ENROLMENT APPLICATION FORM

Please complete all sections using **BLOCK LETTERS** in **BLACK PEN**. Print your name as it appears in your passport.

PERSONAL DETAILS

Family Name	
Given Names	
Date of Birth	
Gender	☐ Male ☐ Female ☐ Other
Home Phone	
Email Address	

AUSTRALIA ADDRESS (If known)

Post Code:	

HOME COUNTRY ADDRESS:

Post Code:	

EMERGENCY CONTACT DETAILS:

Name:	
Relationship:	
Phone No:	

INTERNATIONAL DETAILS

Passport Number	
Country of Passport	
Visa Type	
Visa Expiry	
Place of Birth	
Language spoken	

ABORIGINAL OR TORRES STRAIT ISLANDER

Are you of Aboriginal or Torres Strait Islander origin?

☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ No

ENGLISH PROFICIENCY

Please indicate the score you have attained:

IELTS Score	
TOEFL Score	
PTE Score	
Other (Specify)	
Test Date :	

EDUCATION QUALIFICATIONS

What is your highest COMPLETED qualification?

Bachelor or higher	☐
Advanced Diploma	☐
Diploma	☐
Certificate IV	☐
Certificate III	☐
Year 12 or equivalent	☐
Year 11 or equivalent	☐
Year Awarded	
Institution	

Certified Copy or orginal transcripts of all official results must accompany this application.

Translation Certificates need to be provided if transcripts are not in English.

CREDIT TRANSFER/ RECOGNITION OF PRIOR LEARNING

Are you applying for a Credit Transfer or Recognition of prior Learning? ☐ Yes ☐ No

If yes, please attach a completed copy of the VACTS Application for credit transfer or Application for RPL, and relevant translated documents that have been certified.

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COURSE APPLIED FOR:

Course Code	CRICOS Code	Course Name	Please Tick
SIT30821	109842H	Cert III in Commercial Cookery	☐
SIT40521	109500H	Cert IV in Kitchen Management	☐
SIT50422	112199D	Diploma of Hospitality Management	☐
BSB50120	105641E	Diploma of Business	☐
BSB60120	105640F	Advanced Diploma of Business	☐

STUDY REASON

Which category best describes the main reason you are undertaking this course?

To get a job	☐	Extra skills for my job	☐
To start a business	☐	To develop my business	☐
For a different career	☐		
For personal interest of self-development			☐
Other reasons	☐		

Please specify:

EMPLOYMENT

Which category best describes your current employment status?

Full Time Employee	☐
Part Time Employee	☐
Self Employed	☐
Unemployed	☐

SUPPORT NEEDED

Do you need any support in:

☐ Language ☐ Literacy ☐ Numeracy ☐ Digital literacy

If yes, please specify:

OVERSEAS STUDENT HEALTH COVER (OSHC)

The Australian Government requires all persons entering in Australia on a Student Visa to have Overseas Student Health

Do you require VACTS to arrange OSHC for you?

☐ Yes ☐ No

If yes, what type of OSHC do you need?

☐ Single ☐ Couple ☐ Family

If no, please provide details:

OSHC provider:

Membership No:	
Expiry Date:	

SPECIAL NEEDS

Do you have any disability, special needs or health problems? ☐ Yes ☐ No

If Yes, please select the area(s) in the following list:

Hearing/Deaf	☐ 11	Physical	☐ 12
Intellectual	☐ 13	Learning	☐ 14
Mental Illness	☐ 15	Brain Impairment	☐ 16
Vision	☐ 17	Medical Condition	☐ 18
Other	☐ 19		

Please refer to the Disability Suplemment for an explanation

ENROLMENT APPLICATION FORM

UNIQUE STUDENT IDENTIFIER (USI)

From 1st January 2015, VACTS can be prevented from issuing you with a nationality recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI, you can apply for it directly at www.usi.gov.au/create-your-USI on computer or mobile device. Please note that if you would like to specify your gender as 'other', you will need to contact the USI Office for assistance.

Enter your Unique Student Identifier (USI), 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/i-have-forgotten-my-usi/.

Unique Student Identifier (USI)										

Application for Unique Student Identifier (USI)

If you would like us 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 https://www.usi.gov.au/about-us/privacy. 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.

I,_____ authorise VACTS to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

☐ I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at: https://www.usi.gov.au/about-us/privacy

Town/City of Birth _____ (please write Australian or overseas town/city name where you were born)

Please provide details for one of the forms of identity below(numbered 1 to 8) to verify your identity to create your USI

1. Australian Driver`s License

State	
License Number	

2. Medicare Card

Card Number	
Individual Reference	
Expiry Date	
Card Colour	☐ Green ☐ Yellow ☐ Blue

3. Australian Birth Certificate

State/Territory	

4. Australian Passport

Passport Number	

5. Non Australian Passport (with Australian Visa)

Passport Number	
Country of Issue	

6. Immicard

Immicard Number	
Country of Issue	

7. Citizenship Certificate

Stock Number	
Acquisition Date	

8. Certificate of Registration by Descent

Acquisition Date	

In accordance with section 11 of the Student Identifiers Act 2014, VACTS 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.

