

Safety Training Provider Pty Ltd

Participant Enrolment Agreement

Courses:

- HLTAID009- Provide Cardiopulmonary Resuscitation**
- HLTAID011- Provide First Aid Including CPR**
- HLTAID012- Provide First Aid in an education and care setting**
- CPCWHS1001- Prepare to work safely in the construction industry**
- CPC31320 - Certificate III in Wall and Floor Tiling**
- RIISS00054 - Traffic Controller Skill Set**
- RIISS00055 - Traffic Management Implementer Skill Set**

Participant Details

Participant's Full Name: _____ Male Female
 (Family or Surname) (Given Names)

Ten Digit Alphanumeric Unique Student Identifier (USI) (if known): _____
 (If USI is not known, follow instructions located at the rear of this form)

Usual 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's or territory's 'rural property addressing' or 'numbering' system as your residential street address.)

_____ (Suburb) _____ State _____ P/Code _____

Please ensure to bring 100 points of ID to the training and assessment day.
<https://www.safework.nsw.gov.au/licences-and-registrations/licences/evidence-of-identity>

Please describe your experience in the traffic control industry.

Your Postal Address if different from above:

Postal Address: _____

_____ (Suburb) _____ State _____ P/Code _____

Phone: (Home) _____ (Mob) _____ Date of Birth: _____ / _____ / _____

Email Address: _____

Emergency Contact: _____ Tel No. _____ Relationship: _____

ID Verified by: (Record D/L or Passport # etc): _____

Course Start Date: _____

Employment Status

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

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

Employer Details

Business Name: _____

ABN: _____

Address: _____

Contact Name: _____ Email Address: _____

Phone: _____ Fax: _____

Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin? Yes No

Were you born in Australia? Yes No

If no, what is your Country of Birth: _____

Do you speak a language OTHER THAN English at home? Yes No

If YES, which language do you usually speak? _____

How well do you speak English? Very Well Well Not Well Not at All

Do you require any language, literacy or numeracy assistance? Yes No

Education

What is your highest COMPLETED school level?

Never attended school Year 8 or below Year 9 or equiv Year 10 or equiv
 Year 11 or equiv Year 12 or equiv

In which YEAR did you complete that school level? _____

Are you still attending secondary school: Yes or No

Since leaving school, have you COMPLETED any of the following qualifications?

Trade Certificate Advanced/Technician Certificate
 Other Certificate Associate Diploma
 Undergraduate Diploma Degree or Postgraduate Diploma

If YES, what was the name of the qualification(s)? _____

Disability

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

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 <input type="checkbox"/>

If you require assistance for a disability, please advise how we may assist you: _____

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)

<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of the 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"/> Other reasons

Recognition of Prior Learning

People with existing and knowledge and skills in the industry, can have that prior learning recognised and can forgo the training component of the course and proceed direct to assessment. Please contact our administration team for more information.

Privacy Statement and Student Declaration.

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.

If you would like to seek access to or correct your information, in the first instance, please contact Safety Training Provider.

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 Safety Training Provider 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

I give permission for Safety Training Provider to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats.

Participant 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.

Participant Signature [DATE]

**Training Agreement
(to be completed by the participant at enrolment)**

I _____ (insert full legal name) agree to undertake training with Safety Training Provider, in the following course:

**Combo Traffic Controller course encompassing:
RISS00054 - Traffic Controller Skill Set and
RISS00055 - Traffic Management Implementer Skill Set**

During the course of this program, I understand and acknowledge that:

My rights and obligations, as defined in the Participant Handbook include:

1. My obligation at all times to conduct myself safely and in adherence to all relevant legislation.
2. I will actively attempt all training and assessment tasks with serious effort.
3. That I will comply with all safe and lawful requests
4. I will arrive on time and will return on time from all breaks.
5. That I will not bully, abuse, vilify or fail to treat all people participating, associated with, or in the vicinity of Safety Training Provider training venues with the utmost respect and courtesy.

