



Application for Enrolment

Is this your first enrolment with the Atlantic College?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you wish to apply for Credit Transfers? <i>If YES, you will be required to complete the Credit Transfer Application form and provide certified copies of transcripts from your previous qualifications.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Maybe – Need more information
Do you wish to apply for Recognition of Prior Learning (RPL)? <i>If YES, you will be contacted to discuss this further.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Maybe – Need more information
Which training product/s would you like to enrol in?	
Tick	Course Code and Name
<input type="checkbox"/>	BSB50120 Diploma of Business
<input type="checkbox"/>	BSB80120 Graduate Diploma of Management (Learning)
<input type="checkbox"/>	RII60520 Advanced Diploma of Civil Construction Design
<input type="checkbox"/>	TLIC4006 Drive multi-combination vehicle
	Campus
	<input type="checkbox"/> Southport, QLD <input type="checkbox"/> Perth, WA <input type="checkbox"/> Melbourne, VIC
	<input type="checkbox"/> Southport, QLD <input type="checkbox"/> Perth, WA <input type="checkbox"/> Melbourne, VIC
	<input type="checkbox"/> Southport, QLD <input type="checkbox"/> Perth, WA <input type="checkbox"/> Melbourne, VIC
	Southport, QLD

Personal details

1. Enter your 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)	

* 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 **you must write your name, including any middle names, exactly as written in the identity document.** See section on the USI at the end of this form for a detailed explanation.

2. Enter your birth date

Day/month/year			
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3. Gender (Tick ONE box only)

 Male Female Other/Unspecified/Indeterminate

4. Enter your contact details

Home phone	Work phone
Mobile	Email Address
Alternative email address (optional)	

5. Emergency contact details/ Next of Kin

Contact Name			
Relationship			
Home phone	Work phone		
Mobile	Email Address		
Alternative email address (optional)			

6. Residential Address

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.

Building/property name	Flat/unit details		
Street or lot number	Street name		
Suburb, locality or town	State/territory	Postcode	



7. Postal Address (if different from above)

Building/property name	Flat/unit details	
Street or lot number	Street name	
Postal delivery information (e.g. PO Box 254)		
Suburb, locality or town	State/territory	Postcode

Language and cultural diversity

8. In which country were you born?

- Australia Other – please specify

9. 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

10. 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

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

- YES – Go to Question 12 No

12. 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 at the end of this form for an explanation of the following disabilities.

<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Other			



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.

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent
<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school	Never completed any primary or secondary level education – go to question 14	

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

YES NO

Previous qualifications achieved

15. Have you SUCCESSFULLY completed any of the qualifications listed in question 16?

YES NO – go to question 17

16. If YES, tick ANY applicable boxes.

<input type="checkbox"/> Bachelor degree or higher degree	<input type="checkbox"/> Advanced diploma or associate degree
<input type="checkbox"/> Diploma (or associate diploma)	<input type="checkbox"/> Certificate IV (or advanced certificate/technician)
<input type="checkbox"/> Certificate III (or trade certificate)	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)

Academic History			
Year Completed	Institution	Country	Qualification Achieved



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).

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee
<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Self employed – employing others
<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Unemployed – seeking part-time work	<input type="checkbox"/> 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)

<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> To get skills for community/voluntary work
<input type="checkbox"/> Other reasons:	

Unique Student Identifier (USI)

From 1 January 2015, we [Atlantic College] 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.

Enter your Unique Student Identifier (USI) (if you already have one)

Unique Student Identifier (USI)

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/>. If you do not have a USI, you can apply for a USI here: <https://www.usi.gov.au/students/get-a-usi>



Declarations

Student Declarations

I certify that the information provided on this application form is accurate and complete. I authorise Atlantic College to verify all information provided as necessary including academic records.

I acknowledge that the provision of incorrect information or documentation, or the withholding of information or documentation relating to my application may result in the cancellation of my enrolment and the forfeiture of any tuition fees paid.

Consent for Use of Personal Information for Marketing Purposes

Atlantic College wishes to use your personal information for marketing and promotional purposes. This may include your name, photograph, testimonials, and academic achievements in various media such as printed materials, online platforms, social media, press releases, and other marketing channels.

Please select your preference:

YES, I CONSENT

By selecting this option, I acknowledge and give my consent to Atlantic College to use my personal information as described above. I understand this consent remains valid until I withdraw it in writing.

NO, I DO NOT CONSENT

By selecting this option, I do not give my consent to Atlantic College to use my personal information for marketing purposes. I understand this will not affect my enrolment or the provision of educational services to me.

Additional Terms:

- **Duration of Consent:** My consent remains valid until formally withdrawn in writing.
- **Voluntary Nature of Consent:** My decision to consent is voluntary. Refusal to provide consent does not affect my enrolment or the provision of services.
- **Right to Withdraw Consent:** I can withdraw consent at any time by notifying Atlantic College in writing.
- **Privacy and Data Protection:** Atlantic College will protect my personal information in line with privacy laws and its privacy policy.
- **Specific Use of Images/Testimonials:** For use of my image, voice, or testimonials, specific consent will be sought for each instance unless covered by the general consent herein.
- **Right to compensation:** I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I confirm that I have read, understood, and agree to the terms regarding the use of my personal information for marketing purposes as per my selection above.

I authorise Atlantic College to check my Visa entitlements via DIBP Visa Entitlements Verification Online (VEVO) System.

Signature

Name

Date



Parent/ Guardian Declarations (if the applicant is under the age of 18 years old)

<input type="checkbox"/>	<p>I have read the information provided on this application and certify that the details are accurate and complete.</p> <p>I hereby apply for the entry of my child/ward to study with Atlantic College.</p>
<input type="checkbox"/>	<p>I acknowledge that the provision of incorrect information or documentation, or the withholding of information or documentation relating to my child/ward application may result in the cancellation of their enrolment and the forfeiture of any tuition fees paid.</p>

Signature	Name	Date
Relationship		

Application Checklist

<input type="checkbox"/>	Valid photo ID (passport, Australian Driver's License, Proof of Age card)
<input type="checkbox"/>	If Permanent Resident or Australian Citizen – Medicare Card If on any other Visa - Valid visa copy and Passport
<input type="checkbox"/>	High school certificate and other relevant qualifications
<input type="checkbox"/>	Proof of English Language Proficiency (for visa holders)
<input type="checkbox"/>	Proof of address (Utility bill, bank statement, back of Driver's license or Proof of Age card, etc.)
<input type="checkbox"/>	For TLIC4006 Drive multi-combination vehicle – provide a copy of your HR or HC driver licence.



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.

All information sections in this form are mandatory unless otherwise stated. If you fail to complete this form in full and do not provide all details, your application for enrolment may be rejected.

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?

NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy 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 your RTO 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>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <https://www.usi.gov.au/documents/privacy-notice>.

Surveys

You may receive a student survey which may be run by a government department or an NCVET 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 Atlantic College 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

Phone number: +61 413 960 139

Email: admin@atlanticcollege.qld.edu.au

You can find our Privacy Policy in your student handbook or on our website.

Disability Supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

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.

'11 — 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.

'12 — 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.

'13 — 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.

'14 — 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.

'15 — 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.

'16 — 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.

'17 — 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.

'18 — 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.

19 — 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.