

Application for Enrolment

All details **MUST** be completed

Qualification / Course Name		
Course Date Organia	sation or Employment Agency	
Student Details		
Mr First Name		Middle Name
Miss Surname		Gender Female Male Other
Ms		
Unique Student Identifier (USI) (to obtain USI, log onto usi.gov.au)		
Date of Birth Mob	nile	Home Phone
Emergency Contact	Relationship to you	Phone
Email Address		
Residential Address		Postcode
Postal Address Same as above - or -		
Country of Birth		City of Birth
Are you an Australian Citizen? Yes No	If No, what Visa type are you on?	
Are you Aboriginal or Torres Strait Islander?	o Yes, Aboriginal Yes, Torres S	Strait Islander Yes, Aboriginal and Torres Strait Islander
What best describes your employment status?	What language do you speak	Prior Education
Fulltime employee	at home? (please specify)	What is your highest level of school completed?
Part time employee		Still at school
Self employed	How well do you speak English?	Year 12 Year 11 Year 10
Unemployed, seeking part-time work Unemployed, seeking fulltime work	Very well Not well	Year 9 or below
Not employed, not seeking employment	Well Not at all	Never attended
		What year did you finish school?
Do you consider yourself to have a disability or imp		What is your highest level of education completed?
Physical Intellectual Learning Hearing Vision Mental Illness		Bachelor Degree or higher
Medical Condition Acquired Brain Injury Other (please specify below)		Advanced Diploma or Associate Degree
		☐ Diploma level ☐ Certificate IV ☐ Certificate II ☐ Certificate I
What describes your reason for undertaking training	g? (please tick ONLY one)	Have you previously completed any accredited training?
☐ To get a job ☐ To start my own business		☐ No
To get a better job / different job / promotion		Yes (please provide course details below)
	erest or self development	
It was a requirement of my job To get into an	other course of study	Page 01



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As an ASQA requirement, applications for enrolment must include a completed Language, Literacy and Numeracy task (LLN) and Declaration to ensure that the student is able to meet the demands of the course they are enrolling into. Submission of an Application for enrolment and LLN accompanied by payment does not necessarily guarantee your enrolment will be finalised. It will be subject to VET Manager and Student Support Officer approval. If required, the Student Support Officer will be in contact for further assistance.

I have completed the LLN

The **Student Handbook**, available at **www.wrcc.nsw.edu.au**, contains everything you need to know about learning at the college, including your rights and obligations.

Refund Policy: If WRCC cancels a course, fees will be fully refunded within fourteen (14) days of course cancellation. Course fees will be refunded if advice of withdrawal is received within seven (7) days before commencement of course. A \$25.00 registration charge will apply. WRCC cannot accept responsibility for changes in participant's personal circumstances. There will be no refund for withdrawal less than seven (7) days before commencement of course, as funds are committed. WRCC is not responsible for any outlays made by participants for books or materials for courses.

Student privacy: Information concerning students, including information submitted on this enrolment form will be used by WRCC or other authorised organisations for the purposes of general student administration and commitment with state and national reporting, monitoring and evaluation. The information may be disclosed to the National Centre for Vocational Education & Research (NCVER) and/or an agency authorised to undertake surveys. The provision of this information is necessary for both enrolment and re-enrolment. Information provided by you will be held and disposed of securely when no longer needed in line with the Privacy Act 1988. You may have access to your personal information by contacting WRCC.

(Please tick below)	
I have read and understand refund policy, enrolment process and the student privar	cy statement.
The information provided by me in the Application for Enrolment is true and correct	•
I give permission for my employer/job agency to be emailed a copy of my certificate	e or evidence of my course completion on my behalf.
Exclude me from marketing / newsletter emails.	
Student Signature	Date
If Under 18:	
Name of Parent/Guardian	
Signature	Date
Olghataro	
Office Use	
Details entered into Axcelerate	
Enrolled	
☐ Invoiced or ☐ Funded	
Visa checked — Green Medicare for PR — Visa for all others	
LLN completed	
LLN emailed	
USI Verified	

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