Safety Training Provider's rights and obligations include:

6. To provide quality training and assessment services, compliant to the RTO Standards 2015, in a competent manner through the provision of quality resources and staff resulting in the issuance of AQF statement of attainment.
7. Assessment be performed by qualified assessors with the required knowledge and currency in the needs of industry.
8. Guaranteeing to provide assessment services to customers who have met their obligations with regard to completion of enrolment details, and financial payments
9. Guaranteeing that in the event that Safety Training Provider cannot deliver a course, a full refund of all monies paid to Safety Training Provider will be refunded to the purchaser.
10. Committing that training will not be offered to participants who fail to wear PPE or fail to pay for the course.
11. Choosing to terminate a customer's training if they fail to uphold these standards
12. Keeping participants informed of any changes in the service delivery including trainers, our ownership, the engagement of third parties or any other aspect of the participants training experience.

Agreed to and accepted by Participant:

Signed Date

Agreed to and accepted by Safety Training Provider Representative:

Signed Date

Print Name:.....

Instructions for obtaining your own Unique Student Identifier

As from 1st January, 2015, students, wishing to graduate from a Vocational Education and Training course (a VET Course) are required to obtain a Unique Student Identifier (USI).

As from 1st January, 2015, a RTO cannot issue a qualification to a student unless that student provides the RTO with their USI. The USI will allow the Government to permanently record the awarding of this qualification to the individual.

Thus from 1st January, 2015, unless exemptions apply, all training successfully delivered will be recorded by the Government.

To obtain your USI, you will need to:

1. Obtain it yourself from www.usi.gov.au by providing information about yourself similar in content to that on your driver's licence, or

2. Authorise a third party such as this RTO to obtain it on your behalf. To enable us to generate your USI, you will need to:

1. Accurately complete this enrolment form, ensuring that the details you provide match your ID.

2. Provide us with one of the following form of unique identification:

- Driver's Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) please note: We cannot enrol applicants on Student Visas
- Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient
- Certificate Of Registration By Descent
- Citizenship Certificate
- ImmiCard

3. Nominate the preferred method of contact so that your USI activation notice can be sent to you, options include, email, phone or mailing address.

4. Complete the form over page.

Once your USI has been generated, you should:

- write down your USI somewhere safe or enter it into your phone for safe keeping.
- activate your USI account at some stage in the near future.
- if you do not activate your account, your USI still works.
- when you do activate your account, you will be required to add some security questions and choose a password.

PLEASE NOTE: The USI System checks for duplicate entries and will report any suspected duplicates

Unique Student Identifier Generation Authority

I, _____, authorise Safety Training Provider to generate my Unique Student Identifier (USI) on my behalf.
(Insert full name)

I willing provide the following Identification: (tick form of ID provided)

- Driver's Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) please note: We cannot enrol applicants on Student Visas
- Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient
- Certificate Of Registration By Descent
- Citizenship Certificate
- ImmiCard

My preferred form of contact for the USI activation notice is: (tick preferred method)

- Email
- Phone
- My mailing address.

Signed: _____ Date: _____
(Sign your name here)

Office Use Only:

I, _____ acknowledge receipt of the above form of ID.
(Insert full name)

Signed: _____ Date: _____
(Sign your name here)

I, _____ acknowledge that I have had the above form of identification returned to me
(Insert full name)

Signed: _____ Date: _____
(Sign your name here)



Your USI Number is:

Please

- write down your USI somewhere safe or enter it into your phone for safe keeping.
- activate your USI account at some stage in the near future.
- if you do not activate your account, your USI still works.
- when you do activate your account, you will be required to add some security questions and choose a password.

Office Use Only:

Step One: Confirmation of ID

1. Has the applicant provided 100 points of ID? Yes/No
2. Has copies of the ID been retained in the file? Yes/No

Step Two: Proof of age

1. Has the applicant demonstrated their age to be over 18? Yes/No
2. Has copies of proof of age been retained in participant file? Yes/No

Step Three: LLN Assessment

Has the applicant satisfactorily completed the LLN Assessment or demonstrated their exemption in line with our LLN Policy? Yes/No

Retain proof of satisfactory completion, or exemption in the participant file.

Step Four: Physically capable of undertaking the course?

1. During verbal interview, did you confirm with the applicant that they are physically capable of undertaking the course?

To be deemed suitable for our course the applicant must achieve a **"Yes"** for all **Four** steps above.

Is applicant suitable for course?

Yes/No Circle decision

Who advised Applicant: Name:

Date:

Relevant notes if any:
