

## LEARNER APPLICATION/ENROLMENT FORM

Sections marked with \* must be completed. Completion of these sections is a regulation requirement. Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

PERSONAL DETAILS (Please print)					
Title:	*Given names:	iven names:		*Family name (surname):	
Other name(s	Other name(s): Former Surname:			Preferred name:	
*Date of Birth:	: / /	(dd/mm/yyyy)	*Ger	der: Male Female Unspecified	
*Unique Stude	ent Identifier (USI):		<u> </u>		
*Address of Usual Residence: (Please provide the physical address (street number and name not post office box) where you usuareside rather than any temporary address at which you reside for training, wo or other purposes before returning to your home)  Building/property name:  Flat/unit details: Street or lot number:			ually		
Street name: Suburb, locali	ty or town:				
State/territory:	•	e:		rb, locality or town: /territory: Postcode:	
Telephone Nu	ımbers: (home)	(w	vork)	(mobile)	
*Email:	Alterna	tive Email:			
Emergency C	ontact Person:			Relationship:	
*Emergency o	ontact phone numb	er(s):			
		LANGUAGE & CU	JLTURA	L DIVERSITY	
*Are you of All Islander	ooriginal or Torres S	trait Islander origin?	No;	☐ Yes, Aboriginal; ☐ Yes, Torres Strait	
☐ Australia ☐ N			rou speak a language other than English at home? ore than one language, indicate the one that is spoken most often). lo. English only 'es, other - please specify:		
*Citizenship S		stralian citizen r of temporary prote	ction vis	☐ A permanent resident of Australia ☐ Overseas Resident	
		DISA	ABILITY		
Do you consid	ler yourself to have	a disability, impairm	ent or lo	ng-term condition?	
☐ Yes			□No		
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)					
☐ Hearing/D	eaf	1	☐ Physi	cal	
☐ Intellectua	I		Learn	ing	
☐ Mental Illness		Acqui	Acquired Brain Impairment		
☐ Vision [			☐ Medical Condition		
Other, please describe:					

EDUCATION BACKGROUND				
What is your highest <b>COMPLETED</b> school level?  ☐ Year 12; ☐ Year 11; ☐ Year 10; ☐ Year 9; ☐ Year 8 or below; ☐ Never attended school				
Are you still attending secondary school?				
* Have you <b>SUCCESSFULLY</b> completed any of the following qualifications?   No. Yes, please tick any applicable boxes::				
☐ Bachelor Degree or Higher Degree	Certificate III (or Trade Certificate)			
Advanced Diploma or Associate Degree	☐ Certificate II			
☐ Diploma (or associate Diploma)	☐ Certificate I			
Certificate IV (or Advanced Certificate/Technician)	Other education (incl. certificate or overseas qualifications not listed above)			
EMPLOYMENT				
Of the following categories, which <b>BEST</b> describes yo	our current employment status? (Tick <b>ONE</b> box only)			
☐ Full time employee	☐ Employed - unpaid worker in a family business			
☐ Part time employee	Unemployed - seeking full - time work			
Self-employer - not employing others	Unemployed - seeking part-time work			
☐ Employer	☐ Not employed - not seeking employment			
STUD	Y REASON			
Of the following categories, which <b>BEST</b> describes yo course/traineeship/apprenticeship? (Tick <b>ONE</b> box or				
☐ To get a job	☐ It is a requirement of my job			
☐ To develop my existing business	☐ I wanted extra skills for my job			
☐ To start my own business	☐ To get into another course of study			
☐ To try for a different career	For personal interest or self-development			
☐ To get a better job or promotion	Other reasons:			
Language Literac	y and Numeracy (LLN)			
Simmonds & Bristow is committed to support all of its students in successfully completing their selected qualification/s or short courses. For S&B to best accommodate this, we ask that every learner select one of the following (if neither box is ticked, default is assumed no LLN support is needed):				
☐ I appreciate that S&B is interested in my LLN standards; however, I affirm that I do not require any assistance with LLN for the course I am choosing to undertake.	☐ I am unsure if my LLN standard is sufficient for the level of study I am undertaking. And I elect to complete the on-line LLN assessment to help with assessing my LLN level.  *If you've selected this option, a S&B staff member will contact you to arrange this assessment. The assessment will take about half hour.			
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ENROLMENT DETAILS
Please tick ( $\sqrt{\ }$ ) which course you wish to enrol in:
☐ NWP20119 CERTIFICATE II IN WATER INDUSTRY OPERATIONS
NWP20115 CERTIFICATE II IN WATER INDUSTRY OPERATIONS*;
☐ NWP30219 CERTIFICATE III IN WATER INDUSTRY OPERATIONS
NWP30215 CERTIFICATE III IN WATER INDUSTRY OPERATIONS**
NWP30315 CERTIFICATE III IN WATER INDUSTRY TREATMENT**;
☐ NWP40515 CERTIFICATE IV IN WATER INDUSTRY OPERATIONS
☐ NWP40615 CERTIFICATE IV IN WATER INDUSTRY TREATMENT
☐ NWP50118 DIPLOMA OF WATER OPERATIONS
* Superseded by NWP20119    ** Superseded by NWP30219
☐ OTHER SHORT COURSES/WORKSHOPS:
VIRTUAL TRAINING
Please tick ( $\sqrt{\ }$ ) which course you wish to enrol in:
NWPGEN017 (or NWPGEN001) Apply the risk management principles of the water industry standards, guidelines and legislation
NWPGEN002 Ensure compliance with water industry standards, guidelines and legislation
NWPGEN016 Interpret and comply with regulatory requirements
☐ BSBWHS308 (or BSBWHS303) Participate in WHS hazard identification, risk assessment and risk control processes
☐ BSBWHS414 (or BSBWHS404) Contribute to WHS risk management
☐ BSBWHS513 (or BSBWHS503) Lead WHS risk management
☐ TLIF4014 Develop and maintain a safe workplace
☐ NWPGEN005 Coordinate and monitor the application of environmental plans and procedures
NWPGEN019 (or NWPGEN004) Assess, implement and report environmental procedures
☐ NWPTRT020 (or NWPTRT043) Operate and control membrane filters
☐ NWPTRT022 (or NWPTRT052) Monitor and operate hypochlorite disinfection processes
☐ NWPTRT023 (or NWPTRT053) Monitor and operate ultraviolet processes
☐ NWPTRT036 (or NWPTRT081) Operate and control activated sludge processes
☐ NWPTRT038 (or NWPTRT083) Operate and control fixed film processes
☐ NWPTRT037 (or NWPTRT082) Operate and control nutrient removal processes
☐ NWPTRT040 (or NWPTRT092) Operate and control digestion processes
☐ NWPTRT039 (or NWPTRT091) Operate and control solids handling processes
Have you ever previously enrolled into a course delivered by Simmonds & Bristow?  No; Yes. If yes, what course did you do with us and roughly in which year? Your Simmonds & Bristow Learner Number (if known):

