

WALGA Training (RTO) 51992

Enrolment APPLICATION Form

Personal Details

Title: <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Other		Date of Birth: __/__/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Full name: <small>(This must be your legal name as provided in the USI)</small>	First name:	Middle name:	Surname:
Job Title:		Mobile:	Email:
Unique Student Identifier (USI): <i>(compulsory)</i> <small>A USI must be submitted when applying for a course - go to https://www.usi.gov.au to register.</small>		How did you hear about the course? <input type="checkbox"/> LinkedIn <input type="checkbox"/> Work <input type="checkbox"/> WALGA Website or Newsletter <input type="checkbox"/> Other	
Concession Details: <i>(Please Tick if applicable)</i>		<input type="checkbox"/> Health Care Card <input type="checkbox"/> Pension Card <input type="checkbox"/> No (Go to the next)	

Address

Flat/ Unit No:	House/ Lot No:
Street Name:	
Suburb:	Postcode:

Employer/ Organisational Details:

Local Government:	
Supervisor Name:	
Job Title:	
Phone:	
Email:	
Type of Student Information	<input type="checkbox"/> New employee (check with AASN if eligible for a Traineeship) <input type="checkbox"/> Existing Employee (longer than 3 months FT or up to 12 PT employment) How many years' experience in Local Government? <input type="checkbox"/> Less than 3 years <input type="checkbox"/> Between 3 -5 years <input type="checkbox"/> Between 5-10 years <input type="checkbox"/> Current role _____
Traineeship only:	<input type="checkbox"/> We need help with the sign up of a Trainee <input type="checkbox"/> We have already contacted the Australian Apprenticeship Support Network Provider (AASN)
	AASN Assigned:
	AASN Contact Name:
	AASN Email:

Course Details (please tick your choice)

<input type="checkbox"/> LGA30120 Certificate III in Local Government – Administration
Training Start: <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4

AVETMISS DATA

As a Registered Training Organisation (RTO), WALGA Training must collect your personal information to process and manage your enrolment in a Vocational Education and Training (VET) course and annually report the AVETMISS DATA to NCVET. For more information, read the Privacy Policy and Notice on Page 4 of this form.

Language and Cultural Diversity

Country of Birth: Australia Other Country – please specify: _____

Country of Citizenship: _____ City of Birth: _____

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes both, Aboriginal and Torres Strait Islander

Employment Status

Of the following categories, which best describes your current employment status? Tick ONE box only.

<input type="checkbox"/> Full time Employee	<input type="checkbox"/> Part time Employee	<input type="checkbox"/> Self Employed – Not employing others
<input type="checkbox"/> Self employed – Employing others	<input type="checkbox"/> Employed – Unpaid worker family business	<input type="checkbox"/> Unemployed – Seeking fulltime work
<input type="checkbox"/> Unemployed – seeking part time work	<input type="checkbox"/> Not employed – Not seeking employment	

Language, Literacy, Numeracy & Computer Skills

Is English your first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	English Only	<input type="checkbox"/> Yes	<input type="checkbox"/> No
English Assistance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other/Please specify Language: (Other than English)		

Proficiency in Spoken English:

<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
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Computer Literacy Skills:

<input type="checkbox"/> Advanced	<input type="checkbox"/> Average	<input type="checkbox"/> Basic
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Schooling/Education

What is your highest COMPLETED school year (Tick one box only)

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent
<input type="checkbox"/> Year 8 or below	<input type="checkbox"/> Never attended school	<input type="checkbox"/> Never completed primary or secondary school	

Are you still enrolled in Secondary School or Senior Education Yes No

Secondary School Name: _____ Year completed Secondary School ____ _

Prior Education – Please tick ALL applicable boxes (If no, go to next section)

<input type="checkbox"/> A – Australian qualification	<input type="checkbox"/> E – Australian equivalent	<input type="checkbox"/> I – International
<input type="checkbox"/> Bachelor's degree or higher <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/> Advanced Diploma or Assoc Degree <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/> Diploma (or associate Diploma) <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
<input type="checkbox"/> Certificate IV (or adv certificate) <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/> Certificate III <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/> Certificate II <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
<input type="checkbox"/> Certificate I <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/> Other Education: _____ <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	

Disability

Do you consider yourself to have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes (Please tick ALL applicable boxes)	<input type="checkbox"/> No
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If yes, please select the area(s) in the following list (you may indicate more than one).

