



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:	*Family name (surname):
Other name(s):	Former Surname:	Preferred name:
*Date of Birth: / / (dd/mm/yyyy)	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
*Unique Student Identifier (USI):		
*Address of Usual Residence: (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)		Postal Address: (if different from usual residence address)
Building/property name:		Building/property name:
Flat/unit details: Street or lot number:		Flat/unit details: Street or lot number:
Street name:		Street name:
Suburb, locality or town:		Postal delivery information (e.g. PO Box 254):
State/territory: Postcode:		Suburb, locality or town:
State/territory: Postcode:		State/territory: Postcode:
Telephone Numbers: (home)	(work)	(mobile)
*Email:	Alternative Email:	
Emergency Contact Person:	Relationship:	
*Emergency contact phone number(s):		
LANGUAGE & CULTURAL DIVERSITY		
*Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No; <input type="checkbox"/> Yes, Aboriginal; <input type="checkbox"/> Yes, Torres Strait Islander		
In which country were you born: <input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify:	Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often). <input type="checkbox"/> No. English only <input type="checkbox"/> Yes, other - please specify:	
*Citizenship Status:	<input type="checkbox"/> An Australian citizen <input type="checkbox"/> Holder of temporary protection visa	<input type="checkbox"/> A permanent resident of Australia <input type="checkbox"/> Overseas Resident
DISABILITY		
Do you consider yourself to have a disability, impairment or long-term condition?		
<input type="checkbox"/> Yes <input type="checkbox"/> 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)		
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Impairment	
<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition	
<input type="checkbox"/> Other, please describe:		

EDUCATION BACKGROUND

What is your highest **COMPLETED** school level?

Year 12 ; Year 11; Year 10; Year 9; Year 8 or below; Never attended school

Are you still attending secondary school? Yes No

* Have you **SUCCESSFULLY** completed any of the following qualifications? No. Yes, please tick any applicable boxes::

<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma (or associate Diploma)	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Other education (incl. certificate or overseas qualifications not listed above)

EMPLOYMENT

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

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Employed - unpaid worker in a family business
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Unemployed - seeking full - time work
<input type="checkbox"/> Self-employer - not employing others	<input type="checkbox"/> Unemployed - seeking part-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed - not seeking employment

STUDY REASON

Of the following categories, which **BEST** describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick **ONE** box only)

<input type="checkbox"/> To get a job	<input type="checkbox"/> It is a requirement of my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other reasons:

Language Literacy 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*) :

<input type="checkbox"/> 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.	<input type="checkbox"/> 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.
--	--

ENROLMENT DETAILS

Please tick (✓) which course you wish to enrol in:

- NWP20119 CERTIFICATE II IN WATER INDUSTRY OPERATIONS
- NWP30219 CERTIFICATE III IN WATER INDUSTRY OPERATIONS
- NWP40515 CERTIFICATE IV IN WATER INDUSTRY OPERATIONS
- NWP40615 CERTIFICATE IV IN WATER INDUSTRY TREATMENT
- NWP50118 DIPLOMA OF WATER OPERATIONS

OTHER SHORT COURSES/WORKSHOPS: _____

VIRTUAL TRAINING

Please tick (✓) which course you wish to enrol in:

- NWPGEN024 Identify the role and functions of the water industry
- NWPNET030 Identify and respond to water quality problems
- NWPGEN028 Investigate and report breaches of water industry legislation
- NWPGEN026 Provide and promote customer service
- NWPGEN016 Interpret and comply with regulatory requirements
- NWPTRT036 (or NWPTRT081) Operate and control activated sludge processes
- NWPTRT039 (or NWPTRT091) Operate and control solids handling processes
- TLIF4014 Develop and maintain a safe workplace
- BSBWHS308 (or BSBWHS303) Participate in WHS hazard identification, risk assessment and risk control processes
- BSBWHS414 (or BSBWHS404) Contribute to WHS risk management
- NWPTRT037 (or NWPTRT082) Operate and control nutrient removal processes
- NWPTRT040 (or NWPTRT092) Operate and control digestion processes
- NWPGEN017 (or NWPGEN001) Apply the risk management principles of the water industry standards, guidelines and legislation
- NWPGEN019 (or NWPGEN004) Assess, implement and report environmental procedures
- YOUR DUTY TO NOTIFY Environmental Incident Reporting Responsibilities

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 the details:

Please circle: **Visa / Mastercard**

Card Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _ _

Expiry Date: __ / __ (mm/yy) Verification code: _ _ _ (last three printed numbers on the back of the card)

Amount: \$ _____

Card Holder Name: _____ Card Holders' Signature: _____

Notes:

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 Plan

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 & 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 style="list-style-type: none">• Training Service Brochure• Learner Orientation Booklet All accessible via following website: www.simmondsbristow.com.au	Tel: 61 7 3434 3800 Fax: 61 7 3434 3899 Email: training@simmondsbristow.com.au Website: www.simmondsbristow.com.au	Post: Simmonds & Bristow Training Coordinator, 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 www.ncver.edu.au).

- 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.
- 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.
- 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.
- 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.
- 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.
- 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 training@simmondsbristow.com.au. 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.*
- 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.
- 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.
- Please note that if your course is funded by any government funding program, separate funding specific forms and/or documents may be required.

Applicant's signature: _____ **Date** / /

Parent/Guardian if applicant is under 18 years of age:

Name (print): _____ **Signature:** _____ **Date** / /