

Section 1 – Personal Details – All Students to Complete

Title	Select	Gender	Select
Surname		Date of Birth	
Given Names		Former Surname	
Middle Names		In Which Country were you born?	
		<input type="radio"/> Australia	<input type="radio"/> Other Country
		(If other, please specify)	

Residential Address

Number	Street
Suburb/City	
State	Post Code
Country	
Phone	
Email	

Mailing Address if Different from Residential Address

No or PO Box
Suburb/City
Country

Emergency Contact Details

Contact Name
Relationship
Phone

Section 2 – Unique Student Identifier (USI). If you do not have a USI please provide the following information as InTech can create one on your behalf.

From 1 January 2015, InTech 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). If you have not yet obtained a USI you can apply for it directly at www.usi.gov.au/create-your-USI

If you would like InTech 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 www.usi.gov.au/documents/privacy-policy

Unique Student Identifier (If known)	Town/City of Birth
	Country of Birth

Or I _____

Authorize Intech to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-policy>

Signature of Student	Date
_____	<input type="text"/>

I _____ hereby accept the form as signed.

License Details

Card Number
Expiry Date
Name on card

Medicare Details

Card Number
Card Color
Expiry Date
Name on card

Section 3 – Course Details

Course Pick Select course

Proposed Start Date

Delivery Location Select

Section 4 – Recognition of Prior Learning (RPL)

Current Skills and Knowledge

Do you believe that you have some skills and/or experience relevant to the course you want to study?

If YES would you like to be assessed to determine if you are eligible for RPL of that learning towards the course?

Please provide the Skills and Knowledge

Select date attained

If Yes – Please Provide brief details of those skills and knowledge and an assessor will contact you to discuss your circumstances and the recognition process and any impact on your studies

Section 5 – Student Education Details

Are you still attending school? No

What is the highest completed School level? Select

Which Year did you complete your highest school Level?

Had you completed Certificate 3 or Higher while still at school? No

Have you SUCCESSFULLY completed any of the following qualifications? (Please tick ALL applicable boxes)

- Bachelor Degree
- Higher Education Advanced Diploma
- Associate Degree Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate /Technician)
- Certificate III (or Trade Certificate)
- Certificate II
- Certificate I
- Certificate other than the above
- No, I have not completed any of the above qualifications

Section 6 – Funding Your Study

- Full Fee – (No govt subsidy – self payment)
- Subsidised (I am eligible for Government Funding- evidence is required) or
- Concession Fees (I am eligible for Government Funding as an individual in a Priority Population Group - evidence is required)

Section 7 – Citizenship and Residence status

- Australian citizen or Permanent resident
- Permanently residing in Queensland
- New Zealand Citizen permanently residing in Queensland
- Other

How well do you speak English?

- Very well
- Well
- Not well
- Not very well

Are you of Australian Aboriginal or Torres Strait Islander origin?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander

Which language do you mainly speak at home?

- English
- Other (please specify)

Section 8 – Other personal details (All students must fill this section)

Do you consider yourself to have a disability, impairment or long-term medical condition which is likely to affect your study? Select

Disclosing a disability is confidential (please tick all applicable boxes)

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

Which of the following categories, BEST describes your current employment status?

- Full-time/employee
- Part-time/employee
- Self-employed - not employing others
- Employer
- Employed - unpaid worker in a family business
- Unemployed - seeking full-time work
- Unemployed - seeking part-time work
- Not employed - not seeking employment

Of the following categories, which BEST describes your main reason for undertaking this study. (please tick ONE box only)

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

Section 9 – Employer Details – for Apprenticeship and Traineeships

Company Name
Supervisor Name
Supervisor position
Address
Mobile number
Work number

Job Service Provider (If applicable)

Company Name
Supervisor name
Address
Mobile number
Work number

Section 10 – Eligibility Criteria and declaration

Queensland Government Department of Education and Training Funded Programs:

Please complete eligibility checklist below and check all fields are completed prior submitting.

