

Application for Enrolment	
Which course would you like to enroll into?	<input type="checkbox"/> Certificate III in Early Childhood Education and Care (CHC30121) <input type="checkbox"/> Certificate III in Individual Support (CHC33021) <input type="checkbox"/> Certificate IV in Ageing Support (CHC43015) <input type="checkbox"/> Certificate IV in Disability Support (CHC43121) <input type="checkbox"/> Diploma of Early Childhood Education and Care (CHC50121) <input type="checkbox"/> Diploma of Community Services (CHC52021) <input type="checkbox"/> Provide First Aid (HLTAID011) <input type="checkbox"/> Provide cardiopulmonary resuscitation (HLTAID009)
Preferred start date:	<input type="checkbox"/> As soon as possible <input type="checkbox"/> From: ____ / ____ / ____
Have you ever studied with Universal Institute of Education before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Credit ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information
Do you wish to apply for Recognition of Prior Learning ? <i>If you indicate YES, you will be contacted to discuss this further</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information
For international students: Are you applying for a Course Transfer (from another Australian registered CRICOS provider)? <i>If you indicate YES, a Course Transfer form must accompany this application. If you are transferring prior to completing 6 months of your principal course of study, you must provide a letter of release except in certain conditions (see our Student Handbook for more detail).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information
Application Checklist <i>Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification). Please tick those that you are providing:</i>	<input type="checkbox"/> Valid passport copy <input type="checkbox"/> Valid visa (if you have one) <input type="checkbox"/> High School certificate or other relevant certificates <input type="checkbox"/> Proof of English Language Proficiency (i.e., test results) <input type="checkbox"/> Any other relevant documents to support your application (e.g., resume)

Personal Details	
1. Enter your full name <input type="checkbox"/> Single Name only (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section').	
Family name (surname):	
First given name:	
Second given name (middle):	
Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.	
2. Enter your birth date	Day/month/year: ____ / ____ / ____
3. Gender (Tick ONE box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
4. Enter your contact details	
Home phone:	Work phone:
Mobile:	
Email address:	
Alternative email address (optional):	
5. What is the address of your usual residence? <i>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 states or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>	

Personal Details

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building/ property name			
Flat/unit details:		Street or Lot Number (e.g., 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/territory:		Postcode:	
6. What is your postal address (if different from above)?			
Building/ property name:			
Flat/unit details:		Street or Lot Number (e.g., 205 or Lot 118):	
Street name:			
Suburb, locality or town:			
State/Territory:		Postcode:	

Language and cultural diversity

7. In which country where you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
8. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other, please specify: _____
9. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <u>go to question 12</u>
11. 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 (at the back of this form) for an explanation of the following disabilities.	
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Learning <input type="checkbox"/> Vision	<input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition
<input type="checkbox"/> Intellectual <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Other	

Schooling

12. What is your highest COMPLETED school level? (Tick one box only)

If you are currently enrolled in secondary education, the *Highest school level completed* 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 Highest school level completed is Year 9.

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

[Go to question 14](#)

13. Are you still enrolled in secondary or senior secondary education?

☐ Yes ☐ No

Previous qualifications achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 14?

☐ Yes – [indicate below](#)

☐ No – [Go to Question 15](#)

If yes, tick ANY applicable boxes

- | | |
|--|---|
| <input type="checkbox"/> 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 above) |

Employment

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

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).

- | | | |
|--|--|---|
| <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"/> Employed – unpaid worker in a 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 | |

Study reason

16. Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my 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"/> To get skills for community/voluntary work |
| <input type="checkbox"/> Other reasons | |

Next of kin/emergency contact

These are people that Universal Institute of Education. I may need to contact in an emergency during your participation in training Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Universal Institute of Education |

Name:		Relationship to you:	
Address:			
Home phone:	()	Work:	()
Mobile:		Email:	

Employment Details

Employer's legal name:								
Your position:								
Business address:								
Phone:		()			Email:			
Supervisor:					Position:			

Unique Student Identifier (USI)

From 1 January 2015, Universal Institute of Education 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).

