

## FIRST AID COURSE STUDENT ENROLMENT FORM

APPLICANT PERSONAL DETAILS			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
Family Name		Former Surname	
Given Name		Preferred Name	
Date of Birth		Gender	
Town/City of Birth		Country of Birth	
Residential Address			
Suburb		Postcode	
Postal Address	Same as above <input type="checkbox"/>		
Suburb		Postcode	
Home Phone		Mobile	
Email Address			
<i>Important correspondence will be emailed to you, please be sure to check your junk folder regularly.</i>			

EMERGENCY CONTACTS			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:		
Family Name		Relationship To You	
Given Name			
Address			
Home Phone		Work	
Mobile			

RESIDENCY STATUS	
<p style="text-align: center;"><b>Please indicate your residency status in Australia</b></p>	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Visa Holder Visa Name: _____ Subclass: _____ <input type="checkbox"/> Partner or Dependent of a Visa Holder Visa Name: _____ Subclass: _____

LANGUAGE AND CULTURAL DIVERSITY	
<p><b>Do you identify as Aboriginal and/or Torres Strait Islander?</b> (For persons of both Aboriginal and Torres Strait Islander origin, mark both boxes)</p>	<input type="checkbox"/> No, Neither <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
<p><b>Do You speak a language other than English at home?</b></p>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other (please specify) _____

UNIQUE STUDENT IDENTIFIER	
<p><b>USI (if known)</b></p>	
<p><b>I give AITS permission to:</b></p>	<input type="checkbox"/> search for my existing USI <b>sign:</b> _____
<p>As per sub-section 9(2) of the Student Identifiers Act 2014,</p> <p><b>I give AITS permission to:</b></p>	<input type="checkbox"/> apply for a USI on my behalf <b>sign:</b> _____ <input type="checkbox"/> I have read and consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed in the Privacy Notice of page 8, and the NCVET policies, procedures and protocols published on NCVET's website at <a href="http://www.ncvet.edu.au">www.ncvet.edu.au</a>
<p><b>In order for AITS to apply for a USI on your behalf we require additional information.</b></p>	<p><b>Please provide a copy of ONE of the following forms of ID.</b></p> <input type="checkbox"/> Driver's License <input type="checkbox"/> Medicare Card <input type="checkbox"/> Australian Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Non-Australian Passport (with Australian Visa) <input type="checkbox"/> Certificate of Registration by Descent <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> Immi Card
<p><i>In accordance with section 11 of the Student Identifiers Act 2014, CTAS Education will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose</i></p>	

EMPLOYMENT DETAILS	
<p><b>Employment status</b></p>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Employer <input type="checkbox"/> Unemployed – Seeking full time work <input type="checkbox"/> Unemployed – Seeking part time work <input type="checkbox"/> Unemployed – Not seeking work <input type="checkbox"/> Self-employed

EDUCATION DETAILS	
Are you still attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest completed school year <small>(Actual completed level, not level currently undertaking)</small>	<input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/> Other (specify):
<p>Have you successfully completed any of the listed qualifications?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Tick any applicable boxes</b></p> <p><input type="checkbox"/> Bachelor degree or higher degree</p> <p><input type="checkbox"/> Advanced diploma or associate degree</p> <p><input type="checkbox"/> Diploma (or associate diploma)</p> <p><input type="checkbox"/> Certificate IV (or advanced certificate/technician)</p> <p><input type="checkbox"/> Certificate III (or trade certificate)</p> <p><input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> Other Education (including certificates or overseas qualifications not listed above)</p>

PRIOR LEARNING	
Have you previously completed any First Aid/CPR training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If yes, please answer the following questions.</p> <p><input type="checkbox"/> What course did you complete? _____</p> <p><input type="checkbox"/> When was this course completed? _____</p> <p><b>Please provide evidence of this course, eg. Statement of Attainment or First Aid certification.</b></p>

PHYSICAL FITNESS	
Do you have any difficulties to prevent you from performing at least 2 minutes uninterrupted single CPR (5 cycle of both compressions and ventilations) on a resuscitation manikin and general manual handling activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p><input type="checkbox"/> If yes, please provide more details:</p> <p>(Please don't attend first aid training if you feel uncomfortable on the day of the course. For more details, please contact with AITS Office)</p>

ADDITIONAL NEEDS											
<p><b>Do you consider yourself to have a disability, impairment or long-term condition?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p><b>If yes, please select the area/s from the following list.</b> (You may indicate more than one) Please refer to the Disability Supplement for an explanation of the following disabilities on page 7 to assist with your selection.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Hearing/Deaf</td> <td><input type="checkbox"/> Acquired Brain Impairment</td> </tr> <tr> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Vision</td> </tr> <tr> <td><input type="checkbox"/> Intellectual</td> <td><input type="checkbox"/> Medical Condition</td> </tr> <tr> <td><input type="checkbox"/> Learning</td> <td><input type="checkbox"/> Allergies</td> </tr> <tr> <td><input type="checkbox"/> Mental Illness</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Please provide further details of selected conditions _____</p>	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Physical	<input type="checkbox"/> Vision	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Learning	<input type="checkbox"/> Allergies	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other _____
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<p><b>Do you require a support plan?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>											

