



MIGRANT RESOURCE CENTRE NORTH WEST REGION TOID No: 22596
STUDENT ENROLMENT FORM 5- 2007

Students are to complete the following student enrolment form and return it to Administration. No enrolment will be processed unless this form is received fully completed by Migrant Resource Centre North West Region Inc.

A. CONTACT DETAILS

TITLE (Please tick ONE ONLY): ☐ Mr ☐ Mrs ☐ Ms.

FAMILY NAME: _____ **MIDDLE NAME:** _____

GIVEN NAME/S: _____ **PREFERRED NAME (Optional):** _____

DATE OF BIRTH: _____ / _____ / _____ **GENDER** ☐ Male ☐ Female

TELEPHONE: (H) _____ (W) _____

(M) _____

EMAIL ADDRESS: _____

RESIDENTIAL STREET ADDRESS:

SUBURB: _____ **STATE:** _____ **POSTCODE:** _____

POSTAL ADDRESS SAME AS RESIDENTIAL ADDRESS: ☐ YES ☐ NO (If No, please fill the section below)

POSTAL STREET ADDRESS: _____

SUBURB: _____ **STATE:** _____ **POSTCODE:** _____

EMERGENCY CONTACT NAME

RELATIONSHIP

EMERGENCY CONTACT NUMBER:

Grace period for sighting evidence of concession entitlement

Students must provide evidence of concessional entitlement at the time of enrolment or within a 2-month period if they are waiting for suitable evidence or believe they may be eligible to seek a concessional rate on their training program.

ENTRY REQUIREMENTS:	<input type="checkbox"/> Achieve a minimum of 70% in the Language Literacy and Numeracy assessment <input type="checkbox"/> Applicants must be aged 18 years or above
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Do you have concession card ☐ YES ☐ NO

If yes, type of concession (e.g. Health Care Card, Pensioner Concession Card, Veterans Affairs Card):

B. LANGUAGE & CULTURAL DIVERSITY

AUSTRALIAN RESIDENCY STATUS

☐ Australian/New Zealand Citizen ☐ Australian/New Zealand Resident ☐ Visa/Temp Permit

If on Visa /Temp Permit state Code/Description: _____

Country of Birth _____ Town of Birth: _____

LANGUAGE SPOKEN AT HOME

☐ English ☐ Other: Please, Specify: _____

HOW WELL DO YOU SPEAK ENGLISH?

☐ Very Well ☐ Well ☐ Not Well ☐ Not at All

ABORIGINAL OR TORRES STRAIT ISLANDER STATUS

Are you of Aboriginal or Torres Strait Islander Descent? If both, please, tick both YES.

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

C. SPECIAL CONSIDERATION

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

(Please, tick **ONE** box ONLY) ☐ YES ☐ NO

- ☐ Acquired Brain Impairment ☐ Hearing /Deaf ☐ Physical.
☐ Intellectual ☐ Learning ☐ Medical Condition
☐ Mental Illness ☐ Vision ☐ Other: _____

SCHOOLING

Are you still attending secondary school? ☐ Yes ☐ No

What is your highest COMPLETED school year? Tick ONE box ONLY.

- | | |
|---|--|
| <input type="checkbox"/> Never Attended School | <input type="checkbox"/> Completed Year 8 or Lower |
| <input type="checkbox"/> Completed Year 9 or Equivalent | <input type="checkbox"/> Completed Year 10 |
| <input type="checkbox"/> Completed Year 11 | <input type="checkbox"/> Completed Year 12 |

In which year did you complete it? _____

At Which School? _____

D. PREVIOUS QUALIFICATION ACHIEVED

Are you currently studying? (Please, tick one): ☐ Yes ☐ No

If yes, which course are you currently studying? _____

Have you successfully completed any of the following qualifications?

☐ YES ☐ NO

If yes, please specify? (Please, tick ANY applicable boxes):

- ☐ Certificate I ☐ Certificate II ☐ Certificate III (or Trade Certificate)
☐ Certificate IV ☐ Diploma (or Associate Diploma)
☐ Advanced Diploma or Associate Degree ☐ Bachelor Degree or Higher Degree

If yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level.

