



NATIONALLY RECOGNISED
TRAINING

RTO Number: 45406

2024 Student Enrolment Forms

NAME: _____

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I, _____

(First, Middle and Last Name)

of _____

(current residential address)

with date of birth _____

understand and agree that, the *National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020*, **Eagles RAPS Incorporated** is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **Personal Information**) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (**NCVER**).

My Personal Information (including the Personal Information contained on my enrolment form and my training activity data) may be used or disclosed by **Eagles RAPS Incorporated** for statistical, regulatory and research purposes. **Eagles RAPS Incorporated** may disclose my personal information for these purposes to third parties, including:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Education (**Department**);
- NCVER;
- Organisations (including the Department) conducting student surveys; and
- Researchers;

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operations, for policy, workforce planning and consumer information; and

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- Administering VET, including program administration, regulation, monitoring and evaluation.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my Personal Information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of the government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email or post, during or after I have ceased subsidised training with **Eagles RAPS Incorporated** for the purposes of evaluating and assessing my subsidised training.

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 the manner outlined above.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** ___/___/___

Note: If under 18 years of age when giving consent, then the consent of their guardian is required

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** ___/___/___

You can contact Eagles RAPS Inc. through:

Phone: 9679 9991

Scott: 0400 844 493 or scott@eaglesraps.org

Mark: 0499 279 892 or mark@eaglesraps.org

General email: info@eaglesraps.org

Eagles RAPS Inc.'s Privacy Policy can be found at www.eaglesraps.org/policies-and-forms

Personal details

- **Enter your full name ***

Single name only (Tick this box if you have one name only that cannot be written in the following format. Insert name in the 'Family name section).

Family name (surname)

First given name

Second given name (middle)

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want [name of RTO] to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Enter your birth date

Day/month/year | | |

Gender (Tick ONE box only)

Male

Female

Other

Enter your contact details

Home phone _____ Work phone _____

Mobile _____ Email address _____

Parent / Carer email address (mandatory): _____

What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

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What is your postal address (if different from above)?

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Postal delivery information (e.g. PO Box 254)

Suburb, locality or town

State/territory

Postcode

Language and cultural diversity**In which country were you born?**

Australia

 1101

Other – please specify

Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only

 1201

Yes, other – please specify

Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No

 4

Yes, Aboriginal

 1

Yes, Torres Strait Islander

 2

3 (yes to both)

Disability**Do you consider yourself to have a disability, impairment or long-term condition?**Yes YNo N

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If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/> 11
Physical	<input type="checkbox"/> 12
Intellectual	<input type="checkbox"/> 13
Learning	<input type="checkbox"/> 14
Mental illness	<input type="checkbox"/> 15
Acquired brain impairment	<input type="checkbox"/> 16
Vision	<input type="checkbox"/> 17
Medical condition	<input type="checkbox"/> 18
Other	<input type="checkbox"/> 19

Schooling

What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent	<input type="checkbox"/> 12
Year 11 or equivalent	<input type="checkbox"/> 11
Year 10 or equivalent	<input type="checkbox"/> 10
Year 9 or equivalent	<input type="checkbox"/> 09
Year 8 or below	<input type="checkbox"/> 08
Never attended school	<input type="checkbox"/> 02

Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

What was the last school you attended?

When did you last attend?

Previous qualifications achieved

Have you **SUCCESSFULLY** completed any post school qualifications? *(Prior educational achievement flag)*

Yes Y

No N

If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/> 008
Advanced diploma or associate degree	<input type="checkbox"/> 410
Diploma (or associate diploma)	<input type="checkbox"/> 420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511
Certificate III (or trade certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/> 990

Employment

Of the following categories, which **BEST** describes your current employment status?

(Tick **ONE** box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/> 01
Part-time employee	<input type="checkbox"/> 02
Self employed – not employing others	<input type="checkbox"/> 03
Self employed – employing others	<input type="checkbox"/> 04
Employed – unpaid worker in a family business	<input type="checkbox"/> 05
Unemployed – seeking full-time work	<input type="checkbox"/> 06
Unemployed – seeking part-time work	<input type="checkbox"/> 07
Not employed – not seeking employment	<input type="checkbox"/> 08

Study reason

Of the following categories, select the one which **BEST** describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick **ONE** box only)

To get a job	<input type="checkbox"/> 01
To develop my existing business	<input type="checkbox"/> 02
To start my own business	<input type="checkbox"/> 03
To try for a different career	<input type="checkbox"/> 04
To get a better job or promotion	<input type="checkbox"/> 05
It was a requirement of my job	<input type="checkbox"/> 06
I wanted extra skills for my job	<input type="checkbox"/> 07
To get into another course of study	<input type="checkbox"/> 08
For personal interest or self-development	<input type="checkbox"/> 12
To get skills for community/voluntary work	<input type="checkbox"/> 13
Other reasons	<input type="checkbox"/> 11

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Which of the following are you currently involved with?

