



Note this document is designed to be completed using Acrobat Reader. [The software can be downloaded for free.](#)

Enrolment Form

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Please complete the following form in full and return.

If you have any questions, please contact our customer service staff on 1300 994 558, or visit our website at: westbournecollege.edu.au

Email: admin@westbournecollege.edu.au

I wish to enrol in the following course (tick where appropriate)

- | | |
|---|--|
| <input type="checkbox"/> CHC32015 Certificate III in Community Services | <input type="checkbox"/> BSB50120 Diploma of Business |
| <input type="checkbox"/> BSB40520 Certificate IV in Leadership & Management | <input type="checkbox"/> BSB50420 Diploma of Leadership & Management |
| <input type="checkbox"/> BSB40920 Certificate IV in Project Management Practice | <input type="checkbox"/> BSB50820 Diploma of Project Management |
| <input type="checkbox"/> BSB41419 Certificate IV in Work Health & Safety | <input type="checkbox"/> BSB51319 Diploma of Work Health & Safety |
| <input type="checkbox"/> CPP40719 Certificate IV in Security Management | <input type="checkbox"/> CHC53315 Diploma of Mental Health |
| <input type="checkbox"/> CPP41519 Certificate IV in Security Risk Analysis | <input type="checkbox"/> CPP50619 Diploma of Security Risk Management |
| <input type="checkbox"/> CHC43315 Certificate IV in Mental Health | <input type="checkbox"/> HLTAID011 Provide First Aid |
| <input type="checkbox"/> CPCWHS1001 Prepare to Work Safely in the Construction Industry | <input type="checkbox"/> HLTAID009 Provide Cardiopulmonary Resuscitation |
| <input type="checkbox"/> SITHFAB021 Provide Responsible Service of Alcohol | <input type="checkbox"/> Other (please state below): |

Do you wish to apply for Recognition of Prior Learning (RPL)?
Read the Student Handbook for a full explanation of the recognition and Credit Transfer process.

Yes No

A. Identity

| | | | | | |
|---|-------------------------------|---------------------------------|--------------------------------|-------------------------------|---------------------------------|
| Title: | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other: |
| Surname: | | | | | |
| First name: | | | Second name | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other | Date of Birth: | |
| Have you completed a Course with Westbourne College previously? | <input type="checkbox"/> Yes | | <input type="checkbox"/> NO | | |
| Previous Course Name | | | | | |

Unique Student Identifier (USI)

Westbourne College is required by law to verify your **Unique Student Identifier (USI)** before we can issue certification.

| | |
|-----------------------|--|
| Your USI Number | |
| ** Obtaining your USI | A USI can obtain at http://www.usi.gov.au/ . I understand that delay in supplying my USI to Westbourne College may result in delay in course participation and certification. |

Provide at least ONE form of government issued ID (e.g. Driver's License) (Admin Staff will need to sight your ID)

| | |
|----------|--|
| ID Type: | |
| ID #: | |

B. Contact Details

| | | | |
|-------------------------|--|---------|--|
| Personal Contact | | | |
| Phone: (Home) | | Mobile: | |
| Email: | | | |



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Home Address:

| | | | | | |
|-------------------|--|---------------|--|-------------|--|
| Flat/Unit number: | | Street number | | Street name | |
| Suburb: | | State: | | Postcode: | |

Mailing Address (if different to home address):

| | | | | | |
|----------|--|--------|--|-----------|--|
| Address: | | | | | |
| Suburb: | | State: | | Postcode: | |

Next of Kin:

| | | | |
|--------------|--|---------------|--|
| Name: | | Relationship: | |
| Contact Tel: | | Mobile No: | |

C. Workplace Details (if applicable)

| | | | | | |
|-----------------|--|----------|--|-----------|--|
| Company Name: | | | | | |
| Address: | | | | | |
| Suburb: | | State: | | Postcode: | |
| Email Address: | | | | | |
| Contact Person: | | Work No: | | | |

D. Language and cultural diversity

| | | |
|--|---|---|
| Were you born in Australia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If NO, what is your country of birth? | | |
| Are you an Australian citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please state your Visa classification (if applicable) – eg 572, 457 etc Attach colour copy of passport/visa | | |
| Is English your first language? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If NO, what language do you usually speak? | | |
| How well do you speak English? | <input type="checkbox"/> Very Well <input type="checkbox"/> Well | <input type="checkbox"/> Minimal <input type="checkbox"/> Not at all |

Are you of Aboriginal or Torres Strait Islander origin?

| | |
|--|---|
| <input type="checkbox"/> Yes, Aboriginal | <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander |
| <input type="checkbox"/> Yes. Torres Strait Islander | <input type="checkbox"/> No, Neither Aboriginal or Torres Strait Islander |

E. Disability

Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?

Yes No – Go to F.

