



RTO 20645

# Enrolment Pack Accredited Training

# 2020

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## Participant Personal Details/Enrolment Form 2020

An application for courses is accepted from any student who meets the course pre-requisites. Course places are limited and the demand may be high, candidates should apply early to ensure a place in the course of their choice.

### Application Checklist

- Complete this Application Form in its entirety – incomplete details may result in the form being returned to you and delay gaining a place in the course of your choice.
- Enclose Administration Fee.
- Provide notated/certified documentation of relevant qualifications as appropriate to the application.

Please return this completed form with attachments to:

Southern Grampians Adult Education Inc.

48 Thompson Street (PO Box 601) Hamilton Victoria 3300

Telephone : (03) 5571 9900

Email : [sgae@sgae.vic.edu.au](mailto:sgae@sgae.vic.edu.au)

RTO Code : 20645

Web : [www.sgae.vic.edu.au](http://www.sgae.vic.edu.au)

1. PERSONAL DETAILS					
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other
Given Name(s)*					
Family 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 SGAE to apply for a USI on your behalf, <b>you must write your name, including any middle names, exactly as written in the identity document</b> you choose to use for this purpose. See attached <b>USI application through SGAE (if you do not have one)</b> .					
2. Business Name					
Position:		Section:		Division:	
3. BIRTH DATE					
Date of Birth	Day	Month	Year		
4. CONTACT DETAILS					
Landline (Home)			Mobile		
Work phone			Email address 1		
			Alternative Email address 2 (optional)		
Website					
5. POSTAL ADDRESS (If different from your street address)					
Flat/unit details			Building/Property name		
Street/Lot number			Street name		
PO Box					
Suburb/locality/town			State/ Territory		Postcode
6. STREET ADDRESS (Address of your usual residence)					
<i>What is the address and postcode of the suburb, locality or town in which you usually live? 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. If you are from a rural area, use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>					
Flat/unit details			Building/Property name		
Street/Lot number			Street name		
Suburb/locality/town			State/ Territory		Postcode

**7. PARENT/GUARDIAN (If Participant is under 18 years of age)**

Name			Relationship	
Address				
Suburb				Postcode
Landline No.		Email		
Fax No		Mobile No		

**8. GENDER and CITIZENSHIP**

(Tick ONE box only)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other (Indeterminate/Intersex/Unspecified)	
In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – Please specify			
City of Birth				
Country of Citizenship				
Australian Citizenship Status (Tick One Only)	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> New Zealand Citizen	<input type="checkbox"/> Australian Permanent Resident	<input type="checkbox"/> Student Visa
	<input type="checkbox"/> Temporary Resident Visa	<input type="checkbox"/> Visitors Visa	<input type="checkbox"/> Business Visa	<input type="checkbox"/> Holiday Visa
	<input type="checkbox"/> Other Visa	<input type="checkbox"/> Permanent Humanitarian Visa	<input type="checkbox"/> Overseas – No Visa or Citizenship	
Do you identify as being of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal			

**9. EMPLOYMENT**

Of the following categories, which BEST describes your current employment status - *Tick ONE box only*

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

Which of the following classifications best describes your current or recent occupation?

<input type="checkbox"/> 1 – Managers	<input type="checkbox"/> 6 – Sales Workers
<input type="checkbox"/> 2 – Professionals	<input type="checkbox"/> 7 - Machinery Operators and Drivers
<input type="checkbox"/> 3 – Technicians and Trade Workers	<input type="checkbox"/> 8 – Labourers
<input type="checkbox"/> 4 – Community and Personal Service Workers	<input type="checkbox"/> 9 - Other
<input type="checkbox"/> 5 - Clerical and Administrative Workers	

Which of the following classifications BEST describes the Industry of your current or previous Employer