*PAYMENT (	Payment due 14 days prior to the commencement of the course)		
☐ Employer Purchase Order:			
Employer name:	P/O No.(if known):		
Credit card. Please fill in t	he details:		
Please circle: Visa / Master	card		
Card Number:	- <sup>-</sup>		
Expiry Date:/_ (mm/yy)	Verification code: (last three printed numbers on the back of the card)		
Amount: \$			
Card Holder Name:	Card Holders' Signature:		
<b>Notes:</b> A surcharge of 1.4% will be added to the total amount of payments made using the credit option when using MasterCard or Visa (a credit card or debit card).			
☐ Direct Debit Payment Pla	ın		
If you will pay the course fee as an individual and total course fee is over \$1500, your payment will be under a Direct Debit payment plan. We will send you a Direct Debit Request form to set up this plan.			
Other methods:			
Please contact Simmonds & E	Bristow to discuss other payment methods.		

Successful applicants will be notified of acceptance in writing on receipt and approval of this Form. Enrolment is subject to payment of the course fee.

Available Training Information	Enquiry	Postal Address for Assignments/Cheque/Survey
<ul><li>Training Service Brochure</li><li>Learner Orientation Booklet</li></ul>	Tel: 61 7 3434 3800 Fax: 61 7 3434 3899 Email:	Post: Simmonds & Bristow Training Coordinator,
All accessible via following website: www.simmondsbristow.com.au	training@simmondsbristow.com.au Website: www.simmondsbristow.com.au	PO Box 849, Archerfield, QLD 4108

## **NOTICE / DECLARATION**

1. Privacy Notice:

## **VET Data Use Statement**

Under the *Data Provision Requirements 2012*, Simmonds & Bristow 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 Simmonds & Bristow for statistical, administrative, regulatory and research purposes. Simmonds & Bristow 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 <a href="https://www.ncver.edu.au">www.ncver.edu.au</a>).

- 2. 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 above.
- I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Simmonds & Bristow.
- 4. I agree that it is my responsibility to update my personal details with Simmonds & Bristow, should they change, in order to receive updated course information or Certificate/Statement of Attainment.
- 5. I recognise that it is my responsibility to provide all necessary documentary evidence of my qualifications and studies and hereby authorise Simmonds & Bristow to obtain further information where necessary.
- 6. I agree to abide by the rules and regulations of the training facility and am aware of the Learner Policy of Simmonds & Bristow. I have accessed the Learner Orientation Booklet and have read and understood the learner policies in it.
- 7. I agree that the assessment material will become Simmonds & Bristow's property once submitted. I agree I am responsible to make a copy for my own record (if desired), before submitting this material.
- 8. Sometimes Simmonds & Bristow promotes training activities through marketing or course materials. I agree that Simmonds & Bristow may use my image from photographs taken by the trainer during training, and any quotes I have provided or comments I have made about the quality of S&B trainers and training services in S&B promotional material and activities\*. I understand that I will not receive a separate notice or request for approval if/when this happens. I understand that should I wish to withdraw my consent for this clause, I must do so in writing (via post or email) to <a href="mailto:training@simmondsbristow.com.au">training@simmondsbristow.com.au</a>. I understand withdrawing my consent regarding the use of my image/quotes/comments for promotional material will in no way impact my status as a Learner with Simmonds & Bristow.
  - \* Please note: information or discussion of your workplace, technology or operations is not included in this clause and remains confidential to the parties participating in the training and assessment activities.
- 9. I agree that, where my employer has paid all or part of my course fee expenses, I authorise Simmonds & Bristow to issue a copy of my qualification Certificate or Statement of Attainment to my employer. I understand that Simmonds & Bristow will post the original Certificate or Statement of Attainment to me directly, to the address I provided on this form.
- 10. I understand that Simmonds & Bristow complies with the Privacy Act 1988, and that information collected on learners is only used for the purpose of delivery of service and as required by law, or for compliance with RTO registration requirements.

11.	Please note that if your course is funded by any government funding program, separate	funding specific forms
	and/or documents maybe required.	

Applicant's signature:		Date	1	1
Parent/Guardian if applicant is under 18	B years of age:			
Name (print):	Signature:	Date	1	1