Disability, Impairment or Long-Term Condition:

| | | |
|---|--|--|
| <input type="checkbox"/> Hearing/deafness | <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 | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Other: |



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Do you need any additional support? Yes No

Specify support required:

F. Education

What is your highest level of school COMPLETED?

| | | | |
|--|--------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> | Did not go to school | <input type="checkbox"/> | Completed Year 10 or Equivalent |
| <input type="checkbox"/> | Year 8 or below | <input type="checkbox"/> | Completed Year 11 or Equivalent |
| <input type="checkbox"/> | Completed Year 9 or Equivalent | <input type="checkbox"/> | Completed Year 12 or Equivalent |
| Year / Month Completed: | | School: | |
| Are you still enrolled in secondary or senior secondary education? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

G. Training

Have you completed any other courses / qualifications? (Specify Below) Yes No

| Qualification Level | Discipline /Subject Area | Qualification Level | Discipline /Subject Area |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Certificate I | | <input type="checkbox"/> Diploma/Adv Diploma | |
| <input type="checkbox"/> Certificate II | | <input type="checkbox"/> Bachelor | |
| <input type="checkbox"/> Certificate III | | <input type="checkbox"/> Post Grad | |
| <input type="checkbox"/> Certificate IV | | <input type="checkbox"/> Masters/Doctorate | |
| <input type="checkbox"/> Other: | | | |

H. Employment Status

| | |
|---|--|
| <input type="checkbox"/> Full-Time Employee | <input type="checkbox"/> Employed – Unpaid Worker in Family Business |
| <input type="checkbox"/> Part-Time Employee | <input type="checkbox"/> Unemployed – Seeking Full-Time Work |
| <input type="checkbox"/> Self-Employed (Not Employing Others) | <input type="checkbox"/> Unemployed – Seeking Part-Time Work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not Employed – Not Seeking Employment |

List relevant industry licences you hold

| | |
|--|--|
| Examples: | |
| <ul style="list-style-type: none"> Occupational Licenses Industry Inductions First Aid High Risk | |

I. Reason for Study

| | | |
|---|---|---|
| Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only) | <input type="checkbox"/> Personal Interest | <input type="checkbox"/> To start my own business |
| | <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To try another career |
| | <input type="checkbox"/> I want extra skills for my job | <input type="checkbox"/> Meet CPD / license / vocational requirements |
| | <input type="checkbox"/> Requirement of my job | <input type="checkbox"/> To gain a qualification |
| | <input type="checkbox"/> Other: (Please identify) | |



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J. Client Enrolment and Policy acceptance Declaration

I, _____, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Westbourne College to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

| I declare that I have read, understood, and agree with the following: | Initial |
|---|---------|
| All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately. | |
| REFUND POLICY Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. Refunds are provided on a sliding scale determined by the amount of notice you provide. For a full copy of the Refund Policy visit our website or contact us. | |
| COLLECTION FEES By signing this enrolment form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency. | |

K. Payment

| | | |
|-----------------------------------|--|---|
| Responsibility for Payment | <input type="checkbox"/> Client (myself) | <input type="checkbox"/> My Parent / Guardian |
| | <input type="checkbox"/> My Employer | <input type="checkbox"/> Other: (Please identify) |

| Total of Fees: | | | | | | | | | |
|--|---|--------------------|----|-----------------------|----|----------------------------|----|---------------|----|
| <ul style="list-style-type: none"> Invoices/receipts will be raised and sent within 7 days of enrolment date. Payment is expected within 14 days. Payment must be made before commencement of course. The Admin and resource fees are payable immediately. No refund is applicable for these fees. Cancellation fees may apply, refer to refund policy. | <table border="1"> <tr> <td>Course Fee:</td> <td>\$</td> </tr> <tr> <td>Resources Fee:</td> <td>\$</td> </tr> <tr> <td>Administration Fee:</td> <td>\$</td> </tr> <tr> <td>Total:</td> <td>\$</td> </tr> </table> | Course Fee: | \$ | Resources Fee: | \$ | Administration Fee: | \$ | Total: | \$ |
| | Course Fee: | \$ | | | | | | | |
| | Resources Fee: | \$ | | | | | | | |
| | Administration Fee: | \$ | | | | | | | |
| Total: | \$ | | | | | | | | |

| Payment Plan: | | | |
|--|----------------------|------------------------------|----|
| The following payment plan has been negotiated & agreed: 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> | Initial Payment = \$ | Initial Payment (Mx \$1500)= | \$ |
| | Per Month Fee = \$ | Monthly payment total | \$ |

| Payment Options / Method: | | |
|--|--|---|
| <input type="checkbox"/> Payment plans | You will receive an initial invoice with a link to make a payment, followed by a monthly invoice for the remainder of the payment plan duration. | |
| <input type="checkbox"/> Full payment Option only available where employer is playing for training | You will receive an invoice with a link to make payment | |
| | <table border="1"> <tr> <td>Optionally, the amount can be direct deposited to the following bank account.</td> <td>Account Name: Westbourne College PTY LTD BSB: 302 162 Account No.: 1399 905</td> </tr> </table> | Optionally, the amount can be direct deposited to the following bank account. |
| Optionally, the amount can be direct deposited to the following bank account. | Account Name: Westbourne College PTY LTD BSB: 302 162 Account No.: 1399 905 | |

Agreement to Payment terms and plan outlined above.

