



CONSTRUCTION TRADE QUALIFICATIONS

"Builders Educating Builders"
RTO# 41158

Head Office: Shop 11B Ebbtide Mall
The Entrance Rd, The Entrance NSW 2261

☎ **1300 270 539**
www.ctq.edu.au

Enrolment Form

TRAINING PROGRAM OR TRAINEESHIP DETAILS

Qualification Code and Title					
Delivery Method	Classroom	Traineeship	Work-based (non T/ship)	Blended	Apprenticeship
How did you find out about this training?					
Program Type	CLASSROOM	State Funded Program (Full Qual Entitlement) State Funded Program (Targeted Priorities) TNI – Statement of Attainment Fee For Service			
	TRAINEESHIP or APPRENTICESHIP	New Entrant (Full Time) Existing Worker (Full Time) NSW School Based T/ship	New Entrant (Part Time) Existing Worker(Part Time)		
	WORK BASED/ BLENDED	State Funded Program	Fee For Service		
Salutation (Miss, Mrs, Mr, etc)				DOB	DD / MM / YYYY
Student Legal Name Please ensure this is the same as what was used to create your USI & ID					
Residential Address	Building/property name	Flat/unit details	Street Number & Name		
Suburb			State/Terr	P/Code	
Postal Address					
Telephone (Home)				Mobile	
Email Address					
Gender (Please Tick)	Male	Female	Not Specified/Other		

USI – UNIQUE STUDENT IDENTIFIER

From 1 January 2015, CTQ Construction Trade Qualifications 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). In addition, we are required to include your USI in the data we submit to National Centre for Vocational Education Research Ltd (NCVER). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance

Unique Student Identifier

All students undertaking nationally recognised training delivered by an RTO (Registered Training Organisation) will need to have a USI (Unique Student Identifier)

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EMERGENCY CONTACT DETAILS

Next of Kin

Contact Mobile		Contact Home/ Work	
Relationship			

Which best describes your main reason for doing this training? (tick one only)	To develop my existing business To start my own business To get a job To try for a different career To get a better job or promotion To get skills for community/voluntary work It is a requirement of my job I wanted extra skills for my job To get into another course of study For personal interest or self-development Other Reason _____
What best describes your current situation?	Full time employee Part time employee Self Employed – not employing others Self Employed – employing others Employed – unpaid worker in a family business Unemployed - seeking full time employment Unemployed - seeking part time/ casual work Unemployed - not seeking employment at present Other (please state) _____

NEW SOUTH WALES STATE SPECIFIC DETAILS

Do you currently live in NSW	Yes	No
Are you living in NSW social housing; or are you/the household on the NSW Housing Register?	Yes	No
Is the student registered or intending to be registered in an Apprenticeship or Traineeship for this qualification in NSW?	Yes, registered as an Australian Apprentice/Trainee Yes, intending to be an Australian Apprentice/Trainee No	
Have you undertaken any other Smart and Skilled Qualifications this Calendar year?	Yes	No
Are you currently in Out of Home Care & aged 15-17 Or Have you previously been in Out of Home Care & aged between 18 – 30? <i>Statutory Care – under a Childrens Court Care Order Supported Care – FACS determine person in need of care Children & young people in Out-of-home care usually reside with relative/kindship carers, foster carers or in resident care services.</i>	No I am not/have not been in Out of Home Care Yes I am in Out of Home Care & aged 15-17 Yes I have been in Out of Home Care & aged 18-30	
Are you over 15yrs of age & experiencing or have experienced Domestic or Family Violence	No I am not experiencing or have experienced domestic or family violence Yes I am over 15yrs of Age and are/have experienced Domestic or Family Violence If Yes – please provide a letter of recommendation from a Domestic & Family Violence Service, Refuge or other support Agency.	

REFUGEE OR HUMANITARIAN STATUS

Are you a refugee on: <ul style="list-style-type: none"> Protection or Temporary Protection Visa Safe Haven Enterprise Visa Humanitarian Visa Asylum Seeker – Temporary Visa Asylum Seeker – Bridging Visa 	No Yes (please state) <hr/> <hr/>
Office use only – enrolled under a waiver?	Yes No

BACKGROUND DETAILS

Citizenship (Please tick) What is your residency status?	Australian Citizen Australian Permanent Resident New Zealand Citizen Temporary Visa Humanitarian Visa Other/None of the above (please state).....	
Country of Birth	Nationality	Town of Birth
Are you of Aboriginal or Torres Strait Islander origin?	Aboriginal Torres Strait Islander Neither	
What is your main spoken language?	English Other (please state)	
If English is your second language, how well do you speak English?	Not at all Not well Well Very well	
Preferred learning method?	Audio (sound/hearing) Visual (pictures/images) Kinaesthetic (practical/hands on)	

