

# STUDENT ENROLMENT FORM

This form is to be completed in full by all new and continuing students

- Use BLOCK LETTERS
- Return to Registered Training Organisation (RTO) with a copy of one of the following forms of photo identification:  
Drivers' Licence, 18+ Card, Australian Passport

**CSTC Pty Ltd**  
Registered Training Organisation (RTO) National Code: 0699  
ABN: 85 078 440 105  
PO Box 51, Moorooka QLD 4105  
07 3373 8888 | [brisbane@cstc.org.au](mailto:brisbane@cstc.org.au)

## 1. ENROLMENT DETAILS

**Student status** (Tick one only)      I am a new student                          I am a continuing student

**Unique Student Identifier (USI)**

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 **I authorise CSTC Pty Ltd may apply for a USI on my behalf, pursuant to s9(2) of the *Student Identifiers Act 2014***  
I have read the Student Handbook Privacy Notice with regards to the application for a USI.

**Which of the following best describes your main reason for undertaking this course / traineeship / apprenticeship?** (Tick one only)

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

## 2. STUDENT DETAILS

**Title (Mr/Mrs)**

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**Given name**

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**Middle name**

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**Date of birth**

dd	mm	yy
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**Surname**

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**Preferred name**

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**Gender** (Tick one only)      Male                          Female                          Other

**Country of birth**

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**Town / city of birth**

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**Aboriginal or Torres Strait Islander origin** (Tick all that apply)      No                          Aboriginal                          Torres Strait Islander

## 3. CONTACT DETAILS

**Work phone number**

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**Mobile phone number**

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**Home phone number**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Email address**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Alternative email address (optional)**

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**Usual residential address**

**Building / property name**

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**Flat / unit details**

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**Street or lot number**

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**Street name**

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**Suburb, locality or town**

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**State**

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**Post code**

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**Country**

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**Postal address (if different from usual residential address)**

**PO Box**

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**Street or lot number**

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**Street name**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Suburb, locality or town**

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**State**

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**Post code**

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**Country**

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4. EMERGENCY CONTACT DETAILS

Contact name

[Grid for contact name]

Relationship to student

[Grid for relationship to student]

Contact's phone number

[Grid for contact's phone number]

5. EMPLOYMENT DETAILS

Which of the following best describes your current employment status? (Tick one only)

- 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 work, Unemployed - seeking part-time work, Not employed - not seeking employment

Employment details (If applicable)

Current industry of employment

[Grid for current industry of employment]

Length of time in industry

[Grid for length of time in industry]

Occupation

[Grid for occupation]

Business name of employer

[Grid for business name of employer]

Immediate supervisor's name

[Grid for immediate supervisor's name]

Immediate supervisor's phone number

[Grid for immediate supervisor's phone number]

Immediate supervisor's email address

[Grid for immediate supervisor's email address]

6. LANGUAGE AND SUPPORT

Do you speak a language other than English at home? (Tick one only)

- No, English only, Yes (Specify primary language):

[Grid for specifying primary language]

Will you require assistance with any of the following? (Tick all that apply)

- Language, Literacy, Numeracy

7. SCHOOLING DETAILS

Are you still attending secondary school? (Tick one only)

- No, Yes (School Name):

[Grid for school name]

What is your highest completed school level? (Tick one only)

- Year 12 or equivalent, Year 11 or equivalent, Year 10 or equivalent, Year 9 or equivalent, Year 8 or below, Never attended school

8. DISABILITY, IMPAIRMENT OR LONG TERM CONDITIONS

Do you consider yourself to have one of the following disabilities, impairments, or long term conditions? (Tick all that apply)

- Hearing / deaf, Physical, Intellectual, Learning, Mental illness, Acquired brain impairment, Vision, Medical condition

Other (please specify):

[Grid for other conditions]

I do not have a disability, impairment or long term condition

9. PREVIOUS QUALIFICATIONS

Have you successfully completed any of the following qualifications? (Tick all that apply)

- Bachelor degree or higher degree, Advanced diploma or associate degree, Diploma (or associate diploma), Certificate IV (or advanced certificate/technician), Certificate III (or trade certification), Certificate II, Certificate I, Other education (including certificates or overseas qualifications not listed above), I have not successfully completed any of the listed qualifications

**10. NOMINATED COURSE**

COURSE NAME																COURSE DATE			PRICE
																dd	mm	yyyy	

**11. ACKNOWLEDGEMENT OF ENROLMENT AND RELEASE OF INFORMATION**

Please sign below to acknowledge:

- I declare that the information I have provided to the best of my knowledge is true and correct. I will inform the RTO immediately if there is any change to this information.
- I have read the Student Handbook and specific course brochure which outlines the terms and conditions of my enrolment, my rights, roles and responsibilities (including the requirement to wear covered footwear), Refund Policy, information on the delivery and assessment of the course(s), Privacy Policy and USI Privacy Notice.
- I understand that CSTC Pty Ltd can be prevented from issuing me with a nationally recognised VET qualification or statement of attainment when completing my course if I do not have a USI. CSTC Pty Ltd are required to include my USI in the data they submit to the National Centre for Vocational Education Research Ltd (NCVER). If authorising CSTC Pty Ltd to apply for a USI on my behalf, I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. In accordance with s11 of the *Student Identifiers Act 2014*, CSTC Pty Ltd will securely destroy personal information collected from me solely for the purpose of applying or a USI on my behalf as soon as practicable after making the application or the information is no longer needed for that purpose.
- I understand that under the *Data Provisions Requirements 2012*, CSTC Pty Ltd is required to collect personal information about me and to disclose that personal information to NCVER. My personal information (including the personal information contained on this enrolment form) may be used or disclosed by CSTC Pty Ltd for statistical, administrative, regulatory and research purposes. CSTC Pty Ltd may disclose my personal information 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. I 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. I may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose my 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 understand that CSTC Pty Ltd may disclose my personal information to third parties including: School (if a secondary student undertaking VET, including a school-based apprenticeship or traineeship); Employer (if enrolled in training is paid by my employer); Commonwealth and State or Territory government departments and authorised agencies; Organisations conducting student surveys; Researchers; Funding bodies; other RTOs (to authenticate testamurs); and other relevant bodies as required. I consent to the collection, use and disclosure of my personal information in accordance with the points outlined. Release of information to any other bodies will not occur without my consent.
- I recognise that the information collected for CSTC Pty Ltd's records may be used to provide me with details about this course and related courses in the future. I may contact CSTC Pty Ltd to opt out of such communications at any time.

Student signature  Date 

dd	mm	yyyy
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Permission required for those under 18 years

Parent/Guardian name

Parent/Guardian signature  Date 

dd	mm	yyyy
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**12. PAYMENT**

Person to be invoiced for this course:  Student  Employer (Provide details below)  Other (Provide details below)

Name  Phone number

Email address

Building name  Unit details

PO Box  Street number  Street name

City/Suburb  State  Post code  Country

Payment to be made via one of the following methods

- Direct deposit *Commonwealth Bank of Australia  
Branch: Paddington  
BSB: 064 121  
Account: 10021751*
- Cash or money order (Contact RTO for details)
- Credit card (Complete details below)

**If paying by direct deposit,  
please attach proof of the transaction when submitting this  
form to the Registered Training Organisation (RTO)**

Card type  MasterCard  Visa Card number

Card holder name

Expiry date 

mm	yy
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 CVV number  Card holder signature  Amount