















# ENROLMENT FORM

		No – <u>skip to next section</u>
<p><b>APPLYING ON YOUR BEHALF</b></p> <p>If you would like Russell college 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 <a href="https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf">https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf</a></p> <p>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. Please provide your town/city of birth and ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.</p> <p>In accordance with section 11 of the <i>Student Identifiers Act 2014</i>, Russell College 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, unless we are required by or under any law to retain it.</p>		
<p><b>Town/City of Birth</b> (please write the name of the Australian or overseas town or city where you were born)</p>		
<p><b>We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below</b></p>		
<p><b>Australian Driver's Licence</b></p> <p>State: _____</p> <p>Licence Number: _____</p>	<p><b>Australian Passport</b></p> <p>Passport number _____</p> <p><b>Non-Australian Passport (with Australian Visa)</b></p> <p>Passport number _____</p>	<p><b>Citizenship Certificate</b></p> <p>Stock number _____</p> <p>Acquisition date (day/month/year)</p> <p>____/____/____</p>



# ENROLMENT FORM

<p><b>Medicare Card</b></p> <p>Medicare card number _____</p> <p>Individual reference number (next to your name on Medicare card): ____</p> <p>Card colour (circle one): Green / Yellow / Blue</p> <p>Expiry date ____/____/____ (format DD/MM/YYYY)</p>	<p>Country of issue _____</p> <p>Visa grant Number _____</p>	<p><b>Certificate of Registration by Descent</b></p> <p>Acquisition date (day/month/year) ____/____/____</p>
<p><b>RUSSELL COLLEGE</b></p> <p><b>CENTRE FOR LEARNING</b></p> <p><small>RTO NUMBER :46143 CRICOS PROVIDER NUMBER :04221K</small></p>		
<p><b>USI APPLICATION DECLARATION</b></p> <p>I authorise Russell College to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.</p> <p>I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <a href="http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx">http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</a></p>		
Student Signature:		Date
Student Name:		
<p><b>Next of kin/emergency contact</b></p>		

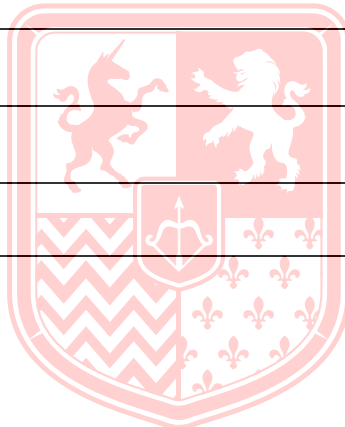




# ENROLMENT FORM

These are people that Russell College 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 Russell College

Name	<b>RUSSELL COLLEGE</b>		Relationship to Applicant	
Address				
Home Phone			Work Phone	
Mobile			Email	



CENTRE FOR LEARNING

RTO NUMBER :46143  
CRICOS PROVIDER NUMBER :04221K



# ENROLMENT FORM

## Privacy Notice

Under the Data Provision Requirements 2012, Russell College 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 Russell College for statistical, regulatory and research purposes.

Russell College may disclose your personal information for these purposes to third parties, including:

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 statements of attainment or 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 programme administration, regulation, monitoring and evaluation.

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](http://www.ncver.edu.au))

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.



# ENROLMENT FORM

<b>Student Declaration and Consent</b>			
<i>please tick all</i>			
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.			
<b>Student Signature</b>			
<b>Student Name</b>			
<b>Date</b>			
<b>Admin Staff Approval Date</b>		<b>Signature</b>	

<b>Disability Supplement</b>
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.



# ENROLMENT FORM

## '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'



# ENROLMENT FORM

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.