

<b>Enrolment Form</b>					
Training Product		<input type="checkbox"/> HLTHPS006 Assist clients with medication			
		<input type="checkbox"/> HLTENN057 Contribute to the nursing care of a person with diabetes			
Surname:				First Name:	
Middle name:				Date of birth:	
* Please write the name used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want us to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.					
Residential Address					
Street number		Street Name:			
Suburb:				State/Territory:	
				Post code:	
Postal address (if different to residential)					
Street or PO Box number:		Street:			
Suburb:				State/Territory:	
				Post code:	
Personal details					
Home phone:				Work phone:	
Mobile:				Email Address:	
Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Alternate email:	
Country of birth:				Language spoken at home:	
Are you of Aboriginal or Torres Strait Islander origin? (please circle)			<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> Yes, Torres Strait Islander
How well do you speak English? (please circle)			<input type="checkbox"/> Very Well <input type="checkbox"/> Well		<input type="checkbox"/> Not very well <input type="checkbox"/> Not at all
Do you consider yourself to have a disability, impairment or long term condition? (please circle)					<input type="checkbox"/> Yes <input type="checkbox"/> No
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 for an explanation of the following disabilities). Please indicate a tick in the box provided.					
Hearing/deaf		<input type="checkbox"/>		Learning	
Physical		<input type="checkbox"/>		Mental illness	
Intellectual		<input type="checkbox"/>		Acquired brain impairment	
				Vision	
				Medical condition	
				Other	
<b>Will you be applying for Credit Transfer or Recognition of Prior Learning as part of this enrolment?</b>					
<input type="checkbox"/> <b>Recognition of Prior Learning</b> (you don't have this Unit of Competency, but you have the life and workplace experience that you believe you can demonstrate the skills and knowledge for this unit of competency)					
<input type="checkbox"/> <b>Credit Transfer</b> (cannot be applied for – you already have this Unit of Competency)					

<b>What is your highest completed school level? (tick one only)</b>					
If you are currently enrolled in secondary education, the <i>Highest school level completed</i> 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 <i>Highest school level completed</i> is Year 9.					
Year 12 or equivalent	<input type="checkbox"/>	Year 9 or equivalent	<input type="checkbox"/>		
Year 11 or equivalent	<input type="checkbox"/>	Year 8 or below	<input type="checkbox"/>		
Year 10 or equivalent	<input type="checkbox"/>	Never attended school	<input type="checkbox"/>		
Are you still enrolled in secondary or senior secondary education? (please circle)			<table border="1"> <tr> <td>No</td> <td>Yes</td> </tr> </table>	No	Yes
No	Yes				
<b>Indicate if you have completed any of the following qualifications:</b>					
Bachelor degree or higher degree	<input type="checkbox"/>	Certificate III (or trade certificate)	<input type="checkbox"/>		
Advanced diploma or associate degree	<input type="checkbox"/>	Certificate II	<input type="checkbox"/>		
Diploma (or associate diploma)	<input type="checkbox"/>	Certificate I	<input type="checkbox"/>		
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>	Other education (including certificates or overseas qualifications not listed)	<input type="checkbox"/>		
<b>Indicate which of the following best suits your current employment situation (only tick one)</b>					
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).					
Full-time employee	<input type="checkbox"/>	Employed – unpaid worker in a family business	<input type="checkbox"/>		
Part-time employee	<input type="checkbox"/>	Unemployed – seeking full-time work	<input type="checkbox"/>		
Self employed – not employing others	<input type="checkbox"/>	Not employed – not seeking employment	<input type="checkbox"/>		
Self employed – employing others	<input type="checkbox"/>				
<b>Select the category that BEST describes the main reason you are studying? (only select one)</b>					
To get a job	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>		
To develop my existing business	<input type="checkbox"/>	For personal interest or self-development	<input type="checkbox"/>		
To start my own business	<input type="checkbox"/>	To get skills for community/voluntary work	<input type="checkbox"/>		
To try a different career	<input type="checkbox"/>	I wanted extra skills for my job	<input type="checkbox"/>		
To get a better job or promotion	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>		
It was a requirement of my job	<input type="checkbox"/>				
<b>Employer (if relevant)</b>					
Name:					
Address:					
State:		Post Code:			
Phone:		Email:			

**Terms and Conditions**

**The following terms and conditions apply to all Students:**

1. Course work progression - student are required to notify the trainer as soon as it is practical of any event or any difficulties impacting the progress of their training and completion of their unit of competence.
2. Students are required to notify the RTO of any changes to their address or contact details including mobile number, home phone number, work phone number and/or email address.
3. Full payment of fees is required prior of the issuance of the Statement of Attainment.
4. No qualifications will be issued to students who do not provided a verifiable USI or official exemption.

**Declaration**

	YES	NO
I have read the course information and agree to the Terms Conditions		
I declare that I give permission for the RTO to disclose my contact details to ASQA if requested for quality assurance purposes.		
I have read the MediLearn Student Handbook, Complaints and Appeals Policy and Refund Policy		
I have provided my USI number in this form (Page 4)		
I agree that for any photos or videos to be used for marketing purposes by MediLearn		
<input type="checkbox"/> Photo ID has been provided and sighted. Proof of ID <b>MUST</b> be sighted for enrolment into this course		
<b>I declare that the information above is true and correct.</b>		
Signature:		Date:

**For students under the age of 18 (ONLY) Guardian**

	YES	NO
<b>Are you under the age of 18</b>		
Full Name:		
Signature:		Date:
Relationship with student		

**Unique Student Identifier (USI)**

From 1 January 2015, we MediLearn 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)**

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, 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/faws/i-have-forgotten-my-usi/>.

Unique Student Identifier (USI)

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**ONLY COMPLETE THIS SECTION IF YOU WOULD LIKE TO GIVE MediLearn PERMISSION TO OBTAIN A USI ON YOUR BEHALF**

**Application for Unique Student Identifier (USI)**

If you would like us MediLearn to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] .....authorise  
MediLearn ..... to apply pursuant to  
sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Town/City of Birth \_\_\_\_\_  
(please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.  
**Please provide details for one of the forms of identity below (numbered 1 to 8).**

**Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.**

**1. Australian Driver's License**

State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

**2. Medicare Card**

Medicare card number \_\_\_\_\_

Individual reference number (next to your name on Medicare card): \_\_\_\_

Card colour: (select which applies)

Green Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format MM/YYYY)  
(month/year)Yellow Blue Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format DD/MM/YYYY)  
(day/month/year)**3. Australian Birth Certificate**

State/Territory \_\_\_\_\_

*Details vary according to State/Territory (see note above)***4. Australian Passport**

Passport number \_\_\_\_\_

**5. Non-Australian Passport (with Australian Visa)**

Passport number \_\_\_\_\_

**6. Immicard**

Immicard Number \_\_\_\_\_

**7. Citizenship Certificate**Stock number \_\_\_\_\_ Acquisition date  
\_\_\_\_/\_\_\_\_/\_\_\_\_ day/month/year**8. Certificate of Registration by Descent**Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day/month/year)

In accordance with section 11 of the *Student Identifiers Act 2014*, MediLearn 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.

## 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.

### 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](http://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>.

### Surveys

You may receive a student survey which may be run by a government department or an NCVER 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 MediLearn 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

## 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