



Adult & Community Education Program 2024-2025 Enrolment Form

The enrolment form for the above program is attached.

1. Save the form before completing it.
2. Complete all sections of pages 1-5 including your Unique Student Identifier (USI)
3. Save the completed form
4. Attach the saved form to an email to vet@nbmc.nsw.edu.au
5. Attach scanned copies of eligibility documents
 1. Photo id showing NSW address (eg NSW drivers' licence) **AND**
 2. Citizenship/residency (eg green Medicare card)
6. If you prefer, the form can be printed and brought into the Brookvale Campus at Level 1, 14 William Street Brookvale with your id documents to be sighted.

Please note that some courses can fill and enrolment is not guaranteed.

An enrolment confirmation will be emailed once all documentation has been received and verified. (Class numbers permitting)

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Adult & Community Education Program

(from 1 Jan 2025)

2024-2025



APPLICATION FOR ENROLMENT

A. STUDENT INFORMATION – Applicant to complete

Student Name:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other: _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
	First/Given Name:		Middle Name:	
	Family Name (Surname):			
<i>Please write your names exactly as they appear in the identity document used when applying for a USI.</i>				
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unique Student Identifier:
	Day	Month	Year	
Residential Address	Street Address:			
	Town:		State:	Postcode:
Postal Address:				
	Town:		State:	Postcode:
Phone Number:	Home:		Work:	
	Mobile:			
Email Address:	Email:			
<i>I understand that NBMC is required to verify my USI and I will receive a notification from the USI office when this occurs.</i>				

B. COURSE NAME(s)

Course Name(s)	Start Date

(Note: Your place in the requested course will be confirmed subject to availability of positions, funding, course eligibility and provision of required documentation. The course will go ahead subject to sufficient enrolments being received. If the course is being delivered using Virtual Classroom, note that some courses may require attendance on nominated dates. Please also ensure you meet the Zoom/Teams requirements as outlined in the course description on the website).

C. STATISTICAL DATA

(1) Are you of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal and Torres Strait Islander

(2) In which country were you born?

☐ Australia ☐ Other – please specify

(3) Do you speak a language other than English at home?

☐ No, English only ☐ Yes other – please specify

(4) How well do you speak English?

☐ Very well ☐ Well ☐ Not well ☐ Not at all

(5) Of the following categories, which BEST describes your current employment status? (Tick one box only)

- | | |
|--|--|
| <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"/> Employer – unpaid worker in 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 |

(6) What is your highest COMPLETED school level?

- | | | |
|--|--|--|
| <input type="checkbox"/> Completed Year 12 | <input type="checkbox"/> Completed Year 11 | <input type="checkbox"/> Completed Year 10 |
| <input type="checkbox"/> Completed Year 9 | <input type="checkbox"/> Completed Year 8 or below | <input type="checkbox"/> Never attended school |

(7) In which YEAR did you complete that school level?

(8) Are you still attending secondary school? ☐ Yes ☐ No

(9) Have you SUCCESSFULLY completed any of the following qualifications?

- ☐ Yes ☐ No

If yes, please tick ANY applicable boxes

- | | |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Advanced Diploma of 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"/> Certificates other than the above | <input type="checkbox"/> No qualifications |

Were any of the above qualifications completed whilst still attending school? ☐ Yes ☐ No

(10) Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes ☐ No

If yes, then please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Other |

(11) Do you have a disability that requires assistance from NBMC in your learning environment? ☐ Yes ☐ No

If yes, please provide details:

(12) Do you have access to a computer and the internet? ☐ Yes ☐ No

(13) How would you rate your digital literacy?

- ☐ Minimal ☐ Some experience ☐ Excellent

(14) Of the following categories, which BEST (choose one only) describes your main reason for undertaking this course?

- | | | |
|---|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Try for a different career | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study | |

(15) How did you hear about this course?