DISABILITY STATUS

Do you have a disability, impairment or long-term condition <i>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</i>	Student has / I have a disability Student is / I am a dependent child or spouse of a person in receipt of a disability support pension No disability		
Please indicate Disability Assessment Type <i>Please provide evidence of your Disability & Assessment</i>	Recipient of Disability Support Pension Assessed by specialist support professional as a student with disability		
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) from the list: <i>See "Disability Supplement" (at the end of this form) for additional information to assist with answering this question</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Vision Impaired Physical Learning Difficulties Acquired Brain Injury Disabled Not Defined </td> <td style="width: 50%; border: none;"> Hearing Impaired Intellectual Mental Illness Medical Condition Other </td> </tr> </table>	Vision Impaired Physical Learning Difficulties Acquired Brain Injury Disabled Not Defined	Hearing Impaired Intellectual Mental Illness Medical Condition Other
Vision Impaired Physical Learning Difficulties Acquired Brain Injury Disabled Not Defined	Hearing Impaired Intellectual Mental Illness Medical Condition Other		

Standards for Registered Training Organisations (RTO) 2015 require CTQ to ascertain the learner levels of students prior to training. Do you require any specific assistance, equipment or adaptive technology to support your disability or learning?

Language (English) Disability Hearing Impaired Drug/ alcohol education Mental/ sexual/ dental health Resume writing & interview techniques	Literacy Vision Parental Flexibility Financial affairs advice Cultural awareness	Numeracy Transport Nutrition	No Yes <hr/> <hr/>
If you are taking medication, will it affect your use of machinery? If yes, please list	Yes No		
Will Construction Trade Qualifications require any further information from your doctor, specialist, employment consultant or your family to better assist you?	Yes No		

WELFARE STATUS

Are you a Centrelink Concession Card Holder?	No Yes (please attach copy of your CRN Card, Concession card, Pensioner Card, Health Care Card)
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If you answered Yes above, were you in receipt of Welfare/Centrelink Assistance etc at the start of the training program?	Yes - Student is / I am a welfare recipient Yes – Student is / I am a Dependent child or spouse of a welfare recipient Not a welfare recipient	
If you answered yes to the above, please specify the type of Welfare	<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Exceptional Circumstance Relief Payment <input type="checkbox"/> Family Tax Benefit Part A – Maximum Rate <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Pensions <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance

EMPLOYMENT SERVICE PROVIDER

Are you registered with an Employment Service Provider? <i>Job Active/Disability Employment Service/Disability Management Service</i>	Yes No
Who is your Employment Service Provider?	
Consultant name & contact details	Name _____ Phone _____ Email _____
What is your Jobseeker ID or CRN?	
Did your Employment Service Provider refer you to your Job/Training? If yes what is the referral ID for this Job/Training?	Yes No Referral ID _____
What are your assessed work capacity hours/benchmark hours per week?	
Are you long term unemployed? (proof of LTU must be provided to show that you have been unemployed for 52 consecutive weeks or more.)	Yes No

SCHOOLING AND EDUCATION

Are you still enrolled in secondary or senior secondary education?	Yes No
High School Level Completed ?	Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or equivalent Year 8 or below <div style="text-align: right;">Never attended school</div>
High School attended	
In what year did you Complete?	
Were you Home Schooled?	Yes No
Have you SUCCESSFULLY completed any other qualifications at School or since leaving school/ turning 17 years of age?	Yes No

Qualification Title & Levels completed	Tick level	Title of Qualification
	Foundation	_____
	Certificate I	_____
	Certificate II	_____
	Certificate III	_____
	Certificate IV	_____
	Certificate IV or above with Acquired Disability	_____
	Diploma	_____
	Advanced or Associate Diploma	_____
Bachelor Degree or Higher Degree	_____	
Other education (including certificates or overseas qualifications not listed above) _____		

RECOGNITION OF PRIOR LEARNING



Are you applying for Recognition of Prior Learning OR Credit Transfer?	Yes	No	
What experience or qualifications do you have to support your application?			

EMPLOYMENT DETAILS - IF APPLICABLE

Business Name			
ABN			
Business /Head Office Address			
Workplace/Site Address			
Host Employer Details (Company name & address)	If applicable		
Contact Person			
Contact Email			
Telephone (Bus)		Mobile	
Industry/ Main Activity			

FEES AND CHARGES

<ul style="list-style-type: none"> Prescribed Administration/Student fees may apply to State Funded training programs Concessions/exemptions may apply 	Course Cost/Fee for Service Cost \$ _____ or Student /Administration Fee \$ _____	
Who is responsible for paying the associated Cost/ Fee?	Employer Myself Job Active Provider DES Provider Not applicable	

<p>Payment method</p>	<p>Please check one box below:</p> <ul style="list-style-type: none"> • 1. Credit / Debit Card (See below) • 2. Cash - (Direct deposit into banking details below using your full name as a reference) • 3. Cheque – (Payable to Construction Trade Qualifications Pty Ltd) • 4. Epos • 5. Electronic Funds Transfer (EFT) <p style="text-align: right;"> Institution: Commonwealth Bank Account Name: Construction Trade Qualifications PTY LTD BSB: 062 606 Account Number: 1033 7656 </p>
<p>Credit Card Authority to charge</p>	<p>Please charge the Credit card Part payment amount of -</p> <p>Credit/Debit Card: <i>Note – Credit card transactions incur a 2% fee</i> Authorized amount to deduct – Amount: _____</p> <p>Card Type (circle):  or </p> <p>Credit Card Number: _____</p> <p>CCV _____</p> <p>Expiry (Month / Year): ____ / ____</p> <p>Card Holder Name: _____</p> <p>Card Holders Signature: _____ Date: _____</p>

