

Please submit this form via:

Email: enrolments@thesalesmasters.com.au

Fax: (02) 9700 8988

Post: Australian Salesmasters Training Co

PO Box 638, Rosebery NSW 1445

For help completing this form,
please call: 1800 180 480



The Australian Salesmasters Training Company Course Registration Form

1. Qualification: Course Detail

| | | | |
|------------------------|--|---------------------------|--|
| Course Title | | | |
| Course Code (if known) | | Preferred delivery method | |

2. USI: (Unique Student Identifier)

| | | | |
|--|--|------------------|--|
| Do you have a USI? If no create a USI here at www.usi.gov.au | | My USI number is | |
| I give permission for Australian Salesmasters Training to obtain a USI on my behalf. | | | |

The Unique Student Identifier (USI) is a unique code that is available online from the Australian Government. The code will stay with you for life and is recorded with any nationally recognised VET program that is undertaken from January 2015 onwards. You must provide your USI before you can be enrolled.

3. Personal Details:

| | | | | | | | |
|------------------------|--|--------------------------------|--|--------------|--|----------------------|--|
| Title | | Surname | | First Name | | Middle Name | |
| Other Name | | Date of Birth (Day/Month/year) | | Gender | | | |
| Address | | | | | | Suburb/Locality/Town | |
| Email Address | | State | | Postcode | | | |
| Telephone Number | | Mobile Phone Number | | | | | |
| Emergency Contact Name | | Phone Number | | Relationship | | | |

4. Education:

| | | | |
|---|--|--------------------------------------|--|
| Are you still currently attending secondary school? | Have you undertaken any other Smart and Skilled qualification this calendar year? | | |
| What is your highest COMPLETED school level in Australia? | | | |
| In which year did you complete that school level? | Name of School attended | | |
| Have you satisfactorily completed any qualifications in Australia since turning 17? [If Yes, select one (1) or more from listboxes below] | | | |
| Certificate I | Certificate IV (or Advanced Certificate/Technician) | Bachelor Degree or Higer Degree | |
| Certificate II | Diploma (or Associate Diploma) | Advanced Diploma or Associate Degree | |
| Certificate III (or trade certificate) | Other education (including certificates or overseas qualifications not listed above) | | |

5. Identity / Welfare / Concessions:

| | | | |
|---|-----------------|---|----------------------------|
| What is your country of birth? | | What is your town of birth? | |
| Year of arrival | | | |
| What is your residency status? | | | |
| Are you of Aboriginal or Torres Strait Islander descent? | | How well do you speak English? | |
| Do you speak a language other than English at home? | | What Language? | |
| Are you living in NSW social housing or is your household on the NSW Housing Register? | | | |
| Are you a recipient of a disability support pension? | | | |
| Are you a dependent child or spouse in recipient of a disability support pension? | | | |
| OR Are you a recipient of a Centrelink welfare benefit or a dependent child or spouse? If Yes, please select below. | | | |
| Age Pension | Austudy | Exceptional Circumstance Relief Payment | Career Payment |
| Newstart Allowance | Special Benefit | Family Tax Benefit Part A – maximum rate | Farm Household Allowance |
| Youth Allowance | Widow Allowance | Veteran's Children Education Scheme Pension | Veteran's Affairs Pension |
| Wife Pension | Widow Pension | Other: | Parenting Payment (Single) |
| Please supply appropriate evidence of long term unemployed status such as a Centrelink statement | | | |

| | |
|---|--|
| Are you registered with an Employment Service Provider? (Please detail below) | |
| Employment Service Provider Organisation Name | |
| Employment Service Provider Organisation ID | |
| Employment Service Provider Contact Name | |
| Have you been referred to this training by an Employment Service Provider client? | |
| Employment Service Provider Contact phone number | |
| Employment Service Provider Client ID | |
| Employment Service Provider Referral ID | |

6. Employment Status:

| | |
|---|-----------------------------------|
| Are you currently registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW? | |
| What is your employment status? | |
| Current Employer Legal Name | |
| Current Employer Trading Name | |
| Current Employer Start Date | Current Employer Contact Name |
| Current Employer Contact Number | Current Employer Contact Position |
| Current Employer Address | |
| Current Employer Suburb / City | Current Employer State |
| Current Employer Email Address | Current Employer Postcode |

7. Language Literacy and Numeracy (LLN):

| |
|---|
| Do you think you may have a language, literacy or numeracy issue? |
| <input type="checkbox"/> No <input type="checkbox"/> Language <input type="checkbox"/> Literacy <input type="checkbox"/> Numeracy |

8. Disability / Impairment / Long Term Condition:

| |
|---|
| Do you consider yourself to have a disability, impairment or long-term condition? (Please refer to the Disability support service for an explanation of the disabilities https://www.thesalesmasters.com.au/support/learner-support/) |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES, tick one (1) or more of the boxes below) |
| <input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision <input type="checkbox"/> Other |
| <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Medical Condition |

9. Personal Documents: Additional required information *MUST* be supplied by the *Learner*.

IMPORTANT: Under current Australian educational standards and legislation, certain proof must be kept on file relating to enrolled Learners. You will need to provide other documents as required, such as your passport, photo I.D, drivers license and/or copies of previous academic qualifications that may be relevant. These can be attached as scanned documents or detailed, clear photographs. All documents are stored in line with our Privacy and Confidentiality Policy.

