

You MUST complete all sections on this form as there may be financial implications relating to accessing subsidised training for your chosen course.

TAFE SA ID #:	Year of Intended Study:	Semester of Intended Study: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Campus:	Program of Study:	

### Personal Details

Unique Student Identifier (USI): *TAFE SA cannot issue a parchment or results if you do not provide USI.*

Title: ☐ Mr ☐ Miss ☐ Ms ☐ Mrs Sex: ☐ Male ☐ Female Date of Birth:

*You must provide your legal given name and family name, as all paperwork will be issued in this name including parchments.*

Given Name(s): Family Name:  
Preferred Given Name: Previous Family Name:

### Residential Address

Property or Building Name: Unit Number:  
Street Number: Street Name & Type:  
Suburb: Region: State: Post Code:  
(International Only)

### Postal Address

Same As Above? ☐

Property or Building Name: Unit Number:  
Street Number: Street Name & Type:  
Suburb: Region: State: Post Code:  
(International Only)

### Business\Employer Address

Suburb: State: Post Code:

### Telephone Details

Home: Work: Mobile:  
Email: Fax:

### Aboriginal/Torres Strait Islander Status

I am: ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Neither

### Residency Status

☐ Australian Citizen ☐ New Zealand Citizen ☐ Permanent Resident ☐ Student Visa \ Diplomat  
☐ Overseas Non-Citizen ☐ Perm. Humanitarian Visa ☐ Unknown Citizenship Visa Type:

### Emergency Contact

Next of Kin Name: Relationship:  
Street Address: Telephone:  
Suburb: State: Post Code:

### Under 18s and Guardianship of the Minister

Are you under 18? ☐ Yes ☐ No Are you under the Guardianship of the Minister? ☐ Yes ☐ No  
(if yes, signature required page 3 & 4)

Guardian Name: Relationship:  
Street Address: Telephone:  
Suburb: State: Post Code:

### Nationality

Visa Sub-Class: Passport Number: Expiry: Nation of Issue:  
Were you born in Australia? ☐ Yes ☐ No If 'No', Country of Birth: Year of Arrival:  
Language Spoken at home:

## Education

What year did you complete/stop attending High School? (e.g 1995, 2002, 2011)

Please enter the qualifications you have successfully completed and the year they were obtained below;

Qualification	Year	Qualification	Year
Certificate I (or other certificates)		Diploma (or Associate Diploma)	
Certificate II		Advanced Diploma or Associate Degree	
Certificate III (or Trade Certificate)		Bachelor or Higher Degree	

Certificate IV (or Advanced Cert\Technician)

Are you still at school? ☐ Yes ☐ No If Yes, Schools Based Apprenticeship ☐ Other:

If you completed school within the last year please provide your residence suburb & postcode at that time:

Suburb:

Post Code:

What School level did you complete? ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12 ☐ N/A

Would you like help with English in your studies? ☐ Yes ☐ No

How well do you speak English? ☐ Very Well ☐ Well ☐ Not Well ☐ Not At All

## Other Information

What is your current employment status? ☐ Employed full time ☐ Self-employed & employing others (Employer)  
☐ Employed part time ☐ Self-employed & not employing others ☐ Unemployed - seeking part-time work  
☐ Employed, unpaid family worker ☐ Not employed – not seeking employment ☐ Unemployed - seeking full time work

If unemployed, please complete the following questions:

Are you registered with Centrelink? ☐ Yes ☐ No Are you registered with an Employment Service Provider? ☐ Yes ☐ No

What is the name of your Employment Service Provider?

What is your Job Seeker ID number?

What is your major reason for study? (tick one) ☐ Get a job ☐ To get a better job or promotion  
☐ To develop my existing business ☐ It was a requirement of my job ☐ To get into another course of study  
☐ To start my own business ☐ I wanted extra skills for my job ☐ Other reasons  
☐ To try for a different career ☐ For personal interest or self-development

## Concession Card Details

I, \_\_\_\_\_ (full name), wish to apply for a fee concession on the ground that I am a person holding either a;

☐ A - Health Care Card ☐ V - Veterans Affairs Concession Card  
☐ D - Pensioners' Concession Card ☐ P - Prisoner of an SA Correctional Institution

With the Customer Reference Number (CRN): \_\_\_\_\_

Expiry Date:

I authorise Centrelink to confirm with DSD/TAFE SA the current status of my Commonwealth Benefit and other details I have provided in relation to my commonwealth Benefit. This involves Centrelink providing electronic confirmation of information for the purpose of assessing my eligibility status.

Student Signature: 

Date:

## Disabilities

Do you consider yourself to have a disability, impairment, or long term chronic condition? ☐ Yes ☐ No

If 'Yes', then what type of disability, impairment, or long term chronic condition do you have?