A – Australian ☐

E – Australian equivalent ☐

I – International ☐

Do you have any transcripts/Work experience with units which are equivalent to the ones in the current course?

☐ Yes ☐ No

(If yes, please contact the Administration/Compliance Manager to discuss Credit Transfer options or ask the enrolling officer for a credit transfer application form.)

RECOGNITION OF PRIOR LEARNING & CREDIT TRANSFER

I wish to apply for RPL ☐ Yes ☐ No

I wish to apply for Credit Transfer ☐ Yes ☐ No

I have attached my Credit Transfer Application Form ☐ Yes ☐ No

EMPLOYMENT

Of the following categories, which BEST describes your current employment status?

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

INDUSTRY OF EMPLOYMENT

Of the following categories, which best describes your current industry? (Tick ONE box only)

- ☐ Agriculture, Forestry and Fishing ☐ Manufacturing ☐ Construction
- ☐ Professional, Scientific and Technical Services ☐ Wholesale Trade ☐ Retail Trade
- ☐ Electricity, Gas, Water and Waste Services ☐ Clerical & Administrative Workers
- ☐ Accommodation and Food services ☐ Transport, Postal and Warehousing
- ☐ Information, Media, and Telecommunications ☐ Financial and Insurance Services
- ☐ Rental, Hiring and Real Estate Services ☐ Mining
- ☐ Administrative and Support Services ☐ Public Administration and safety
- ☐ Education and Training ☐ Health Care and Social Assistance
- ☐ Arts and Recreation Services ☐ Other Services
- ☐ N/A

OCCUPATIONAL IDENTIFIER

Of the following categories, which best describes your current occupation?

(Tick ONE box only)

- ☐ Manager ☐ Professional ☐ Labourer & Sales Worker ☐ Other
- ☐ Community and personal service Worker ☐ Technicians and Trades Worker
- ☐ Machinery operator and Driver ☐ Clerical and Administrative Worker
- ☐ N/A

E. STUDY REASON

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

F. VICTORIAN STUDENT NUMBER

If you are aged 24 or under at the time of this enrolment, please, provide your Victorian Student Number below:

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Are you new to the Victorian Education system?

- ☐ Yes, I am new to the Victorian Education System. I have never attended a Victorian school, TAFE or other training provider.
- ☐ No, I have attended a Victorian school since 2009.

My most recent Victorian school was: and/or TAFE or training organisation:

.....

G. WHAT IS YOUR UNIQUE STUDENT IDENTIFIER (USI)?

If you do not have a unique student identifier MRCNWRR can obtain one on your behalf/ or search for your existing USI

Do you give permission to MRCNWR to create or search on your behalf?

- ☐ YES ☐ NO

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Website |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Existing Customer |
| <input type="checkbox"/> Job seeker provider | <input type="checkbox"/> Other |

STUDENT DECLARATION

In signing the MRCNWR enrolment form:

- I declare that the information contained in this application is, to the best of my knowledge, correct and complete at the time of my application.
- I acknowledge that providing false information and /or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/Enrolment form may result in the withdrawal of any offer, and /or cancellation of enrolment at the discretion of MRCNWR.
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorize MRC NW to check all available records to confirm that the information provided is correct.
- I am aware of the conditions that relate to my admission into the course and agree to pay all fees for which I am liable.
- I can view the full, current policies and procedures on MRCNWR's website portal provided to me at enrolment and I can contact MRCNWR to request a paper copy to be sent to me.
- I confirm that I have read and understood the terms and conditions of enrolment and agree to be bound by them.

USE AND DISCLOSURE

MRC NW may engage third party service providers to perform audits, assessments, training delivery consultation, and the provision of statistical data information to industry training bodies, therefore, the disclosure of information may be necessary. All personal information we provide to them is kept secure; is only used to perform the tasks for which we have engaged them and is handled in accordance with the National Privacy Principles.

Information will only be used or disclosed for the purpose for which it was collected (the primary purpose) or for a secondary purpose that an individual would reasonably expect. Information can also be disclosed, if required or authorised under law.