ENROLMENT APPLICATION FORM

PRIVACY NOTICE

Why we collect your personal information?

As a registered training organisation (RTO), we collect and use your personal information to process and manage your enrolment in a vocational education and training (VET) course.

How we use your personal information?

We use your personal information 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, analysing 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 training authority.

How NCVER and other bodies handle your personal information?

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.

NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for 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.

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

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

For more details about how the NCVER will handle your personal information, please refer to NCVER's Privacy Policy at www.ncver.edu.au/privacy

If you would like to seek access to or correct your information, please contact VACTS in the first instance.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specific 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

ENROLMENT APPLICATION FORM

Surveys:
You may receive a student survey, which may be administered by a government department, 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 VACTS 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

by sending an email to info@vacts.edu.au or by phone at +61 3 9995 3642. You can download and read the VACTS privacy notice at https://www.vacts.edu.au/forms-policies

APPLICATION CHECKLIST

Please ensure you attach the following documents with your application

- Completed and signed the application form ☐
- Certified copy of your passport ☐
- Copy of your Current Visa ☐
- Copy of your current OSHC ☐
- Certified copy of your English proficiency ☐
- Certified copy of all your academic qualifications ☐
- Others ☐

If you are currently studying in Australia

- CoE document(s) for all courses included in your current visa ☐

Please refer to the document entitled "Pre-enrolment information" for more information about the entry requirements for a course at VACTS.

If you have completed the equivalent of Australian Year 12 in another country, you must provide certified copies of original documents which provide evidence of having done so. Translation Certificates need to be provided if the original documents are not in English.

When you have fully completed, signed and dated this enrolment application form, you should return it to:
VACTS Admissions
171 Sydney Road, Coburg, 3058 - Australia
Email: info@vacts.edu.au

Should your application be successful, you will be sent an enrolment offer and acceptance agreement, signed by VACTS, and an invoice. You can accept your offer from VACTS by completing and signing the enrolment agreement and making payment of the fees according to the invoice.

AGENT INFORMATION

Do you have an agent? ☐ Yes ☐ No

If yes, then do you authorise the agent to receive information applicable to your studies at VACTS? ☐ Yes ☐ No

ENROLMENT APPLICATION FORM

APPLICANT'S DECLARATION AND SIGNATURE

- I have read and understood the pre-enrolment conditions before signing the applicant declaration. By signing I understand and agree to abide by the pre-enrolment conditions.
- I have read and understood VACTS's fees and charges policy, the student deferral, suspension and cancellation policy and the student refund policy provided in the VACTS pre-enrolment information given on the VACTS website.
- I have read and understood the information about course content and vocational outcomes on VACTS website and I understand that all courses offered are based on full-time study and that I am required to attend a minimum of 20 scheduled course contact hours per week.
- I have read and understood the application procedure for recognition of prior learning and credit transfer which is provided in the VACTS pre-enrolment information.
- I am aware that I am required to sign VACTS's offer acceptance agreement prior to commencement and concurrently with or prior to payment of the agreed initial fees.
- I acknowledge that it is my responsibility to seek independent advice prior to signing this application.
- I give permission to the VET coordinator at VACTS to make an application to register to obtain an USI or verify my USI.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- 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 understand that if I have applied through an approved VACTS agent, all correspondence relating to my application will be forwarded to that agent.
- I understand that I must attend orientation, since it is a legal requirement and falls within my study plan. Failing to do so is reportable to DHA. Rescheduling fee shall apply if the students are unable to attend the orientation on the scheduled date. (Your Orientation date and time will be emailed to you before the orientation and course commencement.)

Sign here to confirm you have declared and consented to the above-mentioned.

Signature	
Date	

Note: Victorian Academy of Commerce and Technology Startups (VACTS) does not enrol any students under the age of 18

ENROLMENT APPLICATION FORM

AGENT'S DECLARATION AND SIGNATURE (IF APPLICABLE)

Agent declaration:

As the Education Agent representing this student, I confirm:

- I am complying with the standards of the ESOS framework (including the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018.
- The information contained within this application form is accurate, and the supporting documentation, including but not limited to the "certified copy" of the applicant's academic record, is correct and has not been altered in any way.
- I understand that VACTS will act ethically in dealings with the Overseas Students and their families.
- Any Enrolment Fees paid to me by the student to support this application will be immediately transferred to the VACTS so that the institute can uphold its commitment to ESOS legislation and enhance the refund policy.
- I understand VACTS expects Education Agents to ensure that each student applying for a course at VACTS is familiar with the information contained in: Enrolment Form, Pre-Enrolment Information and the Student Handbook. I confirm the student has signed this application form.
- I have provided the student's genuine personal email address and residential address

Agent Details:

Name:			
Address:			
Phone No:		Email address:	
Agent signature and date:			

Disability supplement

Introduction

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 behaviours, 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.