<input type="checkbox"/> A – Agriculture, Forestry and Fishing	<input type="checkbox"/> K – Financial and Insurance Services
<input type="checkbox"/> B – Mining	<input type="checkbox"/> L – Rental Hiring and Real Estate Services
<input type="checkbox"/> C - Manufacturing	<input type="checkbox"/> M – Professional, Scientific and Technical Services
<input type="checkbox"/> D – Electricity, Gas, Water and Waste Services	<input type="checkbox"/> N – Administrative and Support Services
<input type="checkbox"/> E - Construction	<input type="checkbox"/> O – Public Administration and Safety
<input type="checkbox"/> F - Wholesale	<input type="checkbox"/> P – Education and Training
<input type="checkbox"/> G – Retail Trade	<input type="checkbox"/> Q – Health Care and Social Assistance
<input type="checkbox"/> H – Accommodation and Food Services	<input type="checkbox"/> R – Arts and Recreation Services
<input type="checkbox"/> I – Transport, Postal and Warehousing	<input type="checkbox"/> S – Other Services
<input type="checkbox"/> J – Information, Media and Telecommunications	

10. LANGUAGE AND CULTURAL DIVERSITY			
Do you speak a language other than English at home?		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If more than one language, indicate the one that is spoken most often</i>	
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	If English is not your first language, have you undertaken an accredited TOEFL or IELTS test in the last 18 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If your response was Yes please attach notated/certified copy of evidence.            If your response was No you must provide notated/certified evidence of your current level of English.</i>			
11. EDUCATION HISTORY			
What is your highest COMPLETED school level? (Tick ONE box only)		<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
In which YEAR did you complete that school level?			
Are you still attending secondary school?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
12. DISABILITY			
Do you consider yourself to have a disability, impairment or long-term condition?		<input type="checkbox"/> YES – <i>Please refer to attached Disability Supplement</i> <input type="checkbox"/> NO - go to 13	
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list and you may indicate more than one area.			
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Learning <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Mental illness <input type="checkbox"/> Medical condition <input type="checkbox"/> Intellectual <input type="checkbox"/> Other ( <i>please specify</i> )			
13. PREVIOUS QUALIFICATIONS ACHIEVED			
Have you SUCCESSFULLY completed any of the following qualifications? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, please tick <b>one</b> of these Prior Education Achievement Recognition Identifies <b>any</b> applicable qualification level			
A – Australian		E – Australian equivalent	I – International
<i>Note: if you have multiple Prior Education Achievement Recognition Identifies for any one qualification, use the same priority order to determine which identifier to use.</i>			
	<b>A</b>	<b>E</b>	<b>I</b>
008 – Bachelor degree or higher degree			
410 – Advanced diploma or associate degree			
420 – Diploma (or associate diploma)			
511 – Certificate IV (or advanced certificate/technician)			
514 – Certificate III (or trade certificate)			
521 – Certificate II			
524 – Certificate I			
990 – Certificates other than the above			
Was your qualification achieved in Australia <input type="checkbox"/> Yes <input type="checkbox"/> No If No which country			

#### 14. SURVEY CONTACT STATUS (RTO Admin only field)

<input type="checkbox"/> A – available for survey use	<input type="checkbox"/> C – Correctional Facility (address or enrolment)	<input type="checkbox"/> D – Deceased Student
<input type="checkbox"/> E – Excluded from Survey Use	<input type="checkbox"/> I – Invalid address/itinerant student (very low likelihood of response)	<input type="checkbox"/> M – Minor under age of 15 – (not to be surveyed)
<input type="checkbox"/> O-Overseas address or enrolment		

#### 15. UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, we, Southern Grampians Adult Education 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 via computer or mobile device at <http://www.usi.gov.au/create-your-USI/>

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

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In providing my USI, I confirm SGAE is authorised to collect, use and disclose my student identifier for the purposes required under the Student Identifier Act 2014

I understand that I will receive notice regarding SGAE's use of this information to confirm my USI.

I understand that SGAE's name included in the notice may be different to the name they are familiar with – the name the organisation verifying my USI is SGAE.

