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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Module/s to be Enrolled in (please indicate)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | <b>Course date:</b>                                                                                                                                                   |                   |
| <input type="checkbox"/> Work Safely at Heights (RIIWHS204E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                                                                                                                                       |                   |
| Please tick if you require a Printed copy of your certificate <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | Please tick if you require a wallet ID Card <input type="checkbox"/>                                                                                                  |                   |
| <b>Unique Student Identifier (USI)</b><br>From 1 January 2015, we MacNellie's Workplace Safety 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).<br>In addition, we are required to include your USI in the data we submit to NCVER.<br>If you have not yet obtained a USI you can apply for it directly at <a href="https://www.usi.gov.au/students/create-your-usi">https://www.usi.gov.au/students/create-your-usi</a> |               |                                                                                                                                                                       |                   |
| <b>USI Number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                                                                                                                                                       |                   |
| <b>Country of Birth:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | <b>Town of Birth:</b>                                                                                                                                                 |                   |
| <b>Personal Details (legal name as used to apply for your USI number)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                                                                                                                                       |                   |
| <b>Family Name (Surname):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                                                                                                                                                                       |                   |
| <b>First Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | <b>Middle Name:</b>                                                                                                                                                   |                   |
| <b>Preferred Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                                                                                                                                                       |                   |
| <b>Date of Birth:</b> /      /<br>(dd/mm/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other                                                           |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | <b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____ |                   |
| <b>Permanent Residential Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                                                                                                                                                       |                   |
| <b>Suburb:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>State:</b> | <b>Country:</b>                                                                                                                                                       | <b>Post Code:</b> |
| <b>Postal Address (if different from above):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                                                                                                                                       |                   |
| <b>Suburb:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>State:</b> | <b>Country:</b>                                                                                                                                                       | <b>Post Code:</b> |
| <b>Home Phone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | <b>Work Phone:</b>                                                                                                                                                    |                   |
| <b>Mobile Phone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | <b>Email:</b>                                                                                                                                                         |                   |
| <b>Alternate Email Address (Optional):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                                                                                                                       |                   |
| <b>Employer Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                                                                                                                                                                       |                   |
| <b>Employer Trading Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                                                                                                                                                                       |                   |
| <b>Employer's Contact Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | <b>Phone:</b>                                                                                                                                                         |                   |
| <b>I, Authorise Make Work Safe to send a copy of my Certificate to my employer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                                                                                                       |                   |

**Do you give permission to be surveyed by – NCVER?** (National Centre for Vocational Education Research)

- |                                                          |                                                                                                                 |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Available for survey use        | <input type="checkbox"/> Invalid address / Itinerant student (very low likelihood of response)                  |
| <input type="checkbox"/> Excluded from survey use        | <input type="checkbox"/> Correctional facility (address or enrolment)                                           |
| <input type="checkbox"/> Overseas (address or enrolment) | <input type="checkbox"/> Minor – under age of 15 (not to be surveyed) <input type="checkbox"/> Deceased student |

**Language and Cultural Diversity**

**Do you speak a language other than English at home?:** ☐ No, English only ☐ Yes, other - please specify: \_\_\_\_\_

**Are you of Aboriginal or Torres Strait Islander origin?** ☐ No ☐ Yes,  
☐ Aboriginal ☐ Torres Strait Islander ☐ Both, ABTSI

**Disability (This is required to Support your training)**

**Do you have a disability, impairment or long-term medical condition?** ☐ No ☐ Yes

**If yes, please indicate:** ☐ Hearing/deaf ☐ Physical ☐ Medical Condition ☐ Mental Illness  
☐ Acquired brain impairment ☐ Vision ☐ Learning ☐ Intellectual ☐ Other: \_\_\_\_\_

**Please supply additional details, so we can support your training:**

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**Do you require language or literacy assistance?** ☐ No ☐ Yes

What supports do you need?

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**What is your highest COMPLETED school level? (Tick ONE box only)**

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

**Are you still enrolled in secondary or senior secondary education?** ☐ No ☐ Yes

**Previous qualifications SUCCESSFULLY completed?** ☐ No ☐ Yes

- |                                                                                                               |                                                                              |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Bachelor degree or higher degree                                                     | <input type="checkbox"/> Certificate IV (or advanced certificate/technician) |
| <input type="checkbox"/> Advanced diploma or associate degree                                                 | <input type="checkbox"/> Certificate III (or trade certificate)              |
| <input type="checkbox"/> Diploma (or associate diploma)                                                       | <input type="checkbox"/> Certificate II                                      |
| <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above) | <input type="checkbox"/> Certificate I                                       |

**Employment Status**

- |                                                               |                                                                        |
|---------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> 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"/> Unemployed – seeking part-time work           |
| <input type="checkbox"/> Self-Employed – employing others     | <input type="checkbox"/> Not employed – not seeking employment         |

## Reasons for doing course

- |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> To get a job<br><input type="checkbox"/> To develop my existing business<br><input type="checkbox"/> To start my own business<br><input type="checkbox"/> To try for a different career<br><input type="checkbox"/> To get a better job or promotion<br><input type="checkbox"/> Other reason | <input type="checkbox"/> It was a requirement of my job<br><input type="checkbox"/> I wanted extra skills for my job<br><input type="checkbox"/> To get into another course of study<br><input type="checkbox"/> For personal interest of self-development<br><input type="checkbox"/> To get skills for community/voluntary work |
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## Privacy Statement & Student Declaration (Please read carefully before signing)

### Why we collect your personal information

As a registered training organization (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. Failure to supply the requested information may result in us being unable to enroll you as a student.

### 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, analyzing 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 authority.

### How the NCVER and other bodies handle your personal information

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 Education, Skills and Employment (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, regulations, 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](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 details listed at the top of this page.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfill specified functions and activities. For more information about how the 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 [MacNellie's Workplace Safety](#) 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**

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.

I declare I have read the Student Handbook (located on MacNellie's Website) and understand its contents.

Student Signature [or electronic acknowledgement]: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature [or electronic acknowledgement]: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parental/guardian consent is required for all students under the age of 18.