United Colleges of Australia Pty Ltd
as the trustee for UCA Unit Trust
T/A United Colleges of Australia
RTO No.: 41467 **CRICOS No.:** 03779B
ABN No.: 36 607 946 707 **Phone:** 02 9267 4945
Address: Level 2, 303 Pitt Street, Sydney, NSW, 2000, Australia
Email: info@unitedcolleges.edu.au **Website:** unitedcolleges.edu.au

PART A – APPLICATION INFORMATION

SELECT COURSE	QUALIFICATION	COURSE DURATION
☐	CHC33021 Certificate III in Individual Support	30 weeks
☐	CHC43015 Certificate IV in Ageing Support	36 Weeks
☐	CHC52025 Diploma of Community Services	32 Weeks
☐	CHC62015 Advanced Diploma of Community Sector Management	104 Weeks
☐	BSB50420 Diploma of Leadership and Management	52 Weeks
☐	BSB60420 Advanced Diploma of Leadership and Management	78 Weeks

Intake Month **Year: (** **)**

☐ **January** ☐ **February** ☐ **March** ☐ **April** ☐ **May** ☐ **June** ☐ **July** ☐ **August** ☐ **September** ☐ **October** ☐ **November** ☐ **December**

Class Timetable ☐ **Day Class** ☐ **Evening Class** ☐ **Weekend Class**

Personal Details

1. **Student's full name *** **Single name only** ☐ *(Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section).*

Family Name (Surname): _____

First Given Name: _____ Second Given Name (Middle name): _____

** Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want the college to apply for 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.*

2. **Date of Birth:** _____ / _____ / _____ *(Day/Month/Year)*

3. **Gender (Tick ONE box only):** Male ☐ Female ☐ Other ☐

4. **Student's contact details**

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Alternative email address: *(optional)* _____

5. **Residential 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: _____

6. **Postal Address** (if different from Residential Address)

Building/property name: _____

Flat/unit details: _____

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

Street name: _____

Postal delivery information: (e.g. PO Box 254) _____

Suburb, locality or town: _____

State/territory: _____

Postcode: _____

*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 is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Language and cultural diversity

7. **In which country were you born?**

Australia ☐ Other – please specify: _____

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	☐
Yes, other – please specify:	☐

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

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

No	☐
Yes, Aboriginal	☐
Yes, Torres Strait Islander	☐

Disability

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

Yes ☐ Y No ☐ N – go to question 12

11. **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) Please refer to the Disability supplement for an explanation of the following disabilities.

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

12. **Are you a dependent child or spouse of a person in receipt of a disability support pension?**

Yes ☐ Y No ☐ N – go to question 13

Schooling

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

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent	☐	
Year 11 or equivalent	☐	
Year 10 or equivalent	☐	
Year 9 or equivalent	☐	
Year 8 or below	☐	
Never attended school	☐	– go to question 14

14. **Are you still enrolled in secondary or senior secondary education?**

Yes ☐ Y No ☐ N

Previous qualifications achieved

15. **Have you SUCCESSFULLY completed any of the qualifications listed in question 15?**

Yes ☐ Y No ☐ N – go to question 17

16. **If YES, tick ANY applicable boxes.**

Bachelor degree or higher degree	☐
Advanced diploma or associate degree	☐
Diploma (or associate diploma)	☐
Certificate IV (or advanced certificate/technician)	☐
Certificate III (or trade certificate)	☐
Certificate II	☐
Certificate I	☐
Other education (including certificates or overseas qualifications not listed above)	☐

Employment

17. **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	☐
Part-time employee	☐
Self employed – not employing others	☐
Self employed – employing others	☐
Employed – unpaid worker in a family business	☐
Unemployed – seeking full-time work	☐
Unemployed – seeking part-time work	☐
Not employed – not seeking employment	☐

Study reason

18. **Of the following categories, select the one which BEST describes the main reason you are undertaking this course/ traineeship/ apprenticeship (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	☐
To get skills for community/voluntary work	☐
Other reasons	☐

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PART B – Other Information

1. Highest Qualifications achieved: .....
(You must attach verified copies of all qualifications)

2. Have you enrolled in the same or a similar course elsewhere? ☐ Yes ☐ No
(If you have, you may be eligible for a credit transfer or Recognition of Prior Learning – contact us for further information. You must attach verified copies of documents to support a credit transfer or RPL application)

3. Have you been employed in the area covered by the course applied for? ☐ Yes ☐ No
(If you have, you may be eligible for Recognition of Prior Learning – contact us for further information You must attach verified copies of documents to support an RPL application)

4. Are you interested in applying for a Recognition of Prior Learning (RPL) or Credit Transfer? ☐ Yes ☐ No
(Please refer to your student handbook for more information about RPL or Credit Transfer. Alternatively, you can contact our college staff if you need more information regarding these.)

5. Are you physically fit to perform direct personal care tasks? ☐ Yes ☐ No
(For Certificate III in Individual Support, Certificate IV in Ageing Support and Diploma of Community Services, all students need a reasonable level of physical fitness to perform direct personal care that requires physically assisting clients including but not limited to bending and manual handling tasks.)

6. How well do you speak English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

7. Do you have any disability or special need that will affect in your learning environment? ☐ Yes ☐ No
If yes, please specify .....