For more information in relation to how student information may be used or disclosed, please, contact MRCNWR on 03-9367 6044.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: ____ / ____ / ____

PRE-TRAINING REVIEW - To be completed by an enrolling officer

The enrolment process must involve a conversation with the student. In it, the following must occur:

YES NO

1. Has the student been informed about the location of RPL & Credit transfer application forms? ☐ ☐

2. Has the student been informed about the training and assessment for the course they are enrolling into? ☐ ☐

3. Given the student's skills and the outcomes of the course they are enrolling into, is this most appropriate course for them? ☐ ☐

4. Has the LLN Test been completed & marked? ☐ ☐

5. Has attended the induction, pre training Program? ☐ ☐

6. Is the student applying for an exemption ☐ ☐

ENROLLING OFFICER NAME: _____

SIGNATURE: _____ DATE: _____

Comments:

Privacy Statement

I understand that:

<http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx> The Migrant Resource Centre North West Region Inc. is required to provide the Victorian Government, through the Department of Jobs, Skills, Industry and Regions (the Department), with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, and reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

Privacy Notice and Student Declaration

The Privacy Notice and Student Declaration is a statement acknowledged by a student to indicate awareness that personal information collected from the student may be used together with training activity information. The privacy statement lists the ways information about the student is held, used, disclosed and managed.

The following is minimum mandatory content for inclusion in a Privacy Notice and Student Declaration.

Privacy Notice

Under the Data Provision Requirements 2012, the Migrant Resource Centre North West Region Inc., 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 [Migrant Resource Centre North West Region Inc., for statistical, regulatory and research purposes.

Migrant Resource Centre North West Region Inc. 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).

You may receive an invitation to participate in a department endorsed project, an invitation to participate in a the department's annual student survey and/or be contacted by the department (or persons authorised by the department, for audit, review or investigation purposes).

Student Declaration and Consent

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.

STUDENT SIGNATURE: _____ DATE: _____
 _____/_____/_____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

*Parental/guardian consent is required for all students under the age of 18.

Section A – evidence of citizenship/residency

To be completed by an authorised delegate of the training provider – **do not leave any section blank.**

I confirm that for:

(student's full name)

I have sighted ONE of the following:

- | | |
|--|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> New Zealand Birth Certificate |
| <input type="checkbox"/> current Australian Passport | <input type="checkbox"/> New Zealand Citizenship Certificate |
| <input type="checkbox"/> current New Zealand Passport | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.14 – 2.18 of the Guidelines About Eligibility |
| <input type="checkbox"/> Australian Citizenship Certificate | <input type="checkbox"/> evidence that the student holds a permanent visa |
| <input type="checkbox"/> current green Medicare card | <input type="checkbox"/> confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program. |
| <input type="checkbox"/> Australian Certificate of Registration by Descent | |

By either:

- ☐ viewing an original; or
- ☐ viewing a certified copy; or
- ☐ verifying via a gateway service provider [where it is possible to do so, and in accordance with Clause 2.5(c) of the Guidelines About Eligibility]; or
- ☐ viewing a digital green Medicare card on a digital wallet app on the card holder's mobile device [in accordance with Clause 2.5(d) of the Guidelines About Eligibility]; or
- ☐ relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Guidelines About Eligibility]; or
- ☐ verifying through VEVO, and viewing supporting evidence, if required [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility].

And I have retained ONE of the following:

- ☐ a copy of the original or certified copy; OR
- ☐ the certified copy; OR
- ☐ evidence as set out in Clause 2.5(c) of the Guidelines About Eligibility [where verified via a gateway service provider], OR
- ☐ declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility].
- ☐ evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; or
- ☐ declaration of sighting a document where a student has objected to their document being retained [as set out in clause 2.6 of the Guidelines About Eligibility].

Section B – student declaration

To be completed by the student – **don't leave any question blank unless you are asked to skip a question or go to the declaration. Please ask your training provider for help if you don't understand a question.**

Q1 Write the name of the course/s you're applying for

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Q2 Are you doing, or have you done any other Skills First training in 2026? Tick your response.

- ☐ No
- ☐ Yes - write the course name(s) below. Include training you haven't started yet.

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Q3 Are you enrolled in a school, including government, non-government, independent, Catholic or home school?

- ☐ No
- ☐ Yes

Q4 Are you enrolled in the Commonwealth Government's Skills for Education and Employment program?