STUDY REASON													
<p><b>What is your main reason for undertaking this training?</b></p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> For personal interest or self-development</td> <td><input type="checkbox"/> To try for a different career</td> </tr> <tr> <td><input type="checkbox"/> To develop my existing business</td> <td><input type="checkbox"/> To start my own business</td> </tr> <tr> <td><input type="checkbox"/> To get a better job or promotion</td> <td><input type="checkbox"/> It was a requirement of my job</td> </tr> <tr> <td><input type="checkbox"/> To get skills for community/voluntary work</td> <td><input type="checkbox"/> To get a job</td> </tr> <tr> <td><input type="checkbox"/> To get into another course of study</td> <td><input type="checkbox"/> I wanted extra skills for my job</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other reasons, please specify:</td> </tr> </table>	<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To get skills for community/voluntary work	<input type="checkbox"/> To get a job	<input type="checkbox"/> To get into another course of study	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> Other reasons, please specify:	
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COURSE DETAILS					
<p><b>First Aid course</b> Course details are also available on our website at <a href="http://www.ait.edu.au">www.ait.edu.au</a></p>	<p><input type="checkbox"/> HLTAID012- Provide First Aid response an education and care setting</p> <p><input type="checkbox"/> HLTAID009- Provide cardiopulmonary resuscitation (CPR)</p> <p><input type="checkbox"/> HLTAID011- Provide First Aid</p>				
<p><b>Course dates selected.</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">First preference</td> <td style="width: 50%;"></td> </tr> <tr> <td>Second preference</td> <td></td> </tr> </table>	First preference		Second preference	
First preference					
Second preference					
<p><b>PLEASE ENSURE:</b> On the day of training, wear comfortable, appropriate clothing and footwear for moving, bending and getting on and off the floor. This is an expectation of the course to ensure yours and other participants' health and safety needs. By signing the enrolment form you agree to abide by these expectations at each training session attendance</p>					

**COURSE FEES**

<b>Office Use Only</b>	<input type="checkbox"/> Existing Student of CTAS Education <input type="checkbox"/> ID sighted prior to participation of course _____
<b>Fee to be charged</b>	
<input type="checkbox"/> \$200* HLTAID012- Provide First Aid in an education and care setting <input type="checkbox"/> \$90* HLTAID009- Provide cardiopulmonary resuscitation (CPR) <input type="checkbox"/> \$150* HLTAID011- Provide First Aid	
*10% Discounts may apply for pensioner card holder.	
Trainer Signature:	Date:

<b>PAYMENTS DETAILS</b>
<p>AITS offers a range of flexible payment options which can be negotiated and tailored to your needs. Please choose from the following:</p> <p> <input type="checkbox"/> I will be paying for my own training           <input type="checkbox"/> Bank Deposit           <input type="checkbox"/> Credit Card           <input type="checkbox"/> Cheque/money order       </p> <p><input type="checkbox"/> My workplace will be paying for my training</p>

### TERMS AND CONDITIONS

<b>FEES</b>
<ul style="list-style-type: none"> <li>▪ Course fees will require payment prior to enrolment being accepted</li> </ul>

<b>REFUND POLICY</b>
<ul style="list-style-type: none"> <li>▪ All requests for refunds must be in writing</li> </ul> <p><u>A full refund of course fees will be given if:</u></p> <ul style="list-style-type: none"> <li>▪ A course is cancelled or re-scheduled to a time or location unsuitable to the student.</li> <li>▪ A student is not given a place due to the class being full.</li> <li>▪ A student withdraws prior to course commencement due to a serious illness, injury or disability that prevents the student from attending the course. (Medical certificate is required).</li> <li>▪ <b>There are NO other grounds for refunds.</b></li> </ul> <p><u>Other Circumstances</u></p> <ul style="list-style-type: none"> <li>▪ If a student has their enrolment cancelled due to misbehaviour or breach of enrolment, then no refund will be given for fees paid</li> </ul>

<b>PERSONAL INFORMATION</b>
<p>Under the Data Provision Requirements 2012, AITS is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).</p> <p>Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by AITS for statistical, regulatory and research purposes. AITS may disclose your personal information for these purposes to third parties, including:</p> <ul style="list-style-type: none"> <li>▪ School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;</li> </ul>

- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- 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 and data linkage;
- pre-populating RTO enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

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

NCVER will collect, hold, use and disclose your 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](http://www.ncver.edu.au)).

<b>DECLARATION</b>	
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I declare that the information provided in this Application for Enrolment form is true and correct  
I understand and agree to comply with the terms and conditions stated above and;  
I consent to the collection, use and disclosure of my personal information in accordance with the privacy Notice above.

<b>Applicant Name</b>	
<b>Signature</b>	
<b>Date</b>	

<b>Parental/guardian consent is required for all students under 18 years of age</b>			
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<b>Parent/Guardian Name</b>			
<b>Signature</b>			
<b>Relationship</b>		<b>Date</b>	

Please email your completed form to [info@aits.edu.au](mailto:info@aits.edu.au) or contact +61 432 730 877 if you have any questions.

## USI 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.

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## DISABILITY SUPPLEMENT

**If you indicated the presence of a disability, impairment or long-term condition, please use the information below to assist in your selection.**

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.

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