- | | | |
|--|--|--|
| <input type="checkbox"/> Course guide in letterbox | <input type="checkbox"/> Internet search | <input type="checkbox"/> Newspaper Advertising |
| <input type="checkbox"/> Course guide from outlet | <input type="checkbox"/> I am a previous student | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other | |

D. FUNDING ELIGIBILITY

(1) Select your citizenship/residency status

- | | | |
|---|--|--|
| <input type="checkbox"/> An Australian Citizen | <input type="checkbox"/> Australian permanent resident | <input type="checkbox"/> A New Zealand citizen |
| <input type="checkbox"/> A humanitarian visa holder | <input type="checkbox"/> Partner visa holder whose sponsor is a humanitarian visa holder | |
| <input type="checkbox"/> Eligible asylum seeker | | |

(2) Please tick all applicable

- | | | |
|--|--|---|
| <input type="checkbox"/> I live or work within NSW | <input type="checkbox"/> I work within NSW | <input type="checkbox"/> I am 15 years or older |
| <input type="checkbox"/> I am no longer attending school | <input type="checkbox"/> I am a registered home school student | |

(3) Specific eligibility requirements - at least 1 box must be ticked I am/have	Evidence required
<input type="checkbox"/> (a) an Australian Aboriginal or Torres Strait Islander.	Student declaration on enrolment form OR NBMC Staff declaration.
<input type="checkbox"/> (b) a recipient of an Applicable Benefit (listed below), or a dependent child, spouse or partner of a recipient of an Applicable Benefit. Please indicate which benefit you are receiving. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Age Pension <input type="checkbox"/> Carer Payment* <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Jobseeker payment <input type="checkbox"/> Special Benefit <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Veterans' Children Education Scheme </div> <div style="width: 50%;"> <input type="checkbox"/> Austudy <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Family Tax Benefit Part A (maximum rate) <input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Veterans' Affairs Pensions <input type="checkbox"/> Youth Allowance </div> </div> <small>* The Carer Payment is a specific benefit paid by the Commonwealth Government; this category does not include the Carer Allowance or Carer Adjustment Payment</small>	Applicable Commonwealth benefits card, letter or income statement from Services Australia OR referral by a supporting agency or community organisation eg Workforce Australia agency/partner
<input type="checkbox"/> (c) a physical or mental impairment that substantially limits one or more major life activity	Referral from a medical professional, government agency, relevant support agency, or community organisation OR NBMC Staff declaration
<input type="checkbox"/> (d) a disability or am the dependent child, spouse or partner of a person with a disability	Supporting letter or other evidence from a medical practitioner or health professional, government agency, supporting agency, community organisation OR NBMC Staff declaration
<input type="checkbox"/> (e) low language, literacy, numeracy and/or digital skills	Language, literacy and numeracy pre training assessment
<input type="checkbox"/> (f) identify as culturally and linguistically diverse AND - my main language, spoken at home, is not English OR - my proficiency in English is not of a standard to complete vocational training or employment OR - am experiencing cultural barriers or social isolation	LLN pre assessment against ACSF or other pretraining assessment OR NBMC Staff declaration
<input type="checkbox"/> (g) either <ul style="list-style-type: none"> • Unemployed • underemployed (working less than 25 hours per week) • returning to the workforce after a gap of over 12 months • looking to reskill or upskill AND am aged 55 or older or due to unforeseen circumstances eg COVID-19 impact, industry closure, recovering from injury and or mental health issues 	Supporting letter from a medical professional, government agency, relevant support agency, or community organisation OR NBMC Staff declaration
<input type="checkbox"/> (h) experiencing significant socio-economic hardship	Supporting letter from a medical professional, government agency, relevant support agency, or community organisation OR NBMC Staff declaration
<input type="checkbox"/> (i) <ul style="list-style-type: none"> • experiencing domestic violence, family violence or coercion or have in the past • recovering from drug/alcohol abuse. • exited or am at risk of entering the criminal justice system 	Supporting letter from a medical professional, government agency, relevant support agency, or community organisation OR NBMC Staff declaration
<input type="checkbox"/> (j) aged between 15 – 24 years, am no longer enrolled in secondary education and am at risk of not progressing to further education	Referral by a supporting agency, or community organisation OR NBMC Staff declaration
<input type="checkbox"/> (k) someone who did not complete Year 12 or equivalent	Supporting letter from a medical professional, government agency, relevant support agency, or community organisation OR NBMC Staff declaration

E. APPLICANT'S DECLARATION

I have been advised that the College student handbook plus Smart & Skilled student information document contain important information regarding my study at the College including fee information; consumer protection information; deferral or discontinuance of training; access to support and assistance and contact details for various support services and are available on the College website at www.nbmc.nsw.edu.au. I understand that Smart & Skilled policies including the Smart & Skilled Fee Administration Policy and Consumer Protection Policy are also available on the NBMC website. I understand that a hard copy of the handbook and Smart & Skilled student information document will be provided by the College on request. I confirm that I am not currently enrolled in or applying for this qualification and/or the same units of competency in another qualification through any other provider.

