PERSONAL DETAILS (Important – the details given must MATCH details of the ID provided)						
Family name:		Given names:				
Gender:	Male  Female  Other	Date of birth				
UNIQUE STUDENT IDE	ENTIFIER (USI) Statement of Atta	ainments cannot be release	d until a USI has been verified.			
From 1 January 2015, a	From 1 January 2015, an RTO can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when					
you complete your cours	se if you do not have a Unique Stud	lent Identifier (USI). In additio	n, we are required to include your USI in the data we			
submit to NCVER. If you	u have not yet obtained a USI you c	an apply for it directly at https	s://www.usi.gov.au/students/create-your-usi/.			
You may already have a	USI if you have done any nationally	y recognised training, which c	ould include training at work, completing a first aid			
or Responsible Service	of Alcohol course, getting a white ca	ard, or studying at a TAFE or	training organisation. It is important that you try to find			
out if you already have a	a USI before attempting to create a	new one. You should not hav	e more than one USI. To check if you already have a			
USI, use the 'Forgotten	USI' link on the USI website at <a create-usi"="" href="https://example.com/https&lt;/td&gt;&lt;td&gt;://www.usi.gov.au/faqs/find-yo&lt;/td&gt;&lt;td&gt;&lt;u&gt;our-us&lt;/u&gt;i&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Do you have a USI?&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;Yes (Provide here)&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;No (Read below)&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan=6&gt;Application for Unique Student Identifier (USI)&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;If you would People Imp&lt;/td&gt;&lt;td&gt;provers to apply for a USI on your be&lt;/td&gt;&lt;td&gt;ehalf, you must authorise us t&lt;/td&gt;&lt;td&gt;o do so and declare that you have read the privacy&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;•&lt;/td&gt;&lt;td&gt;hen-rto-applies-their-behalf. Y&lt;/td&gt;&lt;td&gt;ou must also provide some additional information as&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;noted below so that we&lt;/td&gt;&lt;td&gt;can apply for a USI on your behalf.&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;Do you give permissio&lt;/td&gt;&lt;td&gt;un for Paonla Improvers to Create&lt;/td&gt;&lt;td&gt;a USI on your behalf or cor&lt;/td&gt;&lt;td&gt;nplete an Existing USI search pursuant to sub-section&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;tifiers Act 2014, &lt;b&gt;for a USI on your&lt;/b&gt;&lt;/td&gt;&lt;td&gt;-&lt;/td&gt;&lt;td&gt;There are Existing our search pursuant to sub-section&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan=6&gt;Yes If so, you need to provide the Identification Details below&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td colspan=6&gt;No Student must register at &lt;a href=" https:="" www.usi.gov.au="" your-usi="">https://www.usi.gov.au/your-usi/create-usi</a>					
Once obtained your USI will be sent to the primary email address provided. To specify your gender as 'other' contact the USI Office.						
IDENTIFICATION DETAILS (ONLY REQUIRED IF YOU DO NOT HAVE A USI) Only 1 of the following required:						
	Licence number:					
Drivers Licence			State:			
Card number: (top right of rear of licence)						
	Card number:	<u> </u>				
	Name on card:					
	Card colour:					
Medicare card	Does the name appear on line 1	?				
	Expiry date:					
	Individual reference number:					



PERSONAL DETAILS CONTINUED								
City/ Town of birth:								
Phone:		Mobile:		Work:				
Work email:								
Alternative email:								
Which of the following	classifications	BEST describes y	our current occupat	ion? (Tick C	NE box o	nly)		
☐ 1- Managers	☐ 2- Profess	ionals	☐ 3- Technicians & Trade		☐ 4 – Community & Personal Service			
☐ 5 – Clerical & Admin	☐ 6- Sales		☐ 7- Machinery Ope	erator	□ 8 – La	abourers	□ 9- C	Other
Your Emergency contact:				Their mobile number:				
Address								
No. and street name:								
Suburb:	b: §		State:	Postcode:				
Postal Address (if differ	ent from above,							
Suburb:			State:			Postcode:		
In which country were you born? Australia Other – please specify:								
Are you Aboriginal or Torres Strait Islander origin?								
Do you speak a language other than English at home?  No, English only Yes, Other – please specify:								
How well do you speak English?			☐ Well	☐ Not we	ell			
How well do you understand written English?			☐ Very well	☐ Well	☐ Not we	ell		
How well do you write in English?			☐ Very well	☐ Well ☐ Not well				
Do you require assistance with <u>reading or writing English</u> in this course?								
Do you require assistance with numeracy in this course?								
What is your highest COMPLETED school level?								
☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 or equivalent ☐ Year 8 or lower ☐ Did not go to high school								



