

## PRIVACY STATEMENT

### Privacy Notice

Under the *Data Provision Requirements 2012*, Challenge Employment & Training is required to collect personal information about you and to disclose that personal information to the National Centre of Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Challenge Employment & Training for statistical, administrative, regulatory and research purposes. Challenge Employment & Training may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third part contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

## COURSE DETAILS

Please start at question 4

### 1. What qualification are you enrolling into?

Course Code: \_\_\_\_\_

Course Title: \_\_\_\_\_

### 2. What program are you enrolling into? (if applicable)

### 3. Study/delivery mode (tick ONE box only)

Classroom

Online

Workplace

Recognition of Prior Learning

### 4. How did you find out about us?

Social media (Facebook, Instagram)

Job search website (Seek, Indeed)

Jobactive provider

Word of mouth

Radio/newspaper

Other – please specify: \_\_\_\_\_

### 5. Type of enrolment (tick ONE box only)

Certificate 3 Guarantee

Fee for Service

Skilling Queenslanders for Work

User Choice

#### Please tick the below boxes only where applicable:

I declare that advice has been provided to me concerning expectations and rules regarding Queensland government funded training programs offered at Challenge Employment & Training.

**Certificate 3 Guarantee:** I acknowledge that I will no longer be eligible for a government subsidised training place under the Certificate 3 Guarantee program once I have completed a Certificate III or higher level qualification. I also declare that I have not been enrolled in, or have previously completed, a Certificate III or higher level qualification.

**Skilling Queenslanders for Work:** I acknowledge that I will no longer be eligible for a government subsidised training place under the Skilling Queenslanders for Work program once I have completed a program utilising this funding. I also declare that I have not been enrolled in, or have previously completed, a program funded under Skilling Queenslanders for Work.

**User Choice:** I acknowledge that I have been provided with information about the User Choice program funding and co-contribution requirements and I am aware of my obligations under a registered training contract as an apprentice or trainee.

## PERSONAL DETAILS

### 6. What is your title?

Mr.

Mrs.

Ms.

Miss

### 7. Enter your full name\*

\* 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 Challenge Employment & Training to apply for a USI on your behalf, see section on the USI on page 5 for a detailed explanation.

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

### 8. Enter your birth date

Day/month/year: \_\_\_\_\_

### 9. Gender (tick ONE box only)

Male

Female

Other

Start here!

**10. Residency status (tick ONE box only)**

- Australian Citizen  Australian Permanent Resident  New Zealand Citizen  
 Other visa status – please specify: \_\_\_\_\_

**11. Enter your contact details**

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**12. What is the address of your usual residence?**

Building/property name: \_\_\_\_\_  
 Flat/unit number: \_\_\_\_\_ Street number: \_\_\_\_\_ Street name: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State/territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

PO box number: \_\_\_\_\_  
 Flat/unit number: \_\_\_\_\_ Street number: \_\_\_\_\_ Street name: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State/territory: \_\_\_\_\_ Postcode: \_\_\_\_\_

**14. In case of emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**LANGUAGE AND CULTURAL DIVERSITY**

**15. In which country were you born?**

- Australia  Other – please specify: \_\_\_\_\_

**16. Do you speak a language other than English at home? (if more than one language, indicate the one that is spoken most often)**

- No  Yes, other – please specify: \_\_\_\_\_

**17. How well do you speak English?**

- Very well  Well  Not well  Not at all

**18. Are you of Aboriginal or Torres Strait Islander origin? (for persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes)**

- No  Yes, Aboriginal  Yes, Torres Strait Islander

**DISABILITY**

**19. Do you consider yourself to have a disability, impairment or long-term condition?**

- Yes  No – Go to question 21

**20. 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 on page 4 for an explanation of the following disabilities.

- Hearing/deaf  Physical  Intellectual  Learning  
 Mental illness  Acquired brain impairment  Vision  Medical condition  
 Injury  Other

If you have selected physical, injury or other, please specify: \_\_\_\_\_

**SCHOOLING**

**21. 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  Year 11  Year 10  Year 9 or equivalent  
 Year 8 or below  Never attended school – go to question 24

**22. In which year did you complete that school level?**

\_\_\_\_\_

**23. Are you still enrolled in secondary education?**

- Yes  No

## PREVIOUS QUALIFICATIONS ACHIEVED

24. Have you **SUCCESSFULLY** completed any nationally recognised qualification/s, or received a Statement of Attainment/s in partial completion of a nationally recognised qualification?