Applying for a USI: If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/your-usi/create-usi> on computer or mobile device

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, getting a white card, 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/faqs/find-your-usi>

[illegible]

IMPORTANT NOTE:

Universal Institute of Education ensures access to additional support services, when necessary, as outlined in the Additional Support Policy and Procedures. However, if a student fails to meet the minimum course entry requirements, including the necessary learning, literacy, numeracy skills, or physical fitness standards for a course, the organization reserves the right to defer or terminate their enrollment. If you have any questions or concerns, please feel free to reach out to us.

Application Checklist:

- ☐ Completed the Enrolment Form
- ☐ Personal Identification Documents
- ☐ Completed PTR and LLN assessment
- ☐ Attached current passport (if applicable)
- ☐ Attached current Australian Visa (if applicable)
- ☐ Attached relevant employment evidence (if applicable)
- ☐ Attached Current Resume
- ☐ Attached Academic Qualification Certificate and Transcript (Australia and/or Overseas)
- ☐ Attached Working with Children Check (WWCC) (if applicable)
- ☐ Police Clearance Certificate (if applicable)
- ☐ Additional Supporting Documents (if applicable)

Privacy Notice

As a registered training organisation (RTO), Universal Institute of Education will collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. High Skilled Training and Education Australia will not be able to enrol students who fail or refuse to provide 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.

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.

Universal Institute of Education is also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

The 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.

The 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.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the 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 High Skilled Training and Education Australia 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 the DESE 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>.

If for any reason you cannot access the privacy notice electronically on the Department's website, please get in touch with us at admin@hstea.edu.au to obtain a copy of the 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 Universal Institute of Education 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

Student Declaration and Consent

Please ensure all mandatory questions are complete and legible and then complete the below (please tick all):

- ☐ I acknowledge that I have read the VET Student Enrolment Privacy Notice.
- ☐ I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- ☐ I declare that the information I have provided to the best of my knowledge is true, correct and complete.
- ☐ I acknowledge that I have read and become aware of the fees and refund policy.
- ☐ I acknowledge and declare that I have full rights and valid permit to study in Australia.

Student Signature:

Date:

/ /

Student Name:

Parent/Guardian approval *Required if you are under 18 years of age at time of application*

Parent/Guardian Signature:

Date:

/ /

Parent/Guardian Name:

DISABILITY SUPPLEMENT

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 behaviour, 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.

RTO ADMIN ONLY:
All mandatory fields complete and legible?
☐ Yes
☐ No - comments: _____
Date: _____
Initial: _____

Statutory Declaration

I [Full Name]
Of [Current Residential Address]
with date of birth:

I would like to apply for enrolment in the above course with the Universal Institute of Education (RTO Code: 45857). I have read and understood the entry and course requirements and other course information. I have read the Universal Institute of Education Student Handbook, including the Privacy Policy, Fees and Refund Policy, and other policies and procedures prior to enrolling.

I declare that I hold the full legal rights and a valid permit to study in Australia.

I confirm that all the information provided in this enrollment form is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in the termination of my enrollment.

I understand my responsibility to pay all required fees associated with my course in accordance with the Universal Institute of Education's terms and conditions.

I acknowledge that it is my responsibility to attend all classes and complete all assessments and activities required to successfully complete my course.

I understand the policies regarding course withdrawal and the associated refund terms as outlined by the Universal Institute of Education.

I agree to comply with all workplace health and safety requirements during training and assessment activities.

I understand the availability of RPL and credit transfer processes and agree to provide accurate evidence if applying for these.

I have read and consent to the collection, use and disclosure of my personal information pursuant to the information detailed in Privacy Policy.

I understand that I will be required to supply a USI to Universal Institute of Education in accordance with national legislation. I declare that I have answered all questions truthfully to the best of my knowledge.

I understand that all my personal details, including my USI, are confidential and are protected by relevant privacy laws. I give my consent to the Universal Institute of Education to release my name, date of birth, contact details and statistical information, including my USI, to the relevant Federal government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

I acknowledge that the Universal Institute of Education reserves the right to modify its policies, fees, and course details and will notify students of any significant changes.

Printed Name:**Date:****Student Signature (attach eSignature or print the form and sign):**