I [NAME] .....authorise  
Southern Grampians Adult Education to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

- I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed in the USI Privacy Notice on page 7

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Drivers Licence                | <input type="checkbox"/> Medicare Card                          | <input type="checkbox"/> Passport (Australian)   | <input type="checkbox"/> Non Australian Passport |
| <input type="checkbox"/> Birth Certificate (Australian) | <input type="checkbox"/> Certificate of Registration by descent | <input type="checkbox"/> Citizenship Certificate | (with Australian Visa)                           |
|   |   |  | <input type="checkbox"/> Immicard                |

#### 16. VICTORIAN STUDENT NUMBER

This section is to be completed by **all students aged up to 24 years**

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years. Students should report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

Please enter your Victorian Student Number (VSN)

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If you have provided your VSN there are no more questions to answer.

If you do not have a VSN please complete the following questions.

<p>Have you attended any Victorian school since 2009, or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?</p>	<p><input type="checkbox"/> No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. <i>No more questions if you answered No above</i></p>
	<p><input type="checkbox"/> Yes – I have attended Victorian school since 2009 Most recent school attended is: _____</p> <p>And / or</p>
	<p><input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011 List the most recent training organisation(s) with which you have participated in training in Victoria since 2011 (List up to 3 training organisations).</p>

**17. EMERGENCY CONTACT**

Name		Relationship	
Landline No		Mobile No	

**18. QUALIFICATION/COURSE DETAILS OF THE COURSE YOU ARE ENROLLING IN TODAY**

Course Title			
Course Code			
Commencement Date	Termination/Completion Date:		
Course Title			
Course Code			
Commencement Date	Termination/Completion Date:		
Course Title			
Course Code			
Commencement Date	Termination/Completion Date:		

**19. RECOGNITION OF PRIOR LEARNING (RPL) & CREDIT TRANSFER (CT)**

*(Please refer to Student Handbook for further information on the procedures for applying for RPL or CT).*

Recognition of Prior Learning for (RPL)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Credit Transfer (CT)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**20. STUDY REASON**

Of the following categories, which best describes your main reason for undertaking this program/traineeship/apprenticeship - *Tick one box only*

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

**21. CONCESSION**

Do you believe you are eligible for concession  YES  NO (Z – None)

If you believe that you are entitled to a concession and it is not listed below please speak with our staff.

<input type="checkbox"/> E – Young people transitioning from care - concession	<input type="checkbox"/> G – VCE Scholarship	<input type="checkbox"/> H – Health Care Card	<input type="checkbox"/> I - Young people transitioning from care – non concession
<input type="checkbox"/> J – Jobseeker concession card holder - concession	<input type="checkbox"/> K – Jobseeker concession card holder – non concession	<input type="checkbox"/> M - Prisoner	<input type="checkbox"/> O - Other
<input type="checkbox"/> P – Pensioner Concession Card	<input type="checkbox"/> V – Veteran Gold Card	<input type="checkbox"/> X – Community Based Order	<input type="checkbox"/> Y – Fee waiver exemption letter from the Department

**22. EMPLOYER DETAILS (If applicable)**

Business Name		ACN/ABN	
Contact Person		Title	
Landline No.		Email	
Fax No		Mobile No	
Unit/Floor		Building/Property name	
Street/Lot number		Street name	
PO Box		Suburb/locality/town	
State/Territory		Postcode	

**23. PRIVACY STATEMENT & DECLARATION**

## Privacy Notice

Under the *Data Provision Requirements 2012*, Southern Grampians Adult Education is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Southern Grampians Adult Education for statistical, administrative, regulatory and research purposes. Southern Grampians Adult Education 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 party 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)).

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and the *Health Records Act 2001 (Vic)*.

*Collection of your data* - SGAEs are required to provide the Department with student and training activity data. This includes personal information collected in the SGAE enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

**SGAE** provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

*Use of your data* - The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate.

The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student

*Disclosure of your data* - As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

*Legal and Regulatory* - The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006 (Vic)*. The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014 (Cth)* and the *Student Identifiers Regulation 2014 (Cth)*.

*Survey participation* - You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. You may receive a student survey which may be administered by a government department or NCVER employee, agent, third party contractor or other authorised agencies. Please note you may opt out of the NCVER 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 NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

*Consequences of not providing your information* - Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

*Access, correction and complaints* - You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact SGAE's Compliance Manager in the first instance by phone 03 5571 9900 or email [jayne@sgae.vic.edu.au](mailto:jayne@sgae.vic.edu.au).

