



ACACIA GROUP PTY. LTD.

ABN: 66 132 666 338 RTO No: 91469.

Strengthen & Develop

Enrolment Form

Please complete all sections **in full**, using BLOCK LETTERS wherever possible.

1. Personal Details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____	Are you Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Given Names: _____	Are you Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No
Surname: _____	Do you have a permanent or significant disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> TG or not wishing to specify	If yes, please specify disability: _____
Date of Birth: ____/____/____	Do you need assistance due to this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth: _____	Are you a NSW social housing* resident or on the wait list? <input type="checkbox"/> Yes <input type="checkbox"/> No
Town/City of Birth: _____	Are you aged 15-17 and currently in out-of-home# care? <input type="checkbox"/> Yes <input type="checkbox"/> No
What language do you speak at home? _____	Are you aged 18-30 and previously in out-of-home# care? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Contact Details

Street Address: _____	Ph – Home: _____ Mobile: _____
Suburb/Town: _____ State: _____ P/code: _____	Alternative contact name: _____
Email: _____	Alternative contact number: _____

3. Citizenship Status

Australian Citizen NZ citizen residing in Australia Permanent resident (not an Australian or NZ citizen)
 Temporary visa holder – If so, please give details of your visa: Type: _____ Document number: _____

4. Education and Post-School Study

Highest school level completed: _____ Year: _____

Additional education qualifications: _____

Please note if any of your additional qualifications were Smart and Skilled subsidised, and the month/year commenced.
If you wish to apply for Recognition of Prior Learning (RPL), or Credit Transfer (CT) of previously completed units or qualifications, you must advise this prior to enrolment.

5. Course Selection

Smart and Skilled Subsidised Courses

<input type="checkbox"/> SIR20216 Certificate II in Retail Services	<input type="checkbox"/> SIR30216 Certificate III in Retail
<input type="checkbox"/> BSB20115 Certificate II in Business	<input type="checkbox"/> BSB30415 Certificate III in Business Administration
<input type="checkbox"/> CHC33015 Certificate III in Individual Support <i>specialising in</i>	<input type="checkbox"/> SIT30616 Certificate III in Hospitality^
<input type="checkbox"/> Ageing <input type="checkbox"/> Home and Community Care <input type="checkbox"/> Disability Support	<input type="checkbox"/> BSB40515 Certificate IV in Business Administration
<input type="checkbox"/> TLI31616 Certificate III in Warehousing Operations^	<input type="checkbox"/> BSB42015 Certificate IV in Leadership and Management^
<input type="checkbox"/> BSB30215 Certificate III in Customer Engagement	

Fee for Service Courses

<input type="checkbox"/> SITHFAB002 Provide responsible service of alcohol (RSA)	<input type="checkbox"/> SITHGAM001 Provide responsible gambling services (RCG)
<input type="checkbox"/> SITSS0005 Food Safety Supervision	<input type="checkbox"/> Food Safety Supervisor Recertification
<input type="checkbox"/> SITXFS001 Use hygienic practices for food safety	<input type="checkbox"/> SITHFAB005 Prepare and serve espresso coffee
<input type="checkbox"/> CHC33015 Certificate III in Individual Support <i>specialising in</i>	<input type="checkbox"/> TLI31616 Certificate III in Warehousing Operations
<input type="checkbox"/> Ageing <input type="checkbox"/> Home and Community Care <input type="checkbox"/> Disability Support	<input type="checkbox"/> CHC43015 Certificate IV in Ageing Support

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E-mail: info@acaciaeducation.com

www.acaciaeducation.com.au www.uctraining.com.au

6. Delivery Mode (Please tick applicable box/es)	
<input type="checkbox"/> Part-time (minimum 15 hours per week) <input type="checkbox"/> Full-time (minimum 25 hours per week) <input type="checkbox"/> Traineeship	<input type="checkbox"/> Online <input type="checkbox"/> Classroom – Location: _____ <input type="checkbox"/> Correspondence (Combined with face to face contact)
7. USI (Unique Student Identifier) COMPULSORY	
USI Number: _____ This compulsory number gives you access to all your training results from all nationally accredited training providers. You can obtain one from www.usi.gov.au Please see over for more information.	
8. Proof of Identification	
<input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medicare Card Colour: _____ Expiry: _____	
Please ensure you have attached a copy of your ID.	
9. Student Agreement	
<input type="checkbox"/> I have read, and agree to be bound by, the Terms and Conditions overleaf, and warrant that all information provided herein is true, and correct. I also authorise Acacia to obtain a USI on my behalf if I am unable to do so (please tick box).	
Applicant's signature: _____ Date: ____/____/____	
<i>If you are under 18 years of age</i> at the time of giving consent, then the consent of your parent/guardian is required:	
Print Full name of Guardian: _____	
Signature of Guardian: _____ Date ____/____/____	
10. JobActive Details (or other provider) (if applicable)	
Client ID (e.g. JSID): _____ Provider Name: _____ Location: _____ Long-term unemployed? (52 weeks or more) <input type="checkbox"/> Yes <input type="checkbox"/> No Welfare Status: <input type="checkbox"/> Welfare recipient* <input type="checkbox"/> Not a welfare recipient <input type="checkbox"/> Dependent child or spouse of a welfare recipient Payment Type (e.g. Newstart): _____ Please attach proof of benefit e.g. Centrelink Statement.	<input type="checkbox"/> Please tick this box if you would like a copy of your client's attendance and provide us with the following details. Consultant Name: _____ Contact Number: _____ Email: _____ <input type="checkbox"/> I confirm the applicants Aboriginal and/or Torres Strait Islander, long-term unemployed and disability statuses are as indicated on this form; I acknowledge any applicable enrolment and/or tuition fees will be payable as a result of this enrolment; and confirm I am a duly authorised representative of my organisation (please tick box). Signature: _____ Date: ____/____/____
Office Use Only	
Quote ID: _____ Commitment ID _____ Student Fee: _____	
<input type="checkbox"/> SMS <input type="checkbox"/> Wisenet <input type="checkbox"/> Confirmation of Enrolment <input type="checkbox"/> Matrix <input type="checkbox"/> Training Plan <input type="checkbox"/> Invoiced	