Do you consider yourself to have a disability, impairment or long-term condition?						
If YES, please indicate or provide more information (here)						
☐ Intellectual ☐ Learning ☐ Physical ☐ Hearing/Deaf ☐ Medical ☐ Mental Illness ☐ Acquired brain impairment ☐ Other						
EMPLOYMENT STATUS ☐ Full time	EMPLOYMENT STATUS ☐ Full time Employee ☐ Part-Time Employee ☐ Employer ☐ Self Employed					
Have you successfully completed any of the following qualifications?						
☐ Bachelor Degree or Higher Degree ☐ Advanced Diploma or Associate Degree ☐ Diploma (or Associate Diploma)		☐ Certificate IV (or Advanced Certificate/Technician ☐ Certificate III (or Trade Certificate) ☐ Other education, including overseas qualification, not list above. ☐ Certificate II				
CITIZENSHIP STATUS   Australian citizen   Permanent resident of Aust.   Overseas resident   Temporary visa holder						
		1				
COURSE NAME		LEVEL OF QUALIFICATION (ie Cert III, IV, Lean Leader, Short Course)				
Competitive Systems and Practices		Lean Leader Short Course				
RECOGNITION OF PRIOR LEARNI	ING (RLP) or CRE	EDIT TRANSFER				
Contact the RTO for details about recognition of your other training or experience.						
STUDY REASON						
Which of the following reasons BEST describes your main reason for undertaking this course?						
☐ To get a job	☐ It is a requirement of my job		☐ To try for a different career			
☐ To develop my existing business	☐ I want extra skills for my job		☐ To get a better job or promotion			
	To get into another course of study		For personal interest or self development			
EMPLOYER DETAILS						
Employer Business Name:			Phone:			
Employer Address:						
Contact name:			Email:			



## PRIVACY NOTICE AND APPLICANT DECLARATION

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. 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. 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.

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.

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 <a href="https://www.dese.gov.au/national-vet-data/vet-privacy-notice">https://www.dese.gov.au/national-vet-data/vet-privacy-notice</a>. You may receive a student survey which may be run by a government department or an NCVER employee or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

## I understand that:

The information provided by me in this application will be used by People Improvers for the purpose of administration, planning and communication. It may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes: Employer – if I am enrolled in training paid by my employer, Government departments and authorised agencies- if I am enrolled in training supported by the public training authorities.

The provision of this information is essential to determine my eligibility, and I consent to People Improvers obtaining personal information necessary for this purpose. Information provided will be held securely in line with the privacy section of the Student Handbook. By signing this form, I understand and will adhere to People Improvers and the relevant State Education and Training policies.

I have been provided with a copy of the Student Handbook, also available from <a href="www.peopleimprovers.com">www.peopleimprovers.com</a>, which provides details about: Assessment and issuance of qualification, Complaints and appeals, Cancellation & Refunds, Access and equity, Privacy and management of students records, Fees, Welfare and guidance services.

I acknowledge that the following has been fully explained to me: Qualification/course, Units of competence and the Duration of Training. I acknowledge that the information provided in this application is correct to my knowledge. I understand that providing false or misleading information may result in my removal from the course and render me ineligible to receive the stated qualification

And further: I provide permission for People Improvers or their agents to use video, photographs and profile information of myself for any lawful purpose without restriction or compensation to myself. I waive any right to inspect or approve the finished photographs or images or any copy that may be used in connection with the images or the use to which they are applied. I acknowledge that People Improvers retains the copyright subsisting in and is the owner off the said images. I am at least 18 years of age and legally, mentally and otherwise fully competent to enter into this agreement. I wish to opt-out of any said images being published

Student Name	Student Signature	Date