When submitting an application for enrolment into a qualification to be completed through the Higher Skills funding, you are required to meet the eligibility criteria for this program:

- I declare that the information I have provided on this form is true and correct.
- I understand that I will no longer be eligible for a subsidized training place under the Queensland Higher Level Skills Program once I have completed this qualification.
- I do not hold, nor am I currently undertaking a Cert 3 level qualifications or Higher (qualifications achieved through a school based traineeship pathway are excluded).
- I understand that it is a requirement of the program that I complete and return a **Training and Employment Survey** within 3 months of finishing or discontinuing my training.
- I understand that I must meet all relevant requirements associated with my chosen course, and/or funding arrangement, prior to my enrolment being accepted.
- I confirm that I give permission for a copy of my **completion Certificate** to be sent to my employer, once I have completed the course in full.
- I have been referred to any applicable fact sheets and information about Queensland Higher Level Skills Program <https://training.qld.gov.au/providers/funded/higher-level-skills>
- I understand that giving **false or incomplete information** may lead to the refusal of my application or cancellation of enrolment.
- I give InTech Institute of Technology permission to obtain **official records** from an education institution that I do and/or have attended.
- I understand that InTech **collects, stores and uses personal information** only for the purpose of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.
- I authorize InTech to contact me by SMS and Email.

By enrolling in this training program, I hereby give consent for any information collected to be used for research, statistical, analysis, program evaluation and internal management.

- I understand that this information can be shared with the relevant state funding authority (where applicable).
- I also understand that Intech reserves the right to request and retain evidence of identification for reason of confirming identity
- I understand If I have pre-existing debt with Intech Institute of Technology, grades will not be available until the pre-existing debt is cleared

Co-contribution fee :

- I have received details of student contribution fees requires to be paid and:
- I agree to pay the student contribution fee of to Intech Institute of technology.
- My employer agree to pay the student contribution fee of to Intech Institute of technology.
- Third party agree to pay the student contribution fee of to Intech Institute of technology.

Section 11 – **Student Declaration**

If your employer is paying student contribution fee to Intech Institute of technology, please provide details below

Student name

Course name

Course code

Declaration:

I authorize disclosure of all information relating to my course/fees to my employer

Student signature

I

hereby accept the form as signed.

Date:

*****Students who do not sign the above disclosure statement WILL remain liable for their own fee******

Employer Name

Postal Address

Phone

Fax

Email

Authorizing officer name

Position

Authorizing officer signature _____

Date

I

hereby accept the form as signed.

Section 12 – **Employer Details**

*If same as above then write 'As Above'

Employer Name

Supervisor Name

Postal Address

Supervisor position

Phone

Address

Email

Mobile number

Work number

Email

Section 13 – **Document Checklist**

I have provided the required enrolment evidence (valid and current), as outlined below, and attached to this enrolment form.

Proof of Birth

- Drivers license; Or
- Proof of age Card (18+); Or
- Birth Certificate; Or
- Aus/NZ/International Passport

Proof of Australian/NZ Citizenship

- Medicare Card (Green); Or
- Birth Certificate; Or
- Aus/NZ/International Passport

Evidence of QLD Residency

- QLD Drivers License (both sides); Or
- Health Care Card showing QLD Residential address; Or
- Utilities bill

Evidence of Permanent Residency (for students who are not Australian or New Zealand residents)

- Medicare Card (Green); Or
- Certificate of Evidence of Residence Status (CERS)
- A copy of permanent Visa or formal communication from the Department of Immigration showing approval of permanent Visa Status.

Student Name

Student Signature

Date

If student Under 18 then:

I _____ hereby accept the form as signed.

Parent/ guardian name

Parent/ guardian Signature

Date

I _____ hereby accept the form as signed.

*****Office use only*****

Intech officer's name

Intech officer's Signature

Date
