



Application for Enrolment

The information contained in this form is used for enrolment and statistical purposes; to assist in research and evaluation by relevant government agencies and **E-Medics**

Please tick the course(s) you wish to enrol			
Preferred Course Start Date: ____/____/____			
<input type="checkbox"/> CHC33021 Certificate III in Individual Support		<input type="checkbox"/> CHC43121 Certificate IV in Disability Support	
Delivery mode:	<input type="checkbox"/> Online	<input type="checkbox"/> Face to face	<input type="checkbox"/> Mixed Mode
Is RPL being sought as part of this qualification?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact the admissions team for further details		
PERSONAL DETAILS			
Name:			Date of Birth: / /
Address:			
			Post Code:
Phone:	Hm	Wk	Mob
Email:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Cultural diversity and language. Are you:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Yes both <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander		
Are you a permanent resident of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
In which country were you born?			
Is English your first spoken language?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Language spoken?			
How well do you speak English?	<input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
Do you have a disability, impairment or long-term health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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 VERMONT VIC 3133
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 E: info@emedics.edu.au
 W: www.emedics.edu.au

If yes, please advise condition:			
Emergency Contact Details			
Name:			Relationship:
Phone:	Hm	Wk	Mob
EMPLOYER DETAILS (if applicable)			
Trading Name:			
Supervisor:			
Address:			Postcode:
Phone:		Fax:	
Email:			
EDUCATION DETAILS			
What is your highest completed school level?	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 9	<input type="checkbox"/> Year 10
	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12	
What year did you complete this level?			
Have you successfully completed any of the following qualification levels?	<input type="checkbox"/> Cert I	<input type="checkbox"/> Cert II	<input type="checkbox"/> Cert III
	<input type="checkbox"/> Cert IV	<input type="checkbox"/> Diploma	<input type="checkbox"/> Adv Diploma
	<input type="checkbox"/> Bachelor's degree or higher		
EMPLOYMENT STATUS			
which best describes your current employment status? (Tick ONE box only)	<input type="checkbox"/> Part time employee		<input type="checkbox"/> Full time employee
	<input type="checkbox"/> Unemployed seeking full time work		<input type="checkbox"/> Unemployed seeking part time work
	<input type="checkbox"/> Employer		
	<input type="checkbox"/> Self-employed but not employing others		
REASON FOR STUDY			
What is your reason for undertaking this course?	<input type="checkbox"/> To get employment		<input type="checkbox"/> To develop existing skills
	<input type="checkbox"/> To start my own business		<input type="checkbox"/> To change careers
	<input type="checkbox"/> To get a promotion		<input type="checkbox"/> Job requirement
	<input type="checkbox"/> Personal interest		<input type="checkbox"/> To get a better job
	<input type="checkbox"/> To get into another course of study		



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Unique Identifier Number (USI)

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 <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

USI No: _____

Privacy Notice

Under the Data Provision Requirements 2012, E-Medics Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by E-Medics for statistical, regulatory and research purposes. The Imperial College of Australia may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- 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;
- 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).



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STUDENT DECLARATION

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 accordance with the Privacy Notice above.

I acknowledge that I have read and understood the information provided in this form. I also acknowledge that I have read the college student prospectus, and marketing material, and received full information from E-Medics's) before making the decision to enrol in the course(s). I agree to abide by the above terms & conditions. The information and documents provided by me are true, genuine and correct in all respects.

Student Signature:

Date: ____/____/____



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Completed Application along with **Copies** of the following essential documents can be emailed or hand delivered to:

Admissions Officer

Email: admissions@emedics.edu.au

Documents to be attached with the Application for Enrolment

(Attach verified translated copies of documents not in English)

- Birth Certificate
- Evidence of highest academic qualification(s)
- Evidence of English competency
- Related work experience, if any

Office Use Only

Date Application Received:		Received By:	
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Decision on Application (please *circle* decision)

Accepted / Rejected

Signature:	
Name:	