<input type="checkbox"/> Hearing Impaired/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Other _____	

Study Reason

Of the following categories, which best describes your current employment status? Tick ONE box only.

- | | | |
|--|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> I wanted extra skills for my job | |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get into another course of study | |

Credit Transfer and Recognition of Prior Learning

- I have studied a similar course before and hold individual Units of Competency and want to apply for a direct Credit Transfer - *Please provide a copy of your Qualification and an Academic Transcript with the enrolment application.*
- I would like to apply for Recognition of Prior Learning (Assessment Only Process).

Payment Details

- My Local Government is paying for my course fees
- I personally will be paying for my course fees. *(Please fill in the credit card payment option)*
- Please note, that WALGA Training cannot accept pre-paid fees exceeding \$ 1500.00 from an individual at any time as per the Standards for RTOs 2015 (Clause 7.3).*

Payment Options

- | | |
|--|---|
| <input type="checkbox"/> Local Government accepted course fees | <input type="checkbox"/> Credit Card Payment (Surcharge may apply) |
| <input type="checkbox"/> Purchase Order Number _____ | <input type="checkbox"/> Email to advise Credit Card payment to training@walga.asn.au |
| <input type="checkbox"/> Local Government representative _____ | <i>WALGA Training team will forward your request to our accounts. Our accounts team will be in contact with you shortly to arrange payment.</i> |
- Local Government Signature: _____

Sign Enrolment Form

Student Name: _____ Student Signature: _____

Date signed: _____

Please Note: This document is an application form and does not guarantee a training place in the nominated course. WALGA Training will assess the entry requirements and pre-requisites. If all requirements are met, WALGA Training will issue a Letter of Offer which you will need to accept in writing. The acceptance of the Letter of Offer and payment will formalise your enrolment into the course. Please submit this Enrolment Application via email to training@walga.asn.au including relevant documents.

- I give permission for my Local Government/ Employer to be informed on my course progress.
- I give permission for WALGA Training to search for my USI on my behalf.
- I am aware that I will receive a Letter of Offer and an individual Training and Assessment Plan to confirm my enrolment.
- I confirm that I have received and read the WALGA Student Handbook.
- I agree and provide consent that photographs taken of me by WALGA staff during training can be used for marketing or promotional purposes i.e., social media, printed publications.
- Please submit this Enrolment Form along with Photo ID (Drivers Licence or Passport)

Guardian Name: _____ Guardian Signature: _____

(If student is under 18-years, Guardian must also sign)

Date signed: _____

Guardian address: _____

Relationship: *(Mother/Father)*

Guardian Mobile: _____

Guardian Email: _____

WALGA Privacy Policy

WALGA Training is committed to the protection of personal information.

Our Privacy Policy ensures that WALGA Training meets its obligations as defined in the Privacy Act 1988 and complies with the Australian Privacy Principles (APPs).

As a Registered Training Organisation (RTO 51992), WALGA Training is required to keep enrolment and assessments results for 30 years. WALGA Training reserves the right to retain the work for these purposes without expressed consent.

Privacy Notice

Why do we collect your personal information?

As a Registered Training Organisation (RTO), WALGA Training must collect your personal information to process and manage your enrolment in a Vocational Education and Training (VET) course.

How do we disclose your personal information?

WALGA Training is required by law under the *National Vocational Education and Training Regulator Act 2011* to disclose the personal information we collect about you to the National Centre for Vocational Education Research Ltd (NCVER).

How will NCVER and other bodies handle your personal information?

NCVER is committed to managing personal information in an open and transparent way. NCVER will collect, hold, use and disclose personal information in accordance with the law and are committed to only collect information they need to do their work including:

- the Privacy Act 1988 (Privacy Act), including the Australian Privacy Principles (APPs)
- Subdivision B of the National Vocational Education and Training Regulator Act 2011 (NVETR Act)
- Divisions 4 and 5 of the Student Identifiers Act 2014 (SI Act) and the Student Identifiers Regulations
- the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020
- the National VET Data Policy.

Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET activities; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the Australian VET market.

NCVER is authorised to disclose information to the Australian Government, the 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 the purposes of 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.

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

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

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.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 WALGA Training 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

Western Australian Local Government Association (WALGA) - RTO Code 51992

ONE70 Level 1, 170 Railway Parade West Leederville WA 6007

E: training@walga.asn.au P: (08) 9213 2098 W: www.walga.asn.au/training