- Yes  No – go to question 26

25. If yes, tick ANY applicable boxes:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bachelor degree or higher degree                | <input type="checkbox"/> Advanced diploma or associate degree   | <input type="checkbox"/> Diploma (or associate diploma) |
| <input type="checkbox"/> Certificate IV (or adv. certificate/technician) | <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Certificate II                 |
| <input type="checkbox"/> Certificate I                                   | <input type="checkbox"/> Other education                        |   |

## EMPLOYMENT

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Full-time employee (>35 hours per week) | <input type="checkbox"/> Part-time employee (<35 hours per week)       | <input type="checkbox"/> Self-employed (not employing others) |
| <input type="checkbox"/> Self-employed (employing others)        | <input type="checkbox"/> Employed (unpaid worker in a family business) | <input type="checkbox"/> Unemployed (seeking full-time work)  |
| <input type="checkbox"/> Unemployed (seeking part-time work)     | <input type="checkbox"/> Not employed (not seeking employment)         |   |

## STUDY REASON

27. Of the following categories, select the **ONE** which best describes the main reason you are undertaking this program/course:

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

## APPLICANT DECLARATION AND CONSENT

- 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 accordance with the Privacy Notice on page 1.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I agree to abide by Challenge Employment & Training policies as outlined in the Student Handbook that I have been provided.
- I understand that I must meet all relevant entry requirements associated with my chosen qualification, and/or funding arrangements, prior to my enrolment being accepted.
- I understand the fees payable and refund policy in relation to my training program:
  - **Certificate 3 Guarantee** – Partly funded by the Queensland Government and co-contribution fees as published by Challenge Employment & Training are payable by the student prior to commencement.
  - **Fee for Service** – Full fees payable by the student.
  - **Skilling Queenslanders for Work** – Fully funded by the Queensland Government, with no fee payment to be made by the student.
  - **User Choice** – Partly funded by the Queensland Government and co-contribution fees of \$1.60 per nominal hour are payable by either the apprentice/trainee, or their employer.
- I authorise Challenge Employment & Training to contact me by post, phone, email and/or text message.
- I give permission to Challenge Employment & Training to locate my Unique Student Identifier (USI). Please refer to page 5 for more information regarding USI, including an application for USI in the event that I do not have a USI.

### Applicant Declaration and Consent

- Tick here to confirm you have declared and consented to the above-mentioned.

<b>Applicant Name:</b>			
<b>Applicant Signature:</b>		<b>Date:</b>	

If applicant is under the age of 18, parent/guardian consent is required:

<b>Parent Name:</b>			
<b>Parent Signature:</b>		<b>Date:</b>	

## OFFICE USE ONLY

- Is applicant a Transition to Work (TTW) client?  Yes  No
- If yes, has this status been flagged in SMS?  Yes  No

## DISABILITY SUPPLEMENT INFORMATION

### 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 see an explanation in the following list.**

Please note that 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.