8. Are you living in NSW social housing; or are you or your household on the NSW Housing Register?
☐ Yes ☐ No

9. Are you eligible to be enrolled under a waiver for the Smart and Skilled program? ☐ Yes ☐ No
If yes, please select from one of the following options:
☐ Asylum seeker (Temporary Humanitarian Concern visa/ Temporary Humanitarian Stay visa/ Bridging visa)
☐ Refugee (Humanitarian visa/Protection Visa or Temporary Protection visa/Haven Enterprise visa)
☐ Free Scholarship (other circumstances / our-of-home care)
☐ Home schooled student
☐ NSW Fee Free - General
☐ NSW Fee Free - NSW Veterans
☐ NSW Fee Free - NSW Veterans – Recognised Partners

10. What is your residency Status?
☐ Australian Citizen ☐ Australian Permanent Resident ☐ Humanitarian Visa
☐ New Zealand Citizens ☐ None of the above

11. Have you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW?
☐ Yes ☐ No
If yes, please select from the following options:
☐ New Entrant Traineeship ☐ Apprenticeship ☐ Existing Worker Traineeship
☐ School Based Apprenticeship ☐ School Based Traineeship

12. Do you work in New South Wales (NSW)? ( ) Yes ( ) No

If yes, please provide your Employer's Organisation Name: .....

Organisation's Postcode (at the time of training): .....Organisation's Suburb: .....

13. Have you undertaken any other Smart and Skilled qualification this calendar year? ☐ Yes ☐ No

14. What's your commonwealth concession/ welfare status?

☐ Welfare Recipient ☐ Dependent child or spouse of a welfare recipient ☐ Not a welfare recipient

If you are a welfare recipient, please choose from following options:

☐ Age Pension
☐ Austudy
☐ Carer Payment
☐ Exceptional Circumstance Relief Payment
☐ Family Tax Benefit Part A - Maximum Rate
☐ Farm Household Allowance
☐ JobSeeker Payment
☐ Parenting Payment (Single)
☐ Sickness Allowance
☐ Special Benefit
☐ Veterans' Affairs Pensions
☐ Veterans' Children Education Scheme
☐ Widow Allowance
☐ Widow B Pension
☐ Wife Pension
☐ Youth Allowance

15. Are you an Employment Service Provider client? ☐ Yes ☐ No

If yes, what is Employment Service Provider Organisation/ID?.....

What is the Employment Service Provider Client ID?.....

16. Have you fully done any type of the COVID-19 vaccination*? ☐ Yes ☐ No

If yes, which type of the COVID-19 vaccination have you done?

☐ Pfizer Comirnaty ☐ AstraZeneca Vaxzevria ☐ Janssen-Cilag - COVID-19 Vaccine Janssen
☐ Moderna Spikevax ☐ Coronavac (Sinovac) ☐ Covishield (AstraZeneca/Serum Institute of India)
☐ Others (Non-listed above)

*Please note that the vaccination status is not a factor of consideration in the college's admission process. However, you might be given different enrolment advice based on your vaccination status. Only the vaccine listed above have been recognised by TGA and hotel quarantine might be required if you have not fully done any type of the TGA recognised vaccination.

17. Where did you hear about us? .....

Please make sure you refer to the specific entry requirements that apply to the course you are enrolling for.

These requirements are detailed in our website: www.unitedcolleges.edu.au

PART C – Unique Student Identifier (USI)

From 1 January 2015, we can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at https://www.usi.gov.au/students/create-your-usi on computer or mobile device.

1. **Enter your Unique Student Identifier (USI) (if you already have one)**
   You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/.

Unique Student Identifier (USI): ☐☐☐☐☐☐☐☐☐☐

PART D - 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.

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 NCVER and other bodies handle your personal information

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.

NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), 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.

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

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

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

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

DEWR 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 DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at https://www.dewr.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 NCVER 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 us 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

Our contact details: Phone: 02 9267 4945 Email: info@unitedcolleges.edu.au

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PART E - CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I _____ (First, middle and last Name)

of _____ (Current residential address)

with date of birth _____ (Date / Month / Year)

understand and agree that, under the Data Provision Requirements 2012, **United Colleges of Australia** is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **Personal Information**) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (**NCVER**).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by [insert name of the Provider] for statistical, regulatory and research purposes. **United Colleges of Australia** may disclose my personal information for these purposes to third parties, including:

- 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;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Education (**Department**);
- 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.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my 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).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with **United Colleges of Australia** for the purposes of evaluating and assessing my subsidised training.

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 the manner outlined above.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** _____ / _____ /_____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** _____ / _____ /_____

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PART F – STUDENT DECLARATION

1. I declare that all information provided above, in connection with this application, is true, accurate, complete and not misleading in any way.
2. I understand that my enrolment in the above qualification may be subsidised by the NSW and Commonwealth Governments under the Smart and Skilled Program. I understand that enrolling in the above qualification may affect future training options and eligibility for further government subsidised training under the Smart and Skilled Program.
3. I confirm that I have not concurrently enrolled for the same qualification and/or the same units of competency for the same or other qualification(s).
4. I confirm that I have been provided with the details of the Fee chargeable.
5. I confirm that I have read and understood the student information specified in the Student Handbook. I accept the responsibilities of my actions and agree to abide by the conditions outlined in the Student Handbook.
6. I will communicate cancellation of the training agreement in writing to info@unitedcolleges.edu.au
7. I understand the terms of this contract and confirm that I have been fully advised of the conditions of enrolment and agree to be a student at the college.
8. I understand that Information collected on this form or during my enrolment can be disclosed without my consent where authorised or required by law.

APPLICANT SIGNATURE: _____ **DATE:** _____ / _____ /_____

PART G – PROVIDER ACCEPTANCE

Accepted by United Colleges of Australia

NAME: _____ **SIGNATURE:** _____ **DATE:** _____ / _____ /_____

PART H – AGENT

AGENT NAME: _____

AGENT SIGNATURE: _____ **DATE:** _____ / _____ /_____