Enrolment Form

Making you happen

SERO INSTITUTE

Please complete all sections of this form. If you have any questions please contact our friendly team using the contact details below:

PO Box 2547 Southport BC Queensland 4215
info@sero.edu.au
1800 206 010
1. FUNDING

☐ I am interested in applying for ‘Certificate 3 Guarantee’ funding.
☐ I am applying for ‘User Choice’.
☐ I am applying for ‘Fee for Service’. I will pay for my own training.

2. COURSE DETAILS

Course Name: ______________________________________________________________________
Location: _________________________________________ Date: ____________________________
Course Type: ☐ Face to Face ☐ Distance ☐ RPL / CT ☐ Other _____________________
Course Advisor/Consultant Name: ______________________________________________________

3. UNIQUE STUDENT IDENTIFIER

Do you have a Unique Student Identifier (USI)?
☐ Yes ☐ No If yes, please provide your USI: ________________________________

If no, please visit www.usi.gov.au to create your own USI or

☐ Yes ☐ No Do you give your permission for SERO Institute to create your USI?

☐ Yes ☐ No If yes, do you give permission for SERO Institute to use your ID documents you submitted to SERO Institute as evidence to create your USI?

Information: In accordance with section 53 of Student Identifiers Act 2014, any training organisation must not issue a VET qualification and statement of attainment unless the individual has been assigned a student identifier. From 1 January 2015, all students undertaking nationally recognised training delivered by a registered training organisation will need to have a Unique Student Identifier (USI).

4. PERSONAL AND CONTACT DETAILS

Your preferred title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr
First name: __________________________ Middle name: __________________________
Last name: __________________________ Date of birth: __________________________
Country of birth: __________________________ City of birth: __________________________
Gender: ☐ Male ☐ Female ☐ Gender X

Are you of Aboriginal or Torres Strait Islander Origin?
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander
Are you an Australian Citizen?  
☐ Yes  ☐ No  Please specify country of birth: ________

Are you a New Zealand Citizen?  
☐ Yes  ☐ No

Are you a Permanent Resident?  
☐ Yes  ☐ No

Are you a Temporary resident on the pathway to Permanent residency, with relevant visa approval?  
☐ Yes  ☐ No, Visa approval number: ________

Do you have a concession card?  
☐ Yes  ☐ No

If you answer yes, a copy of your concession card will be required by SERO Institute.

Do you speak English?  
☐ Yes  ☐ No

Do you speak any language other than English?  
☐ No, English only  ☐ Yes, please specify __________________________

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

Do you consider yourself to have a disability, impairment or long-term condition that may affect your studies?  
☐ Yes  ☐ No

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

☐ Hearing/deaf  ☐ Acquired brain injury  ☐ Physical  ☐ Vision
☐ Intellectual  ☐ Medical condition  ☐ Learning  ☐ Mental illness
☐ Other: ____________________________

Residential Address

Street Address: ____________________________________________________________

City: ___________ State: ___________ Postcode: ___________ Country: ___________

Primary contact number: ____________________________ ☐ Mobile  ☐ Home  ☐ Work

Other contact number: ____________________________ ☐ Mobile  ☐ Home  ☐ Work

Email address: __________________________________________________________

Postal Address  ☐ Same as residential

Street Address: __________________________________________________________

City: ___________ State: ___________ Postcode: ___________ Country: ___________

5. EMERGENCY CONTACT

Name of contact: ____________________________ Relationship to student: __________________

Primary contact number: ____________________________ ☐ Mobile  ☐ Home  ☐ Work
6. EDUCATION

How would you rate your computer skills?

☐ Beginner  ☐ Average  ☐ Good  ☐ Advanced

What is your highest COMPLETED school level? (Tick one box only)

☐ Year 12 or equivalent  ☐ Year 9 or equivalent
☐ Year 11 or equivalent  ☐ Year 8 or equivalent
☐ Year 10 or equivalent  ☐ Never attended school

In what year did you complete that school level? ________________ In which state? _____________

Are you still attending secondary school? ☐ Yes  ☐ No

7. QUALIFICATIONS

Have you SUCCESSFULLY completed or participated in any of the following qualifications?

☐ Yes  ☐ No  If yes, please provide the qualification title, the year achieved and from where you attended the training. You may be required to provide copy of your qualification or statement of attainment:

<table>
<thead>
<tr>
<th>NAME OF QUALIFICATION</th>
<th>YEAR ACHIEVED</th>
<th>WHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor Degree or Higher Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Diploma or Associate Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma (or Associate Diploma)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate IV (or Advanced Certificate/technician)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate III (or Trade Certificate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificates other than above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. WORK EXPERIENCE

Please list any previous work experience or skills from the last 10 years relevant to the course you are undertaking (up to 5 examples). This can include volunteer work.