### 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, communicate 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

## UNIQUE STUDENT IDENTIFIER (USI) PRIVACY NOTICE

### CONSENT FOR COLLECTION, USE OR DISCLOSURE OF PERSONAL INFORMATION

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- is collected by the Registrar as authorised by the Student Identifiers Act 2014.
- is collected by the Registrar for the purposes of:
  - applying for, verifying and giving a USI;
  - resolving problems with a USI; and
  - creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
  - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
    - the purposes of administering and auditing VET, VET providers and VET programs;
    - education related policy and research purposes; and
    - to assist in determining eligibility for training subsidies;
  - VET Regulators to enable them to perform their VET regulatory functions;
  - VET Admission Bodies for the purposes of administering VET and VET programs;
  - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - researchers for education and training related research purposes;
  - any other person or agency that may be authorised or required by law to access the information;
  - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

### Privacy policies and complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the Registrar's Privacy Policy (<https://www.usi.gov.au/documents/privacy-policy>) or by contacting the Registrar on [usi@education.gov.au](mailto:usi@education.gov.au) or telephone 1300 857 536, international enquiries +61 2 6240 8740. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the *Privacy Act 1988*, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

## UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, we, Challenge Employment & Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your qualification 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 a computer or mobile device.

### Enter your Unique Student Identifier (USI) (if you already have one)

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## APPLICATION FOR UNIQUE STUDENT IDENTIFIER (USI)

If you would like us, Challenge Employment & Training, to apply for a USI on your behalf, you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-apply-their-behalf>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] \_\_\_\_\_ authorise Challenge Employment & Training to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

Town/City of Birth: \_\_\_\_\_ *(Please write the name of the Australian or overseas town or city where you were born)*

### Application for USI Declaration and Consent

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

Applicant Name:			
Applicant Signature:		Date:	

We will also need to verify your identity to create your USI. **Please provide details for one of the forms of identity below (numbered 1 to 8). Please ensure that the name written in the 'Personal Details' section is exactly the same as written in the document you provide below.**

### 1. Australian Driver's Licence

State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

### 2. Medicare Card

Medicare Card Number: \_\_\_\_\_

Individual Reference Number: \_\_\_\_\_ *(Next to your name on Medicare card)*

Card Colour:  Green      Expiry date (MM/YYYY): \_\_\_\_\_  
 Yellow      Expiry date (DD/MM/YYYY): \_\_\_\_\_  
 Blue      Expiry date (DD/MM/YYYY): \_\_\_\_\_

### 3. Australian Passport

Passport Number: \_\_\_\_\_

### 4. Non-Australian Passport (with Australian Visa)

Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

### 5. ImmiCard

ImmiCard Number: \_\_\_\_\_

### 6. Citizenship Certificate

Stock Number: \_\_\_\_\_ Acquisition Date (DD/MM/YYYY): \_\_\_\_\_

### 7. Certificate of Registration by Descent

Acquisition Date (DD/MM/YYYY): \_\_\_\_\_

In accordance with section 11 of the *Student Identifiers Act 2014*, Challenge Employment & Training will securely destroy personal information which we collect from individuals solely for the purpose of apply for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless the retention of personal information is required under Commonwealth and/or State or Territory government funding requirements.

I, \_\_\_\_\_  
**(Participant Name)**

hereby give consent for Challenge Employment & Training to request the following information regarding my participation:

I understand that my personal information is protected by the Privacy Act 1988 (Cth) amended with effect 12 March 2014; and Information Privacy Act 2009 (Qld) Current as at 23 September 2013 and Australian Privacy Principles. Information about me may also be protected by the Social Security (Administration) Act 1999 (for example, if I am receiving income support). My information may be shared between JobActive providers, the Department of Employment, Department of Human Services, Centrelink and other Australian Government departments and agencies, which enables the organisations to provide me with the most appropriate services to meet my needs.

Challenge Employment & Training will forward my resume to local employment opportunities and employers where my skills, experience and ability match the vacancy criteria. I understand that I may be contacted to provide information regarding services, promotions, and training or employment opportunities available through Challenge Employment & Training.

At anytime Challenge Employment & Training can contact employers or training providers (unless stated otherwise) for documentary evidence whilst still adhering to the Privacy Act 1988 (Cth) amended with effect 12 March 2014; and Information Privacy Act 2009 (Qld) Current as at 23 September 2013.