It is required that the Learner supplies one (1) certified form of ID and can be supplied as.

Australian Passport
 International Passport
 Medicare Card
 Current Drivers Licence

It is required that the Learner supplies a certified copy of any Australian qualifications completed.

Year 12 Completion Certificate
 Certificate I / Certificate II
 Diploma / Advanced Diploma

Year 10 Completion Certificate
 Certificate III / Certificate IV
 Other

10. Recognition of Prior Learning and/or Credit Transfer:

| |
|--|
| Are you applying for Recognition of Prior Learning (RPL) and/or Credit Transfer? |
| <input type="checkbox"/> If Yes, please specify <input type="checkbox"/> If you select Credit Transfer, please supply a copy of your certificate or statement. |

11. Skill Assessment

| | | | |
|---|--|---|--|
| Q1. Reason for study | To get a job To develop my existing business To start my own business Other reasons | To try for a different career To get a better job or promotion It was a requirement of my job | I wanted extra skills for my job To get into another course of study For personal interest or self-development |
| Q2. What do you wish to gain from this course? | | | |
| Q3. How will this help you in your career? | | | |
| Q4. Do you have any special needs from this course? | | | |

12. Declarations: Acknowledgments, privacy statement and disclaimer

Privacy Notice

Under the Data Provision Requirements 2012, Australian Salesmasters Training Co (ASTC) 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 ASTC for statistical, regulatory and research purposes. ASTC may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- 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.

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.

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).

Unique Student Identifier: In accordance with section 11 of the Student Identifiers Act 2014 Cth (SI Act), we will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it. The personal information about you that we provide to the Registrar, including your identity information, is protected by the Student Identifiers Act 2014 and the Privacy Act 1988 Cth (Privacy Act). The collection, use and disclosure of your USI are protected by the SI Act.

Authority to create or obtain a USI (Unique Student Identifier):

All students participating in a nationally recognised VET program will require a Unique Student Identifier (USI). The USI is a randomly generated code that is available online from the Australian Government.

In providing my USI, I confirm that ASTC is authorised to collect, use and disclose my student identifier for the purposes required under the Student Identifiers Act 2014.

I confirm that I do not have or cannot locate my USI. I give permission for an ASTC Representative to:

- Create a USI on my behalf
- or locate and verify my existing USI

I understand and agree that personal information (information or an opinion about me) collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) (together Personal Information) collected by ASTC may be disclosed to the Department of Industry, Skills and Regional Development (Department). The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside 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 ASTC for the purposes of evaluating and assessing my subsidised training.

I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

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 am currently an Australian resident, residing at the physical address provided in this registration form.

I acknowledge that I have read and agree to the terms described in this Privacy Statement and Disclaimer and:

- I agree to abide by the Legislation, Policies, Procedures, Standard of Conduct and rules of ASTC.
- I acknowledge that any false information and/or failing to disclose any relevant information on my registration for enrolment and/or incomplete registration may result in the withdrawal of any offer, and/or cancellation of enrolment at the discretion of ASTC, particularly if it relates to my eligibility for government subsidised training.
- I understand that it is my responsibility to provide all relevant and required documentation.

| | | | |
|-----------------|--|--------------------------|--|
| Print Full Name | | | |
| Signature | | Date (Day/Month/Year) | |

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

| | | | |
|-----------------------------|--|--------------------------|--|
| Print Full Name of Guardian | | | |
| Signature of Guardian | | Date (Day/Month/Year) | |

Employer Representative Sign-off

- I confirm:**
- The above learner is employed by our company
 - That this workplace has the necessary equipment, resources and appropriate qualified/experienced staff to support the on-the-job training of the participant qualification shown in this enrolment.
 - That I have received a copy of the supervisors guide and I understand my role as a supervisor.

| | | | |
|--------------------|--|--------------------------|--|
| Employer Full Name | | Position | |
| Signature | | Date (Day/Month/Year) | |

RTO Representative Sign-off

- I confirm:**
- That this employer has the necessary staff, equipment and resources to support on-the-job training for the Unit of Competency listed in the training plan.
 - That from my observation of the workplace it conforms with the requirements of the WHS Safety Act.
 - That I have given and explained a copy of a supervisors hand guide to the workplace supervisor.

| | | | |
|------------------------------|--|--------------------------|--|
| RTO Representative Full Name | | Position | |
| Signature | | Date (Day/Month/Year) | |

From time to time we may contact you with details of special offers and promotions about products and services of interest to you or to help us improve our service through customer research.

13. Payment Information: *If applicable.*

| | | | |
|---|---|---|--|
| Payment Type: | | Amount Payable: | |
| Direct deposit details: | Account Name: Australian Salesmasters BSB: 032 035 Account Number: 131 314 - Please fax or email payment confirmation | | |
| Card number: | | Expiry date: mm/yy | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | |
| Signature: | Card holder's name | CVV: | |
| | | | |