I hereby agree to the payment terms and plan as outlined.

| | | | |
|--------------------------|--|--------------|--|
| Client Signature: | | Date: | |
|--------------------------|--|--------------|--|

L. Marketing Feedback



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| | | |
|--|---|--|
| How did you hear about Westbourne College? | <input type="checkbox"/> Email advertisement | <input type="checkbox"/> Industry body / regulator |
| | <input type="checkbox"/> Press advertisement | <input type="checkbox"/> Employer |
| | <input type="checkbox"/> Internet search | <input type="checkbox"/> Work colleague |
| | <input type="checkbox"/> Internet advertisement | <input type="checkbox"/> Family / friend |
| | <input type="checkbox"/> Radio | <input type="checkbox"/> I am a past student |
| | <input type="checkbox"/> Billboard / signage / | <input type="checkbox"/> From a past student of Westbourne College |
| Other: | | |
| How did you hear about this course? | <input type="checkbox"/> Email advertisement | <input type="checkbox"/> Industry body / regulator |
| | <input type="checkbox"/> Press advertisement | <input type="checkbox"/> Employer |
| | <input type="checkbox"/> Internet search | <input type="checkbox"/> Work colleague |
| | <input type="checkbox"/> Internet advertisement | <input type="checkbox"/> Family / friend |
| | <input type="checkbox"/> Radio | <input type="checkbox"/> I am a past student |
| | <input type="checkbox"/> Billboard / signage / | <input type="checkbox"/> From a past student of Westbourne College |
| Other | | |
| Admin Use Only | | |
| Delivery mode: | <input type="checkbox"/> Online <input type="checkbox"/> Classroom <input type="checkbox"/> Distance <input type="checkbox"/> Work based <input type="checkbox"/> RPL | |
| Start date | <input type="text"/> | <input type="text"/> |
| Trainer/Assessor: | <input type="text"/> | <input type="text"/> |
| <p>This is for the purpose of certifying that eligibility evidence has been sighted and that the applicant's identity is true and correct. I confirm that in relation to <input type="text"/> has provided</p> <p><input type="checkbox"/> a colour copy or has shown original Birth Certificate, Australian Passport or Permanent Visa; Doc No</p> <p><input type="checkbox"/> a colour copy of Green Medicare Card <input type="checkbox"/> a colour copy of Drivers Licence or Proof of Age (Front and Rear)</p> <p><input type="checkbox"/> a colour copy or evidence of concession if applicable</p> | | |
| Authorised Westbourne College representative | <input type="text"/> | Signature: <input type="text"/> |
| Position: | <input type="text"/> | Date: <input type="text"/> |
| <p>The student has:</p> <p><input type="checkbox"/> demonstrated they have the required level of LL&N to enable them to complete the course successfully with minimal support in this area required.</p> <p><input type="checkbox"/> Does not have a sufficient level of LL&N skills and may require extensive additional support to complete this course successfully. I am referring this student to be further assessed to determine the level of support that can be offered with possible referral to external agencies required.</p> <p><input type="checkbox"/> Has demonstrated they may require additional support with LL&N and I am able to provide this. The student and I will develop a support plan to ensure they are given the opportunity to develop their language, literacy and/or numeracy skills to enable them to complete the course successfully.</p> <p><input type="checkbox"/> Has been offered the opportunity of Recognition of Prior Learning (RPL)</p> | | |
| LLN Assessment completed | <input type="text"/> | |
| Enrolment processed in SMS | <input type="text"/> | |
| Client File Created | <input type="text"/> | |
| Invoice Raised | <input type="text"/> | |
| Invoice Sent | <input type="text"/> | |
| Confirmation Letter Sent | <input type="text"/> | |
| Training & Assessment Resources Sent | <input type="text"/> | |
| Trainer / Assessor Advised | <input type="text"/> | |
| Client Induction Completed | <input type="text"/> | |



Privacy Notice

Why we collect your personal information

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

Except under certain and specific circumstances, that must be assessed on a case-by-case basis, nondisclosure of requested personal information will limit our capacity to enrol students into nationally accredited qualifications and provide subsequent verifiable certificate and transcripts.

How we use your personal information

We use your personal information to enable us 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 the NCVER and other bodies handle your personal information

The 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.

The 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 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.

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

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

For more information about how the 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 your RTO using the contact details listed below.

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 Westbourne College 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

Contact Westbourne College

Phone: 1300 994 558

Email: admin@westbournecollege.edu.au

Student declaration and consent (includes guardian consent if student under 18 years)

I have read and understood information during enrolment and induction processes, I declare that the information I have provided to the best of my knowledge is true and correct and I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

| | | | |
|--|--|--------------|--|
| Client Signature: | | Date: | |
| Parent/guardian signature (for client under 18 years of age) | | Date: | |