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________

9. EMPLOYMENT

Which BEST describes your current employment status?

☐ Full-time employee
☐ Employed – unpaid worker in family business
☐ Part-time employee
☐ Unemployed – seeking full-time work
☐ Self-employed – not employing others
☐ Unemployed – seeking part-time work
☐ Employer
☐ Unemployed – not seeking employment

Please specify why not seeking employment ________________________________________

10. EMPLOYER DETAILS

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>SUBURB</td>
</tr>
<tr>
<td>STATE</td>
<td>POSTCODE</td>
</tr>
<tr>
<td>CONTACT PERSON</td>
<td>CONTACT EMAIL</td>
</tr>
<tr>
<td>ABN</td>
<td></td>
</tr>
</tbody>
</table>

11. STUDY REASON

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

☐ To get a job
☐ It is a requirement of my job
☐ To develop my existing business
☐ I want extra skills for my job
☐ To start my own business
☐ To get into another course of study
☐ To try for a different career
☐ For personal interest or self-development
☐ To get a better job or promotion
☐ Other _________________________________
12. HOW DID YOU HEAR ABOUT US?

☐ Our website  ☐ Word of mouth  ☐ Newspaper  ☐ Agent  ☐ Other (please specify)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

13. PRIVACY STATEMENT

Personal information collected as a result of your enrolment will be used by SERO Institute 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. No further access to your personal information will be provided without your consent, unless authorised by the Information Privacy Principles in Information Standard 42 or as required by law.

14. REFUND POLICY

If you wish to withdraw, you will be required to fill out and sign a withdrawal form before cancellation.

If you have applied for a refund, you will be notified in writing of the outcome. A withdrawal confirmation with remittance advice will be sent via email, if a refund is approved. Please note that it will be at SERO Institute’s discretion whether a student is entitled to a refund.

SERO Institute will make a judgment based on the evidence the student has provided that supports any special circumstances preventing further study.
15. TERMS AND CONDITIONS/STUDENT DECLARATION

☐ I am a ‘Certificate 3 Guarantee’ student
☐ I am a User Choice student
☐ I am a Fee for Service student
☐ I have read and agree to the terms and conditions set out by SERO Institute
☐ I have received and read the SERO Institute Student Handbook
☐ I have completed and submitted my LLN Exercise
☐ I agree to undertake the employment outcome survey within 6 weeks of completion or discontinuing the course
☐ I am aware that if I do not provide a USI at enrolment, I may not receive my qualification
☐ I hereby agree to the conditions set out in the above Refund Policy
☐ I acknowledge that facilities made available for my use will be used only in accordance with the principles of proper use and relevant rules (for face-to-face training)
☐ I confirm that I have access to internet and computer (for online learning)
☐ I confirm the accuracy of the information I have provided
☐ I have completed and signed my Statement of Fees (Certificate 3 Guarantee only)

Student Name: ________________________________________________________________

Student Signature: ____________________________________________________________

Date: _______________________________________________________________________

Parent Name: __________________________________________________________________

Parent Signature: __________________________________________________________________

(Required if applicant is under 18 years of age)

16. SUBMITTING THE ENROLMENT FORM

Once you have completed this form you can submit it by saving the document on your computer and emailing it to info@sero.edu.au or mail to:

SERO Institute
PO Box 2547 Southport BC
QLD 4215 Australia
Office Use Only:

- Validated USI
- Confirmed Full Name
- Confirmed Date of Birth
- Confirmed Citizenship
- Confirmed Address
- Confirmed Email Address
- Confirmed Phone Number
- Confirmed LLN Completed
- Confirmed Eligibility
- Proof of Identity Submitted
- Confirmed Course

Confirm students understanding of Certificate 3 Guarantee information

Funding Source
- C3G
- User Choice
- Fee for Service

Amount

Course Code

Course Title

RTO Partner

Office Use Only

<table>
<thead>
<tr>
<th>Trainer &amp; Assessor</th>
<th>Date Entered</th>
<th>Staff Member Name</th>
</tr>
</thead>
</table>

Enrolment Use Only:

Intake Date: __________________________ Student number: __________________________

Staff member name: __________________________

Staff member signature: __________________________