#### *Further information*

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>

### **USI Privacy Notice**

#### **Consent for collection, use or disclosure of personal information**

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](#) 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.

In accordance with section 11 of the *Student Identifiers Act 2014*, [RTO] will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicably



# Disability supplement

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## Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

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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:**

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.

### **‘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.

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# STUDENT CODE OF CONDUCT

As you have chosen to undertake training it is assumed that you will take personal ownership and responsibility for your success and behaviour.

## **Unacceptable behaviour includes:**

Continuous interruptions to the trainer whilst delivering the course content

- Smoking in non-smoking areas
- Being disrespectful to other participants and staff
- Harassment, intimidation, threats, violence of any kind (verbal, written, innuendo, physical etc.)
- Sexual harassment
- Cheating and plagiarism
- Acting in an unsafe manner placing yourself or others at risk
- Refusing to participate when required in group activities
- Continued absence at required times
- Being under the influence of alcohol or illegal drugs
- Acceptable personal presentation
- Breach of confidentiality
- Other objectionable behaviour

## **You have the right to:**

- be treated fairly with respect from others and without discrimination or harassment, regardless of religious, cultural, racial and sexual difference, age, disability or socio-economic status;
- be free from all forms of intimidation;
- work in a safe, clean, orderly and cooperative environment;
- have personal property (including computer files and your work) and SGAE's property protected from damage or other misuse;
- have any disputes settled in a fair and rational manner (this is accomplished by the Complaints Procedure);
- learn in an environment that is conducive to success;
- work and learn in a supportive environment without interference from others;
- apply to have existing skills and knowledge recognised;
- privacy concerning records containing personal information, (subject to other statutory requirements and other agreed uses);
- be given information about assessment procedures at the beginning of the unit and progressive results as they occur;
- appeal within twenty days of receiving notification of any decision made about late or missed assessment;
- lodge a complaint and have it investigated effectively without fear of retaliation or victimisation; and
- express and share ideas and to ask questions

**You have the responsibility to:**

1. participate in and complete fully all learning and assessment tasks as scheduled, honestly and to the best of your ability;
2. comply with the requirements of your student visa;
3. attend and participate fully in work experience or work placements if they are arranged for you;
4. provide medical certificates or evidence of extenuating circumstances in support of absenteeism;
5. advise SGAE **prior** to commencement of the training or work experience/placement day of absenteeism;
6. informing SGAE if you have any concerns or need for support related to the successful completion of your qualification;
7. treat staff and fellow students with respect and fairness. This includes but is not limited to:
8. following reasonable directions from a member of staff;
9. not behaving in any way that may offend, embarrass or threaten others;
10. not harassing fellow students or staff by for example using offensive language or making unwanted sexual advances;
11. taking care of facilities by not damaging, stealing, modifying or misusing property; and
12. acting in a safe manner that does not place you or others at risk.
13. ensure personal details are current and correct and provide an update to SGAE every 6 months;
14. not to smoke in non-smoking areas;
15. not to be under the influence of alcohol or illicit drugs; and
16. follow normal safety practices.

Note SGAE maintains zero tolerance in:

1. the consumption of or being under the influence of alcohol or illicit substances that affect a person during training or placement times;
2. discriminatory, harassing, abusive, threatening or violent behaviors of any kind whether physical or verbal

Breach of 1 and/or 2 will result in suspension and/or expulsion from your training program

Failure to meet any or all of SGAE standards or policies may result in suspension and/or expulsion from your training program.

I have read, understand and accept the conditions of the above Code of Conduct. I understand that a breach of the Code of Conduct may result in suspension and/or expulsion from my training program with SGAE.

