicates a mandatory field

Document Number \*

**VISA DETAILS (Non-Australian Passport holders)**  
\* indicates a mandatory field

Passport Number \*

Country of Issue \*

**CITIZENSHIP CERTIFICATE DETAILS** - \* indicates a mandatory field

Stock Number \*

Acquisition Date \*

**IMMICARD DETAILS** - \* indicates a mandatory field

Immi Card Number \*

This form will be securely destroyed once your USI has been applied for and verified

**BIRTH CERTIFICATE DETAILS** - \* indicates a mandatory field

State issued\*

For ACT, NT & SA Birth Certificate

Registration Number \*

Date Printed \*

Certificate Number \*

For QLD & TAS Birth Certificate

Date of Registration \*

Registration Number \*

Year of Registration \*

**\*NOTE:** A Birth Certificate Extract will not be accepted

For NSW, VIC & WA Birth Certificate

Registration Number \*

Year of Registration \*

**CERTIFICATE OF REGISTRATION BY DESCENT DETAILS**

\* indicates a mandatory field

Acquisition Date \*

## Document Verification Service (DVS) override

### Alternative ID documents

- Proof of Age Card
- Centrelink Concession and Health Care Cards
- Department of Veterans Affairs concession and Health Care Cards
- State Seniors Card

### VET Secondary School (VSS) Students

- May provide a statement from the Secondary School submitted on a School Letterhead verifying the students identity, and **must** be signed by the Principal.

### Indigenous Students

- Indigenous ID card (eg Larrakia Nation or East Arnhem Shire Council)
- May provide a letter from an Indigenous organisation or Indigenous Community Elder verifying the students identity. (complete and attach the Document Verification Service (DVS) override - Alternative ID letter. The Alternative ID letter is available from your industry team )

**If none of these documents is available, please contact your VET team**

This form will be securely destroyed once your USI has been applied for and verified



# Privacy Notice

## Consent for collection, use or disclosure of personal information

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the *Student Identifiers Act 2014*.
- 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 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 authorised 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 authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

### 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](#) or by contacting the Registrar on [usi@education.gov.au](mailto:usi@education.gov.au) or telephone 1300 857 536, international enquiries +61 2 6240 8740. 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 1988*, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.