

STUDENT ENROLMENT AND STATISTICAL DATA FORM

A.B.N. 85 116 774 747



Government of **Western Australia**
North Regional **TAFE**

PERSONAL DETAILS				Student ID:	
Title	(Full Legal Name) First Name	Middle Name	Last Name		Preferred Name
Gender	Date of Birth	Personal Email	Business Email		
Postal Address			Postal Suburb		Postcode
Residential Address			Residential Suburb		Postcode
Home Phone		Work Phone	Mobile		
Emergency Contact Name				Emergency Contact Number	
CITIZENSHIP AND CULTURAL DETAILS					
In which country were you born?			Are you Aboriginal or Torres Strait Islander?		
			NO TORRES STRAIT ISLANDER ABORIGINAL BOTH ABORIGINAL & TORRES STRAIT ISLANDER		
Are you an Australian Citizen or the holder of Permanent Visa or Visa Sub-class 309, 444, 820 or a 457 dependant visa? YES NO			If NO , please refer to the Visa SubClass Guide link for eligibility & fees → VISA SUBCLASS GUIDE		
Do you speak a language other than English at home?			Do you require help with English or Maths?		
NO, ENGLISH ONLY YES, OTHER PLEASE SPECIFY: <input type="text"/>			YES NO		
DISABILITY DETAILS					
Do you consider yourself to have a disability, impairment or long-term condition?					
NO HEARING / DEAF MEDICAL CONDITION ACQUIRED BRAIN IMPAIRMENT YES, PLEASE COMPLETE SECTION TO THE RIGHT → PHYSICAL MENTAL ILLNESS VISION I WOULD LIKE TO BE CONTACTED TO DISCUSS SUPPORT OPTIONS *All enquiries are kept confidential INTELLECTUAL LEARNING OTHER					
Concession Type <i>PLEASE ATTACH A COPY OF YOUR PROOF OF CONCESSION</i>		Concession Number		Expiry Date	
UNIQUE STUDENT IDENTIFIER (USI) <i>ENROLMENT WILL NOT BE PROCESSED WITHOUT THIS</i>		CHECK OR CREATE YOUR USI HERE:		NO USI NUMBER? - I give approval to the College to apply for a USI on my behalf:	
		USI PORTAL		YES, I CONSENT (PLEASE FILL ID SECTION BELOW)	
PLEASE PROVIDE ONE VALID FORM OF ID FOR USI (PLEASE ATTACH A COPY OF YOUR ID)					
DRIVERS LICENCE (EXTRAORDINARY LICENCE IS NOT ACCEPTABLE)			CITIZENSHIP CERTIFICATE		
MEDICARE CARD			CERTIFICATE OF REGISTRATION BY DESCENT		
AUSTRALIAN PASSPORT (CURRENT OR AN EXPIRY DATE WITHIN THE LAST TWO YEARS)			BIRTH CERTIFICATE (AUSTRALIAN)		
VISA (WITH NON-AUSTRALIAN PASSPORT) FOR INTERNATIONAL STUDENTS			IMMICARD		
Suburb of Birth		Country of Birth			
How do you want to receive your USI? EMAIL PHONE POSTAL ADDRESS				NOTE: if you are unable to provide a form of ID specified in the list above, please contact our Client Services staff on 1300 996 573.	
GUARDIAN DETAILS FOR STUDENTS UNDER 18 YEARS OF AGE					
Title	First Name		Last Name		
Home Address			Suburb		Postcode
Home Phone		Work Phone	Mobile	Email	

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship (tick **one** box only)

TO GET A JOB	TO TRY FOR A DIFFERENT CAREER	I WANTED EXTRA SKILLS FOR MY JOB	TO GET SKILLS FOR COMMUNITY/VOLUNTARY WORK
TO DEVELOP MY EXISTING BUSINESS	TO GET A BETTER JOB OR PROMOTION	TO GET INTO ANOTHER COURSE OF STUDY	OTHER
TO START MY OWN BUSINESS	IT WAS A REQUIREMENT FOR MY JOB	FOR PERSONAL INTEREST OR SELF-DEVELOPMENT	<input type="text"/>

SCHOOLING AND EDUCATION

Are you currently attending a school? YES NO	For WA schools, name of current school (or last attended if not at secondary school):		Student Curriculum Council ID:
What is your HIGHEST completed school level? (tick one box only)		Have you successfully COMPLETED any of the following qualifications?	
COMPLETED YEAR 12	COMPLETED YEAR 9	BACHELOR DEGREE OR HIGHER DEGREE	CERTIFICATE III (OR TRADE CERTIFICATE)
COMPLETED YEAR 11	COMPLETED YEAR 8 OR LOWER	ADVANCED DIPLOMA OR ASSOCIATE DEGREE	CERTIFICATE II
COMPLETED YEAR 10	DID NOT GO TO SCHOOL	DIPLOMA (OR ASSOCIATE DIPLOMA)	CERTIFICATE I
In which YEAR did you complete that school level? <input type="text"/>		CERTIFICATE IV (OR ADVANCED CERTIFICATE)	CERTIFICATES OTHER THAN ABOVE
		In which YEAR did you complete that qualification? <input type="text"/>	

STUDENT DECLARATION

North Regional TAFE produces a variety of promotional material featuring students, staff and guests, including publications, multimedia productions and online content such as webpages and social media.

I allow North Regional TAFE to reproduce, publish or broadcast my image or voice in any of the media outlined in the Copyright Act.

I understand that NRT respects my privacy and will not disclose personal information except where required by legislation or to meet the legitimate requirements of government agencies.

I provide authorisation to release my academic records to a third party associated to this enrolment.

By signing:

I agree that all personal information above is correct and I understand that I am enrolling in the course/s and unit/s as shown on this form.

I agree to the Terms & Conditions of enrolment, as listed on the North Regional TAFE (NRT) website below or in a copy available from Client Services at any of NRT's campuses.

I agree to adhere to NRT's student-related Policies & Procedures, including the Student Code of Conduct, while enrolled.

[NORTH REGIONAL TAFE](#)

Student Signature	Guardian Signature (if student is under 18 years)	Date Signed	Enrolling Officer Signature	Enrolment Date

Consent and Health Care Information Form (for under 18 students only)