I have been given the opportunity to raise any queries about my enrolment and my rights and responsibilities, as a student, with an NBMC coordinator. If choosing to study by virtual classroom, I confirm that I have the necessary technical skills and access to do so.

I have been advised of the availability of the Credit Transfer and RPL process. I understand that if wishing to apply for credit transfer for any units of competency relevant to the training I wish to attend, the College requires either the original or a certified copy of the Certificate/Statement of Attainment and that the College will contact the issuing RTO for verification of its authenticity. Alternatively, if the qualification/Statement of Attainment has been issued since 1 January 2015, I understand that I will need to adjust controls in the USI Student Portal to give Northern Beaches and Mosman College permission to view my qualification/Statement of Attainment results.

I confirm that I can provide evidence of eligibility for the Smart & Skilled program on request, including one of the following:

- an Australian or New Zealand birth certificate
- Australian or New Zealand passport
- Green Medicare Card
- Naturalisation Certificate
- for Aboriginal or Torres Strait Islander students - declaration/signature of proof of Aboriginality required for a fee exemption will be accepted as proof of citizenship
- for Permanent Residents or Humanitarian Visa holders - Certificate of Evidence of Resident Status (CERS) or a Humanitarian Visa/ImmiCard
- for Bridging Visa holder, a document from Dept of Immigration & Border Protection acknowledging application for a humanitarian visa.

I have provided photo id, evidence of living or working in NSW and any evidence required to support my application for fee exemption. If a home schooled student, I have provided a copy of a current certificate of home schooling registration.

PRINT FULL NAME: _____

☐ I acknowledge that checking this box and emailing this form to NBMC is my declaration that the information given by me on this form and the supporting evidence supplied by me is true and correct in all regards. Date: ____ / ____ / ____

OR
I acknowledge that my signature below is my declaration that the information given by me on this form and the supporting evidence supplied by me is true and correct in all regards.

SIGNATURE: _____ Date: ____ / ____ / ____

F. CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

Full name: I, _____

Address: of _____

Date of birth: _____

understand and agree that, under the *National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020*, **Northern Beaches & Mosman College** is required to collect personal information (information or an opinion about me), collect from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **Personal Information**) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (**NCVER**).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by **Northern Beaches & Mosman College** for statistical, regulatory and research purposes. **Northern Beaches & Mosman College** may disclose my personal information for these purposes to third parties, or any other purpose identified in NBMC Privacy Policy, including but not limited to:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorized agencies, including the NSW Department of Education (**Department**);
- NCVER;
- Organisations (including the Department) 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.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my 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).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside of New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email or post, during or after I have ceased subsidised training with **Northern Beaches & Mosman College** for the purposes of evaluating and assessing my subsidised training.

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 the manner outlined above.

PRINT FULL NAME: _____

☐

I acknowledge that checking this box and emailing this form to NBMC is my consent to all of the above. Date: ____ / ____ / ____

OR

I acknowledge that my signature below is my consent to all of the above.

SIGNATURE: _____

Note: If under 18 years of age at the time of giving consent, then consent of their guardian is required below

Date: ____ / ____ / ____

PRINT FULL NAME OF GUARDIAN: _____

☐

I acknowledge that checking this box and emailing this form to NBMC is my consent to all of the above. Date: ____ / ____ / ____

OR

I acknowledge that my signature below is my consent to all of the above.

SIGNATURE: _____

Date: ____ / ____ / ____

To allow your application to be processed, please ensure that this form is fully completed including the Declaration in Section E and the Consent in Section F.

This training may be subsidised by the NSW Government.

Office use only

Eligibility documents must be sighted by an NBMC staff member for:

1. photo id AND

2. citizenship / residency AND

3. evidence of NSW residency or NSW workplace address

4. benefit or verifying letter or referral or declaration (if applicable)

Other

☐ 1.NSW driver's licence / identity card

Exp date

☐ 2.Green Medicare card

Exp date

☐ 3. Evidence of NSW residency/workplace address (document used)

☐ 4.Centrelink card or payment statement

Benefit code

NBMC staff member

I declare that the information in this enrolment form and the supporting documentation has been provided to NBMC by the student.

Name:

Signature:

Date:

Position:

OS Yes

☐

Details

No

☐

ACE Tracking complete

☐

Additional notes:

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Northern Beaches Community College Limited t/a Northern Beaches & Mosman College - RTO Code 90113

6