NSW STUDENT DECLARATION

CONSENT TO USE & DISCLOSURE OF PERSONEL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES

I _____
(First, middle and last Name)
Of _____
(Residential Address)
With Date of Birth _____

Understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) (together **Personal Information** collected by Construction Trade Qualifications) may be disclosed to the Department of Industry (**Department**).

The Department may disclose my Personal Information to other Australian Government agencies, including those located in States & Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their Government function, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law. I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with Construction Trade Qualifications for the purposes of evaluating and assessing my subsidised training.

Student Legal Name

Signature of Student

Date:

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required

Name of guardian

Signature of parent / guardian:

(If under 18 years)

Date:

PRIVACY INFORMATION

Construction Trade Qualifications Privacy Policy

Construction Trade Qualifications takes the privacy of participants very seriously and complies with all legislative requirements. These include the Australian Privacy Principles set out in the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* and relate to the *Privacy Act 1988*.

For information about your privacy visit www.oaic.gov.au or please consult our Privacy Policy on our website, your participant handbook which will be provided to you at induction or speak with one of our staff at a CTQ Office.

Identification

If you chose not to provide identification evidence Construction Trade Qualifications may not be able to provide you with training services or issue appropriate qualifications.

USI Privacy

Construction Trade Qualifications seeks your consent to collection, use and disclose of your USI and associated personal information in line with the Student Identifiers Act 2014. Your personal information will not be shared or disclosed other than as described, without your consent.

Full USI Privacy policy details can be found at <https://www.usi.gov.au/documents/privacy-policy>

FEES AND REFUNDS POLICY

All States - Fee for Service Program Delivery, the following will apply:

- Learners who give notice to cancel their enrolment more than 10 days prior to the commencement of a program will be entitled to a full refund of fees paid.
- Learners who give notice to cancel their enrolment less than 10 days prior to the commencement of a program will be entitled to a 75% refund of fees paid. The amount retained (25%) by CTQ is required to cover the costs of staff and resources which will have already been committed based on the student’s initial intention to undertake the training.
- Learners who cancel their enrolment after a training program has commenced will not be entitled to a refund of fees.

NSW Smart & Skilled the following will apply:

When a Student withdraws from a Training/Course after Enrolment the following will apply:

Withdrawal without penalty

Students who withdraw from the Smart and Skilled training program prior to Induction & Commencement of Training will not be invoiced a student fee.

The Induction date will be known as the “Withdrawal with no penalty Cut-off Date”

Withdrawn after the cut-off date

A student who withdraws post Induction and Commencement of Training not be Eligible for a Refund of Fees payable, please see Deferring Student Section of the Policy

The student or employer will be provided with a Statement of Fees paid and any refund if applicable.

Deferring Students

A Student may defer their training/course for up to 12 months from your initial enrolment. If a student returns to training within that 12month period a new Smart and Skilled Fee will not be charged.

If you do not return to your training/course within that 12 month period, you will be reassessed via NSW Smart and Skilled to determine the appropriate fee at the time of your new enrolment.

Discontinuing Students – students who have withdrawn, cancelled or been ceased traineeship employment.

Where a student is unable complete their Training/Course due to Provider closure or where the provider is unable to continue to deliver Smart and Skilled a refund based on % of qualification yet to be completed, will refunded.

**NOTE – Withdrawal from a course/training program or Traineeship must be made in writing to
Construction Trade Qualifications - admin@ctq.edu.au**

ALL STUDENTS – PRIVACY STATEMENT AND STUDENT DECLARATION

Privacy Notice

Under the Data Provision Requirements 2012, Construction Trade Qualifications 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 and your training activity data) may be used or disclosed by Construction Trade Qualifications for statistical, regulatory and research purposes. Construction Trade Qualifications may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at www.ncver.edu.au).

Student Declaration and Consent

- 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 hereby release my Unique Student Identifier (USI) Number to Construction Trade Qualifications for the purpose of reporting to the Student Identifiers Registrar
- I declare that I have received information about the qualification, training course or program and wish to enrol in this training.

Student Legal Name			
Signature of Student		Date:	
Signature of parent / guardian (If under 18 years)		Date:	

EMPLOYER DECLARATION – IF APPLICABLE

- I understand that Construction Trade Qualifications will provide training to my employee and seek my input and contribution throughout the duration.
- I understand and acknowledge that Construction Trade Qualifications will not issue any qualification or Statement of Attainment until associated fees have been paid.
- I confirm that all information supplied by me is true and correct.

Company Name:			
Company Contact:			
Signature:		Date:	