## **AUTHORITY TO EXCHANGE INFORMATION**

For purposes directly related to my training and/or training contract and assessments as student

I authorise SGAE to:

1. share information directly related to my training and assessment with my employer;
2. gather information from previous employers which will assist in developing the most appropriate training plan or RPL process;
3. share academic or previous training information with other learning institutions I have attended;

I authorise SGAE to discuss my training, progress and information with my mother, father or legal guardian up to my 18<sup>th</sup> birthday at which time authority to communicate with them will cease:

- I give permission for SGAE to allow access of my records to State and Government Departments and Authorities as may be required from time to time.
- I acknowledge that SGAE is required to retain my training records for a period of 30 years. I acknowledge and agree that in the event that SGAE ceases to operate or is under new ownership that those records will be transferred to either ASQA or its equivalent at the time or to the new owners who will maintain equivalent levels of security and privacy in regards to those records.
- I agree to my photograph being taken and securely stored by SGAE with the understanding that the photograph will be used solely for SGAE internal reference purposes. Additional permission must be sought prior to any photograph of myself being used for any other purpose.
- I understand that SGAE will comply with the Privacy Act 1988 and subsequent amendments.

## **MEDIA AUTHORITY**

I give permission to SGAE to:

- take and electronically store one or more images of myself;
- produce one or more articles about myself, my business or other training/business related issue;
- produce one or more advertisements about myself, my business or other training/business related issue.

My permission is given with the following conditions:

- materials are to be used solely for the purposes of SGAE advertising/promotional materials and for no other purpose;
- a proof of all productions will be shown to me prior to use;
- all images, recordings etc. will be stored securely in an electronic form by SGAE;
- all images, recordings etc. will be managed as per the requirements of the Privacy Act 1988 and relevant updates;
- the duration of the agreement is 24 months;
- the permission can be rescinded by me in writing at any time.



## MEDICAL INFORMATION FORM

Does the student suffer from any of the following impairments? (please circle)

Hearing: Yes / No

Vision: Yes / No

Speech: Yes / No

Mobility: Yes / No

Please indicate any medical conditions or information that should be known:

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Is the student currently taking any medication? (please circle)

Yes / No

If yes, please provide details:

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Please circle if you suffer any of the following:

Asthma

Blackouts

Diabetes

Dizzy spells

Epilepsy

Fear of heights

Migraines

Travel sickness

Allergies to: (please specify)

Penicillin: \_\_\_\_\_

Drugs: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

Name of doctor (for emergencies):

Practice: \_\_\_\_\_ Contact number: \_\_\_\_\_

Student Medicare number:

Does the student have private health insurance? Yes / No

If YES; Health insurance provider:

Member number: \_\_\_\_\_

Ambulance number:

\_\_\_\_\_

# SGAE MOBILE PHONE & ELECTRONIC DEVICES

## Electronic Devices

This policy outlines the acceptable use of student mobile phones and electronic devices whilst attending SGAE. SGAE computers, laptops, iPads, Internet and electronic mail are provided for educational purposes only. SGAE is aware of the risks to student safety that exist in an online environment and endeavours to take every possible precaution to protect students when they are working in this environment.

### **Students are advised to:**

- use the computer resources and their internet account for educational purposes only
- observe copyright laws, including those relating to computer software and material published on the Internet
- respect the rights and privacy of other users
- report any obscene or offensive material they encounter

**Students are to understand that logs of their internet and email access will be kept and could be scanned at any time and that a program called Yeyon is now used on SGAE premises to visually monitor student computer use in real time.**

### **Students will not:**

- Use SGAE computers to play games, excepting educational games under the direction of a teacher or trainer
- Tamper with the system (which includes the network and personal laptops or desktop computers) in any way including, but not limited to, the storage of unauthorized software
- Bypass the proxy server to access Internet sites that have been banned or restricted
- Use another student's account or tamper with another student's account in any way
- Allow anyone else to use their account or give their password to anyone else
- Attempt to retrieve, view or disseminate any obscene, offensive, pornographic or illegal material
- Threaten or abuse any other user
- Send offensive, racist or sexist messages
- Send anonymous or falsely addressed email

### **Students realise that if they do not abide by the above rules, the following applies:**

- Students' Internet and internal email access may be withdrawn
- Students may be subject to other disciplinary action, including police intervention
- Students may not be able to continue with subjects in learning areas which require regular computer access