☐ Vision ☐ Acquired Brain Injury ☐ Mental Illness ☐ Other:  
☐ Physical ☐ Hearing\Deaf ☐ Intellectual Impairment

If 'Yes', will you require any special assistance or consideration (where available)? ☐ Yes ☐ No

### Registration Details

Please Attach Additional Registration Details To This Form

CRN	TAFE CODE	Description	Day	Date	Time	Fee
						\$
						\$
						\$

### Incidental Fees Agreement

**Given Name(s):**

**Surname:**

- ☐ I agree to pay the incidental fees for this course, as outlined below. I understand that these fees are optional, and that I would otherwise need to source the required material myself and at my own cost.
- ☐ I understand that Incidental fees paid are not refundable.

**Only sign this area if Incidental fee description and amounts have been completed by TAFE SA staff below:**

**Program:**

**Campus:**

**Incidental Fee Description:**

**Cost:**

\$

**Detail Code:**

**Incidental Fee Description:**

**Cost:**

\$

**Detail Code:**

**Signature:**



**Date:**

### Declaration and Signature

By signing this declaration I acknowledge and agree to the following terms and conditions:

- I confirm that all information provided pursuant to my enrolment/registration is true and correct to the best of my knowledge. Any offer to a course, or any subsequent enrolment, made on the basis of untrue or incomplete information may be withdrawn or varied by SATAC or TAFE SA.
- I agree to contact and advise TAFE SA as soon as practicable, if any of the information provided pursuant to my enrolment/registration changes.
- I agree to ensure that my personal contact details and information is maintained online via myTAFE SA Self Service account. Note, that requests to make name changes may only be made in person at your local TAFE SA campus suitable proof of identity will be required.
- I acknowledge and accept that TAFE SA reserves the right to refuse access to a funded training place in a particular qualification if I am not assessed as suitable to commence a course by the terms of external funding agreements. In these instances, TAFE SA will recommend alternative courses or full fee paying options.
- I acknowledge and accept that TAFE SA reserves the right to review my current skills and experience, and enrol me at the most appropriate entry level for any course in which I may be offered a place.
- I acknowledge and accept that if I fail to pay associated student fees, or have a third party pay fees on my behalf, or pay a required payment under an approved Fees-by-Instalment (FBI), FEE-HELP or VET Student Loans arrangement, within the timeframe nominated on my student invoice or that agreement, TAFE SA may enact any of the following courses of action:
  - restrict my access to TAFE SA facilities
  - restrict my attendance in class(es)
  - pursue any outstanding fees as a debt
  - withhold any results and/or qualifications due to me
  - terminate my registration in a course(s) of study with TAFE SA
  - refuse any further enrolment(s) in TAFE SA; and
  - should I pay the outstanding amounts and be allowed to re-enrol, preclude me from entering into future Fees-By-Instalment/Financial Hardship Agreement or Payment Plan arrangements.
- I acknowledge that any results (including Statements of Attainment) and qualifications due to me upon completion of a unit(s), will be withheld until any outstanding fees are paid and if applicable, my Unique Student Identifier (USI) is provided and verified. I acknowledge and accept that TAFE SA may use the 'Existing USI Search' to retrieve correct USI information relevant to my enrolment/registration.
- I acknowledge and accept that if I do not attend or participate in units and am assessed as no longer active in my enrolled program, or if I formally withdraw, TAFE SA reserves the right to cancel my enrolment and terminate associated funding agreements.
- I acknowledge and accept that TAFE SA courses are reviewed and updated regularly in response to industry requirements and I may be required to transition to a revised course during the course of my studies (TAFE SA will provide sufficient notice to students and employers (where the student is an apprentice/trainee) should an update be required).

10. I acknowledge and accept that TAFE SA may record group study sessions to aid student learning activities e.g. through video-conferencing, webinar or Skype for Business, and this may involve the collection of my personal information if my image or voice is captured during the activity. I permit TAFE SA, which holds the intellectual property in the recorded materials, to use or licence such recordings for future educational delivery by TAFE SA or a licensed educational institution.
11. I agree that if I am a participant in such educational delivery, and I choose to concurrently record the study session, I do not hold any licence to reproduce, transfer, distribute or display any of the recorded content in any public or commercial manner. I also confirm that I will destroy my recorded version, if applicable, at the end of the semester in which I am enrolled in the class.
12. I acknowledge and accept that TAFE SA is required by obligations under the *Standards for RTOs 2015* as well as the *State Records Act 1997* to retain student records and completed assessment items in accordance with required disposal schedules.
13. I will ensure that my password to access TAFE SA Information Technology systems is kept confidential and that I will not share any login details or confidential information with any other person.
14. I acknowledge and accept that TAFE SA reserves the right to cancel or change scheduled times, locations and classes, having provided me with reasonable advance notice, wherever possible.
15. I acknowledge and accept that TAFE SA collects information provided pursuant to my enrolment and studies and may use this information for statistical purposes, including reporting to other bodies.
16. I acknowledge and accept that TAFE SA may communicate with me, and provide information relevant to my current enrolment and study, through email, phone and/or Short Message Service (SMS).
17. I acknowledge and accept that I am required to participate in certain data collection activities, including surveys that TAFE SA is required to conduct by, or on behalf of, the State or Federal governments.
18. I acknowledge and accept that TAFE SA may use my personal contact information (or disclose this information to a Third Party to act on TAFE SA's behalf) to seek my participation in TAFE SA student surveys (other than those required by Government (as above)), or in relation to further study opportunities, alumni information and/or newsletters related to TAFE SA events, unless I have withdrawn the acceptance for such purposes (see clause 19).
19. TAFE SA will only release any personal information provided by a student, in accordance with the South Australian Government Information Privacy Principles. I advise that if I do not wish for my personal information to be used as detailed in clause 18 (above) that I select 'I do not agree with information release' below.