- ☐ No
- ☐ Yes

Student declaration – read and complete the declaration below.

- I understand that my enrolment may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may affect my eligibility for more Skills First training.
- I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.
- I declare the information in this form is true and accurate.

Name:	
Signature:	
Date:	

Section C – training provider declaration

To be completed by the training provider – **do not leave any sections blank**

Program(s) the student is seeking to enrol in (include program code and name):

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Based on:

- the evidence I have sighted and retained in Section A;
- the information the student has provided, including in Section B; and
- any additional information I acquired and recorded in the 'notes' section below;

I confirm the student is eligible for Skills First funding for the program/s listed above because they:

- ☐ are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker VET Program;
- ☐ are not enrolled in a school (except if they are doing a School Based Apprenticeship or Traineeship);
- ☐ will not be:
 - commencing more than 2 Skills First AQF qualifications in the same year
 - commencing more than 2 Skills First Skills Sets in the same year
 - doing more than 2 Skills First programs at the same time; and
- ☐ (if applicable) are enrolling in a Foundation Skills Program, and they:
 - do not currently hold a qualification at AQF level 5 (Diploma) or higher,
 - are not enrolled in the Commonwealth Government's 'Skills for Education and Employment' (SEE) program.

Authorised training provider declaration

By signing this declaration, I acknowledge that:

- I am responsible for ensuring that all parts of this form are complete.
- I have reviewed Sections A and B and have confirmed they have been completed in full.

Name:	
Position:	
Signature:	
Date:	

Notes

Record additional details or eligibility information, including information you used to verify the student's eligibility that is not captured in Sections A or B. If there are no notes, write N/A

How to have a document certified

Bring both an original and a copy of the original to the certifier. The certifier will:

1. examine the original to ensure it is not a copy or forgery
2. examine the copy to ensure it is identical to the original. A copy can be considered identical even if it is a different size or colour, so long as that does not result in the loss of any material information.

The certifier will then write or stamp the copy with the words: "Certified to be a true copy of the original seen by me." They will sign and date the copy, and write or stamp their name, personal or professional address and qualification.

If there are multiple pages to the copy, the certifier will sign or initial and number all pages. The copy has now been certified.

Who can certify a document

Under Section 39 of the *Oaths and Affirmations Act 2018* (as of 1 March 2019) the list of persons who may certify copies of original documents includes:

- A person currently licensed or registered to practice in Australia as one of the following occupations:
 - Architect, Chiropractor, Conveyancer, Dentist, Financial adviser or financial planner
 - Legal practitioner, Medical practitioner, Midwife, Migration agent, Nurse
 - Occupational therapist, Optometrist, Patent attorney, Pharmacist
 - Physiotherapist, Psychologist, Trade marks attorney, Veterinary surgeon
- An accountant who meets at least one of the following criteria:
 - Fellow of the National Tax Accountants' Association
 - Member of Chartered Accountants Australia and New Zealand
 - Member of the Association of Taxation and Management Accountants
 - Member of CPA Australia
 - Member of the Institute of Public Accountants
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Public Service employee engaged on an ongoing basis with 5 or more years of continuous service who is not otherwise authorised
- Australian Consular Officer or Australian Diplomatic Officer
- Bailiff
- Bank officer with 5 or more continuous years of service
- Building society officer with 5 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Employee of a Commonwealth authority engaged on a permanent basis with 5 or more