- **Employment:** Verify information relating to my employment which may include obtaining copies of pay evidence (e.g. pay slips, payroll summary), confirmation of employment start and end dates, confirmation of business closures, rate of pay, hours of employment, type of employment (e.g. part time, casual, full time) and length of employment (e.g. contract, permanent, temporary)
- **Education/Training:** Verify information relating to studies/training with the Education Institute/Registered Training Organisation including statement of results, copy of completed qualification, attendance verification (e.g. attendance roll), course title, study load, study dates (e.g. commencement, semester, completion)
- **NEIS:** Verify information relating to participation in the NEIS program with the NEIS Panel member providing training, mentoring and business support, business start and end dates, confirmation of business continuation, confirmation of NEIS assistance being received.
- **Apprenticeship/Traineeship:** Verify information relating to participating in an Apprenticeship or Traineeship with the Registered Training Organisation (RTO) or Australian Apprenticeship Support Network provider that a training agreement has been signed by both parties and obtain a copy of said agreement or a statement acknowledging that a signed agreement exists. This *may* include contacting the employer.

Challenge Employment & Training will keep your personal information in locked filing cabinets and/or stored on password protected computer systems. Only staff with a 'need to know basis' can access your information.

Challenge Employment & Training is a mandatory reporting agency and will be obliged to report to the relevant child protection state authority if we have reasonable grounds to suspect that a child or young person is at risk of significant harm. Challenge Employment & Training staff have also been instructed to report the disclosure of any serious offences to the police.

I also understand that I can withdraw my consent in writing at any time during my relationship with Challenge Employment & Training.

For more information about my privacy, I can ask Challenge Employment & Training, Department of Employment or visit <http://www.oaic.gov.au/>.

**By signing below I confirm that I understand the above and consent to Challenge Employment and Training exchanging my personal information.**

**Acknowledgement**

_____ Participant Name	_____ Participant Signature	_____ Date
_____ Employee Name	_____ Employee Signature	_____ Date

# Eligibility – Queensland Government Funding

This is an application form to see if you are eligible for government funding

## Eligible Participants are:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>. Australian citizens living in Queensland</li><li>. Permanent residents of Australia living in Queensland</li><li>. New Zealand citizens permanently residing in Queensland</li><li>. Refugee and Humanitarian Visa Holders living in Queensland</li><li>. Temporary Visa Holders living in Queensland with the necessary visa and work permits on the pathway to permanent residency, Bridging Visa's with work permits</li><li>. Any other individuals specified by the Department as eligible</li></ul> | <ul style="list-style-type: none"><li>. Must be 15 years or older not at school</li><li>. Must not be an employee of government departments, government agencies or local councils</li><li>. Must not be an apprentice or trainee</li><li>. Must not be living in the Cape York Region</li></ul> |
|---|--|

1. I am in receipt of Government income support Yes  go to Question 2  
*(Family Tax Part A -Child Payment does not exclude a participants eligibility – not counted as income support)* No  go to Question 3
2. I am accessing a Job Active Agency for support for 6 months or longer Yes   
\* You will need to provide evidence from your Job Active Agency No  go to Question 3
3. I have completed an Australian Certificate III or higher level qualification Yes   
No

4. If you have been known by a different surname please provide here \_\_\_\_\_

### Acceptable forms of evidence – for identification purposes

- Australian driver's licence (can be from any state/territory)
- Passport
- Medicare card (Green, blue or yellow)
- Birth Certificate (Full, not extract)
- Notification from Job Active Agency – provide if requested (see Question 2)

### APPLICANTS DECLARATION – Please acknowledge by ticking boxes and signing below

- I have read, understood and signed this **Eligibility Application Form**
- I have provided all the required evidence to meet the eligibility criteria

*I declare that, to the best of my knowledge, the information on this form and the supporting evidence supplied by me is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.*

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_