- Family / Community Services
 Juvenile Justice
 Headspace
 Other counselling
 Accommodation Service
 None of the above
 Other: _____

Notes:

Who referred you to Eagles? (How did you find out about us)?

Would you be prepared to participate in Work Experience Programs?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

Course Selection and Rationale

Course code: _____ Course name: _____

Reason for application: _____

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Smart and Skilled

The following Units of Completion are subsidised by the NSW Government:

- All units in the part qualification for FSK10219 - Certificate I in Skills for Vocational Pathways.
- All units in the part qualification for FSK20119 - Certificate II in Skills for Work and Vocational Pathways.
- First Aid - HLTAID012

For further information in regard to Smart and Skilled please see www.smartandskilled.nsw.gov.au or phone 1300 772 104.

You will be provided with a Course Information Leaflet (CIL) by your enrolling officer. This CIL will give you information applicable to your specific enrolment.

Unique Student Identifier (USI)

From 1 January 2015, we [Eagles RAPS Inc] can be prevented from issuing you with a nationally 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 <https://www.usi.gov.au/students/create-your-usi> on computer or mobile device.

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/>.

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Emergency Contact Details

Please provide the details of your parent/carer or next of kin so we can contact them in the unlikely event of an emergency

Name _____

Relationship _____

Home phone _____ Work phone _____

Mobile _____ Email address _____

Home address _____

I give permission for Eagles staff to communicate with my emergency contact on matters relating to my enrolment. (Condition of enrolment for students under 18 years of age)

Declaration

I declare that:

1. All information provided by me to Eagles RAPS Inc. in connection with the Notification of Enrolment Process is true, accurate, complete and not misleading in any way.
2. A Notification of Enrolment process has not concurrently been completed for the same qualification and/or the same units of competency for the same or other qualification/s.
3. I am aware of any Third Party arrangements (if applicable), and
4. I have been provided with the details of the fee chargeable and the Student Information.

Name: _____

Signature: _____

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.



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'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.



MEDIA CONSENT FORM

I _____ (parent/caregiver) hereby consent to the Eagles RAPS Inc and its Partners to take or have taken by others, photographs, digital images and/or audio and/or video footage (the images) of the student named below, and to store the images, make copies of the images and publish the images in any form, in whole or in part, and distribute them in any medium including, but not limited to, print media, the Internet, CD-ROM, other multi-media uses or graphic representation, cinematography or video.

I consent to the images being used by the Eagles RAPS Inc. or provided to others for the following purposes only:

- General news or promotion of the event on TV, Radio or in Newspapers, in journals and on websites and the internet.
- The production of resources/programs that will assist Eagles RAPS Inc. in their educational mission,
- Promoting and advertising the resulting educational products/resources,

Eagles RAPS Inc. and its Partners undertake not to use any images in a way that would cause embarrassment or misrepresent the intent of the student's participation. I understand that neither I nor the student will be paid for giving this permission and I hereby waive any claim that I or we may have or may have had for remuneration, residuals, royalties or any other payment in respect of use of the images.

I agree that Eagles RAPS Inc and its Partners shall not be bound to make any use of the images.

Student name (please print): _____

Student signature: _____ Date ____/____/____

Parent / Caregiver name (please print): _____

Parent / Caregiver signature: _____ Date ____/____/____

Eagles RAPS Inc representative name: _____

Eagles RAPS Inc. representative signature: _____ Date ____/____/____



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Induction Checklist



Evacuation procedures explained	Yes	No	N/A	Comment:
Amenities explained	Yes	No	N/A	Comment:
Use of kitchen explained	Yes	No	N/A	Comment:
Use of devices and computers explained	Yes	No	N/A	Comment:
Student handbook issued and explained	Yes	No	N/A	Comment:
Catapult set up and course model explained	Yes	No	N/A	Comment:
Assessment process explained	Yes	No	N/A	Comment:
Times, breaks, holidays explained	Yes	No	N/A	Comment:
Smart and Skilled explained	Yes	No	N/A	Comment:
USI created	Yes	No	N/A	Comment:
Enrolment pack completed	Yes	No	N/A	Comment:
WHS responsibilities explained	Yes	No	N/A	Comment:
Complaints policy explained	Yes	No	N/A	Comment:
MESHED Set up	Yes	No	N/A	Comment:
Copy of Privacy Notice given to student	Yes	No	N/A	Comment:
Proof of identity sighted	Yes	No	N/A	Comment:
Proof of residence sighted	Yes	No	N/A	Comment:
Proof of eligibility for concession sighted	Yes	No	N/A	Comment:

Pathway:

Notes:

Name and signature of Student: _____ Date: ____/____/____