years of continuous service who is not otherwise authorised

- Employee of the Australian Trade and Investment Commission who is authorised in writing by the Secretary of DFAT to collect fees under s 3(d) of the Consular Fees Act 1955, if at a place outside Australia and in the course of the employee's duties at that place
- Employee of the Commonwealth who is authorised in writing by the Secretary of DFAT to collect fees under s 3(d) of the Consular Fees Act 1955, if at a place outside Australia and in the course of the employee's duties at that place
- An engineer who meets at least one of the following criteria:
 - A member of Engineers Australia, other than a student
 - A Registered Professional Engineer of Professionals Australia
 - Registered as an engineer under a law of the Commonwealth or a State or Territory
 - Registered on the National Engineering Register by Engineers Australia
- Finance company officer with 5 or more years of continuous service
- Holder of a Commonwealth statutory office not otherwise specified
 - For example, Director of the Australian Institute of Family Studies
- IBAC Officers
- Judge
- Justice of the Peace
- Local government Councilor
- Magistrate
- Registered marriage celebrant
- Master of a court
- Member of the Australian Defence Force who meets at least one of the following criteria:
 - An officer
 - A non-commissioned officer with 5 or more years of continuous service
 - A warrant officer
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Governance Institute of Australia Ltd
- Member of the Parliament of a State
- Member of a Territory legislature
- Member of a local government authority
- Registered minister of religion
- Notary public, including a notary public exercising functions at a place outside either the Commonwealth or the external Territories of the Commonwealth
- Permanent employee of the Australian Postal Corporation with 5 or more years continuous service who is employed in an office providing postal services to the public
- Permanent employee with 5 or more years of continuous service who is not otherwise specified, if employed at one of the following:
 - State
 - Territory
 - State authority
 - Territory authority

- Local government authority
- Police officer
- Police reservist
- Protective service officer (PSO)
- Registrar, or Deputy Registrar, of a court
- A school principal
- Senior executive employee of a Commonwealth authority
- Senior executive employee of a State or Territory
- Senior Executive Service employee of the Commonwealth
- Sheriff
- Sheriff's officer
- State Trustees officer or employee with a classification level of 2 or above
- Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution
- Transport Accident Commission officer or employee with a classification of level 2 or above
- VicRoads officer or employee with a classification of level 2 or above
- Victorian Inspectorate Officer
- A Victorian Public Service employee with a prescribed classification level of 2 or above
 - For example, a project officer employed as a VPS4 or an administrative assistant employed as a VPS2
- Victorian WorkCover Authority officer or employee with a classification of band 2 or above
- Any authorised affidavit taker, including:
 - A judicial officer
 - For example, a judge or magistrate
 - An associate to a judicial officer
 - An honorary justice
 - The prothonotary or a deputy prothonotary of the Supreme Court
 - The registrar of probates or an assistant registrar of probates
 - The registrar or a deputy registrar of the County Court
 - The principal registrar, a registrar or a deputy registrar of the Magistrates' Court
 - The principal registrar, a registrar or a deputy registrar of the Children's Court
 - The principal registrar, a registrar or a deputy registrar of VCAT
 - The principal registrar or a registrar of the Coroners Court
 - A member of VCAT
 - A member or former member of either House of the Parliament of Victoria
 - A member or former member of either House of the Parliament of the Commonwealth
 - A public notary
 - A senior officer of a Victorian municipal Council who meets one of the following criteria:
 - Chief Executive Officer
 - A member of Council staff with management responsibilities and reporting directly to the Chief Executive Officer
 - Any other member of Council staff earning a salary of at least \$124,000 (or a

higher threshold, if specified by the Minister under s 97B of the Local Government Act 1989)

- A fellow of the Institute of Legal Executives (Victoria)
- A person acting judicially
 - For example, an arbitrator or any person or body with authority to hear, receive and examine evidence
- Any other officer or person empowered, authorised or permitted by or under any Act or rules of a court or rules of a tribunal to administer affidavits

Source: Department of Justice and Community Safety

Further information: <https://www.justice.vic.gov.au/certifiedcopies>

Photo Permission

I hereby give permission for my photograph to be used by Migrant Resource Centre North West Region Inc, and any of its programs. Please tick appropriate boxes.	
Website:	<input type="checkbox"/>
Newsletter:	<input type="checkbox"/>
Annual Report:	<input type="checkbox"/>
Poster:	<input type="checkbox"/>
Other:	<input type="checkbox"/> Please specify:

EMPLOYEE/CLIENT DETAILS	
Full name:	
Parent or Guardian name: (if under 18 years old)	
Address:	
Contact Number:	
Signature:	
Date:	

Screening checks required for courses with work placement in aged care, disability or community services:

☐ Current National Police Check held ☐ Yes ☐ No

☐ Current Working With Children Check (WWCC) held (where applicable) ☐ Yes ☐ No

☐ Current NDIS Worker Screening Check held (where applicable) ☐ Yes ☐ No

If checks are not yet current, the student has been advised these will be required prior to commencement of placement.