### **SGAE will:**

- Closely monitor all students' Internet use
- Notify parents/carers/police if inappropriate material has been accessed online
- Suspend the student's access if he/she has breached the SGAE expectations regarding computer and internet use
- Take all practicable steps to ensure that students are safe when utilising the Internet whilst at school
- Provide education around cyber-safety and correct Internet use

**Cyberbullying: "is a way of delivering covert psychological bullying. It uses information and communication technologies to support deliberate, repeated and hostile behaviour, by an individual or group that is intended to harm others." Belsey 2007**

## Mobile Phones

SGAE recognises that mobile phones and other electronic devices are ubiquitous and that there are times when it is genuinely appropriate and useful for students to have access to mobile phones – for travel, to contact someone in emergencies, to confirm or change a collection time. In the event of an emergency situation mobile phones will obviously be warranted but procedures ensuring student and staff safety are the priority, not videoing a situation or contacting others.

# Important

**Mobile phones must be either switched off or on silent with no vibration and placed in the secure receptacle on the teacher's desk prior to the commencement of class. Students may collect their phones during break and lunch times, or as instructed by the teacher, but must be returned at commencement of the lesson.**

Mobile phones:

may not be used to take photographs or film other individuals without their knowledge or permission

must not be used in spaces where a person can reasonably expect privacy, for example changing rooms, toilets, gym and swimming pools

# DISCLOSURE OF DISABILITY OR MEDICAL CONDITION

**CONFIDENTIAL**

Persons who consider that they have an illness, disability or other condition that might require special arrangements or assistance should complete this form.

Completion of this form is not compulsory but it will permit Southern Grampians Adult Education Inc. to make appropriate arrangements. Failure to notify Southern Grampians Adult Education Inc. of an illness, disability or other condition will make it difficult for Southern Grampians Adult Education Inc. to exercise appropriate duty of care and may well endanger safety.

No liability is accepted by Southern Grampians Adult Education Inc. or its employees, volunteers or representatives in regards to assistance provided to a student for illness, accident or emergency.

No liability is accepted by Southern Grampians Adult Education Inc. or its employees, volunteers or representatives in regards to a student's undisclosed physical or mental illness or disability being exacerbated in the course of the normal progress of training, excursion or placement.

The Trainer/Assessor will be pleased to discuss appropriate arrangements with you in confidence. The form will then be placed on your secure client file.

TYPE OF CONDITION: .....

.....

.....

.....

ASSISTANCE REQUIRED (if any): .....

.....

.....

## ACKNOWLEDGEMENT DECLARATION

Please read the declaration below carefully and ask your trainer or other Southern Grampians Adult Education Inc staff member for clarification of any item you do not understand. Please initial in the box next to the item you accept and sign the form below.

Initial	
	I have read and understand the policies, procedures and guidelines contained and referred to in the Student Handbook, and I agree to abide by these and any other policies which are provided to me for the duration of my enrolment for courses including any applicable work experience through Southern Grampians Adult Education Inc.
	I acknowledge and accept the conditions of the fees and refunds policies.
	I have read and will abide by the Student Code of Conduct
	I acknowledge and accept that it is my responsibility to advise Southern Grampians Adult Education Inc of any change in my contact details or circumstances as soon as possible after the event.
	I give authorisation for Southern Grampians Adult Education Inc to exchange information as per my instructions
	I have read and give permission to Southern Grampians Adult Education Inc to take and electronically store images of me and produce one or more articles and/or advertisements about me, my business or other training/business related issues.
	I have read and understand the Disclosure of Disability or Medical Condition that if I do not disclose a disability or medical condition which is later exacerbated or in affected in any way during or due to the training program Southern Grampians Adult Education Inc, its representatives or employees or other stakeholders will not be liable.
	I understand that as a trainee/student my Vocational Placement Host Employer will also provide policies and procedures pertaining to their business and workplace. If a policy duplicates a Southern Grampians Adult Education Inc policy I understand that I must abide by the policy and procedure which is of the highest level/quality. I accept that if I am in doubt I will consult either my Vocational Placement Supervisor or Southern Grampians Adult Education Inc representative.
	A Southern Grampians Adult Education Inc. representative has been available for discussion and clarification of the contents.