☐ I do not agree with information release (please tick box on left if applicable)

If I accept at the time of enrolment, but change my mind in the future I agree to advise TAFE SA Information Services, in writing at [infoline@tafesa.edu.au](mailto:infoline@tafesa.edu.au).

20. I confirm that I have read and understood the abovementioned Terms and Conditions of Enrolment; as well as the TAFE SA Student Code of Behaviour; and related policies including, but not limited to, those policies listed on the TAFE SA website "Apply and Enrol > Before Starting > Policies and Responsibilities", and that I agree to act in accordance with them.
21. For co-signatories and guarantors of persons under the age of 18 at the time of enrolment only:  
 As co-signatory and guarantor, I guarantee that the student will meet any fee payment obligations and should this not occur, I will pay all outstanding fees due and payable on the student's behalf.

**Student Name:**

**Student Signature:**


**Date:**

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

**Guardian Name:**

**Guardian Signature:**

**Date:**

 **Please ensure you sign all sections of the Registration form, if you have not signed all sections of the form it will delay registration in to your course. Your registration will not be processed until all signature fields are signed.**

#### **TAFE SA USE ONLY**

##### **Credit card transaction processed by TAFE SA (if applicable)**

Processed By:

BPoint Receipt No:

Signature:

Date:

##### **Registration entered into SIS INB**

Entered By:

Student Rate Code:

Signature:

Date:


**WorkReady Appendix 1 – Participant Agreement – Collection and Use of Personal Information**

I (full name) \_\_\_\_\_  
 Of (Residential Address) \_\_\_\_\_  
 DOB \_\_\_\_\_ WorkReady Participant Number: \_\_\_\_\_

I wish to participate in an activity funded by the Skills and Employment Division in the Department of State Development.

1. I accept that the Minister for Employment, Higher Education and Skills (**Minister**) will allocate to me a **Participant Number**, to be used to record my participation in, and the results of, activities funded by the Skills and Employment Division in the Department of State Development.
2. I accept that the assessment as to whether I am eligible to enrol in any specific activity funded by the Skills and Employment Division in the Department of State Development will be undertaken by a training provider who has a Skills for All or WorkReady contract with the Minister.
3. I consent to the Minister, its employees, agents and contractors collecting from the training provider my results in all courses which I have been enrolled, and using this information for the purpose of determining whether I am eligible to enrol in an activity funded by the Skills and Employment Division in the Department of State Development. I consent to the Minister, its employees, agents and contractors using this information for the Department of State Development's performance measurement and reporting activities.
4. I consent to the Minister, its employees, agents and contractors collecting and using any student identifier (as that term is defined in the *Student Identifiers Act 2014*) assigned to or relating to me and using that student identifier to obtain transcripts and other information relating to me and using this information to determine my eligibility for an activity funded by the Skills and Employment Division in the Department of State Development and to record and track my progress through the activities funded by the Skills and Employment Division in the Department of State Development.
5. I accept and agree that the Minister, its employees, agents and contractors will be in receipt of my **Personal Information** and that they may be required to share my personal information with:
  - registered training organisations who have a current Skills for All or WorkReady contract with the Minister;
  - other South Australian government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and / or compliance;
  - Commonwealth government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance; and
  - government agencies (including regulators) in other Australian states and territories responsible and / or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance.
6. By providing my Personal Information as outlined above, I am consenting to the Minister, its employees, agents and contractors contacting me during or after I have ceased my training or education for the purposes of:
  - statistical reporting and analysis in respect to training outcomes
  - undertaking an evaluation of the training
  - promoting the training and WorkReady (or any other program run by the Minister which relates to training);
  - assessing quality of training
  - recording the information about my training
  - reporting on the WorkReady Program (or any other program run by the Minister which relates to training)
7. I agree to notify the Minister if the Personal Information outlined above changes.
8. Where required by the Minister, I agree to access my student profile maintained by the Minister and its employees, agents and contractors and advise if any of the Personal Information contained in my student profile is incorrect.
9. I agree to participate in data collection activities (including surveys, workshops, focus groups and other methods of collecting information from participants) conducted by the Department of State Development to evaluate skills and employment programs.

I hereby consent to the collection and use of my Personal Information in the manner outlined above

**Student Name:** \_\_\_\_\_ **Student Signature:**  \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Note: If the student giving consent is under 18 years of age at the time of giving consent, then the consent of their guardian is required*

**Guardian Name:** \_\_\_\_\_ **Guardian Signature:**  \_\_\_\_\_ **Date:** \_\_\_\_\_