Terms and Conditions

Change of details:

If you change any of the details listed in your enrolment form, please notify Acacia Group in writing immediately. Failure to do so may see delays in forwarding updated material and/or your Certificate or Statement of Attainment.

Course Information:

You confirm you have been given access to information on the course you are enrolling in including estimated course duration, modes of delivery, and resources required. This information is available at www.acaciaeducation.com.au

Issue of Credentials:

Certificates, Statements of Attainment and other credentials will be available for collection from Acacia head office. Credentials attained through courses conducted at a JobActive or other providers will be sent to the address you supplied. A fee applies to the re-issue of lost or stolen credentials.

Student Guide to Policies and Procedures:

You agree to abide by the policies and procedures as detailed in the document "Student Guide to Policies and Procedures" regarding policies and procedures on Course Delivery, Training Environment, Recruitment and Selection of Students, Complaints and Appeals, Student Code of Conduct, Student Support Services, Workplace Health & Safety, Recognition of Prior Learning (RPL), Access to Records, Course Fees, Refunds, Privacy, and Quality Assurance and Improvement.

USI (Unique Student Identifier):

Your enrolment cannot be processed without your USI. If you don't already have one you can obtain one from www.usi.gov.au. You agree to set your access controls in relation to your USI to allow Acacia and the Department of Industry the appropriate level of access.

Use and disclosure of personal information to the Dept. of Industry and other government agencies:

You understand and agree that personal information (information or an opinion about you) collected from you, your parent or guardian, such as your name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including your ethnicity or health information) (together **Personal Information**) collected by Acacia may be disclosed to the Department of Industry, Skills and Regional Development (**Department**). The Department may disclose your Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales. The above government agencies may use your Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of your training, the determination of your eligibility to receive subsidised training or for any Fee Exemptions or Concessions.

Your Personal Information may also be disclosed to other third parties if required by law. You consent to the collection, use and disclosure of your Personal Information in the manner outlined above. You also acknowledge and agree that the Department may contact you by telephone email or post during or after

you have ceased subsidised training with Acacia for the purpose of evaluating and assessing your subsidised training.

Further information on the PROOF OF IDENTIFICATION section:

If you do not have a Driver's Licence, Passport or Birth Certificate, two of the following is acceptable: Medicare Card, Visa (with Non-Australian Passport), RTA/RMS Photo Card, Certificate of Registration by Descent, Citizenship Certificate or ImmiCard. If using a Medicare card, you must state the colour of the card and expiry date.

^ These qualifications are only available through a traineeship program

***For the purposes of Smart and Skilled, NSW Social housing is defined as:**

- public housing (owned and managed by the NSW Government)
- community housing (owned and/or managed by community housing providers)
- Aboriginal housing (owned and/or managed by the Aboriginal Housing Office (AHO) and Aboriginal Community Housing Providers)
- crisis accommodation/supported accommodation (Specialist Homelessness Services)
- private rental assistance managed by Housing NSW (for example: rental bond loans, tenancy guarantees, tenancy facilitation, and private rental brokerage).

#Out-of-home care

Young people currently or previously in out-of-home care may qualify for a fee-free scholarship. The term "out-of-home care" is defined in Section 135 of the *Children and Young Persons (Care and Protection) Act 1985* and refers to children or young people who are cared for by a person other than their parent, in a place that is not their usual home. Children and young people enter out-of-home care because they are in need of care and protection. There are two main types of out-of-home care:

Statutory care – where the Children's Court has made a Care Order placing the child or young person in the parental responsibility of the Minister for Family and Community Services.

Supported care – where the Secretary of Family and Community Services forms the opinion that the child or young person is in need of care and protection.

Children and young people in out-of-home care usually reside with relative/kinship carers, foster carers or in residential care services.

You may be asked to provide evidence to support your claim for a fee-free scholarship due to out-of-home care. The following evidence is acceptable: A copy of the current or expired Children's Court Care Order, OR a copy of the "Confirmation of Placement" letter, OR a letter from Family and Community Services or the Out-of-Home Care Designated Agency verifying that you are, or were, in statutory or supported care, OR a copy of the "leaving care" letter from the Minister for Family and Community Services, OR any other evidence which clearly shows that you are or were in out-of-home care