

Privacy Notice

Under the *Data Provision Requirements 2012*, **METS** 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 **METS** for statistical, regulatory and research purposes. **METS** 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 a VET Statement of Attainment or VET 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 program 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.

STUDENT SIGNATURE _____ DATE _____

[or electronic acknowledgement]

PARENT/GUARDIAN SIGNATURE* _____ DATE _____

[or electronic acknowledgement] **Parental/guardian consent is required for all students under the age of 18.*

Please complete all required details on this enrolment form which will be used to enroll you in the course you wish to undertake. You are required to provide a copy of Photo ID with this application. For correspondence learners, please have your ID endorsed with the words 'This is a true likeness of the person named on the ID' with the referee's name and signature included.

Course Name & Code
<p>NOTE for Early Childhood qualifications - Does the service in which you will be undertaking 120 hours of practical work provide care for babies and toddlers between the ages of 0-2? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please specify the age range at your service _____</p> <p>You must show evidence of the ability to complete tasks outlined in the elements and performance criteria of the core unit <u>CHCECE005 - Provide care for babies and toddlers</u>. This includes providing care to at least 3 different babies or toddlers of varying ages from birth to 24 months. If your Early Childhood service does not provide care for babies and toddlers between 0-2, you must complete this practical assessment at another cooperative service during the period of your training to obtain competency in this unit. For more information, please speak to a METS training representative</p>

SECTION 1 – Personal information

Given Name		Middle Name(s)	
Family Name			Date of Birth
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> X (indeterminate/intersex/unspecified) <input type="checkbox"/>		
Residential Address	No. and Street name		
	Suburb and Postcode		
Postal Address (if different from above)			
Contact details	Mobile		
	Email		
Preferred method of contact from METS	Email <input type="checkbox"/> Mobile <input type="checkbox"/> Mail <input type="checkbox"/>		
Have you previously been enrolled at METS under a different surname? No <input type="checkbox"/> Yes <input type="checkbox"/> (please specify) _____			
What is your citizenship or residency status: Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Humanitarian Visa <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Temporary Visa holder <input type="checkbox"/> _____ (number)			
Are you Aboriginal or Torres Strait Islander? No <input type="checkbox"/> Yes <input type="checkbox"/> (please specify below) <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both			

Country of Birth	Australia <input type="checkbox"/>	Other <input type="checkbox"/> (Please specify) _____
Town or City of Birth	_____	
What is the language you mainly speak at home?	English <input type="checkbox"/>	Other <input type="checkbox"/> (please specify) _____
If other, how well do you speak English? Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/>		
Do you have a Disability? Yes <input type="checkbox"/> (please indicate below) No <input type="checkbox"/>		
Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/>		
Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Unspecified <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____		
If you answered yes to the previous question, what additional support may you require to assist you to undertake this course? _____ _____		
Are you in receipt of a Disability Support Payment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been assessed by a specialist health professional as a student with a Disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a dependent child or spouse of a person in receipt of a Disability Support Payment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you in receipt of an eligible welfare payment from Centrelink? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a dependent child or spouse of a person in receipt of an eligible welfare payment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Dependent child of a Beneficiary (excluding the Disability Support Pension)		
<input type="checkbox"/> Dependent spouse or partner of Beneficiary (excluding the Disability Support Pension)		
If yes, please choose from one of the following payment types:		
I am currently receiving or am a dependent of a person receiving the following entitlement(s): <input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Exceptional Circumstances Relief Payment <input type="checkbox"/> Family Tax Benefit Part A (maximum rate) <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Newstart Allowance* (not eligible for traineeships)	<input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Payments <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow Pension <input type="checkbox"/> Widow 'B' Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance	

Evidence that Centrelink accepts the child/spouse/partner as a dependent must be sighted. A concession or exemption of the student fee will be determined based on this information. If your circumstances change after enrolment, this will not change your fees. Acceptable proof of concession eligibility includes:

- A letter from Centrelink confirming receipt of the benefit clearly showing your Centrelink Reference Number. (CRN)
- A current Centrelink Income Statement that clearly shows the benefit or allowance category and the CRN)
- A current concession card showing the CRN (PPS only)
- Evidence that Centrelink accepts you as the dependent child, spouse of partner of a beneficiary receiving a benefit or allowance

Fee – free Scholarship

Students commencing training from 1 July 2015 may be eligible for a Fee-free scholarship if you currently live in or are on the wait list for Social Housing and from February 2016 if you are 15-17 years and currently in out-of-home-care or aged 18-30 and have previously been in out-of-home-care, and your training commences after 1 January 2016. To be eligible for a Fee-free scholarship, individuals must first meet the Smart & Skilled personal and program eligibility rules. In addition, individuals must be:

- Aged between 15 and 30 (inclusive) at the start date for training
- Eligible for a concession fee (i.e. either a Commonwealth welfare recipient or a student with a disability undertaking a second qualification in a calendar year)

Individuals are eligible for one scholarship per financial year (commencing 1 July 2015) and a maximum of two scholarships over four financial years (ending 30 June 2019)

Are you a tenant of or on the waiting list for NSW social housing*? Yes No

Do you currently live in supported or statutory out-of-home-care? Yes No

Have you previously lived in supported or statutory out-of-home-care? Yes No

For information on what is meant by NSW Social Housing and Statutory or Supported Out-of-Home-Care, please visit www.smartandskilled.nsw.gov.au/for-students/fee-free-scholarships or ask our METS representative for an information flyer.

Are you a client of an Employment Service Provider? Yes No If yes please indicate

Employment Service Provider Organisation/ID _____

Employment Service Provider Client ID _____

Have you been referred to this training by an Employment Service Provider client? Yes No

If yes, Employment Service Provider referral ID _____

Employment Service Provider letter of confirmation of Long term Unemployed (over 12 Months) to be provided.

SECTION 2 – Unique Student Identifier (USI)

Privacy Notice and Consent for application or verification of a Unique Student Identifier

In accordance with the Privacy Act 1988, Student Identifiers Act 2014 and the Student Identifiers Registrar's Privacy Policy

You are advised that and agree that you understand and consent that the personal information you provide in connection with an application for a USI:

is collected by the Student Identifiers Registrar for the purposes of:

- applying for, verifying and giving a USI;
- resolving problems with a USI; and
- creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
 - Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs; education related policy and research purposes; and to assist in determining eligibility for training subsidies;
 - VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - researchers for education and training related research purposes;
 - any other person or agency that may be authorised or required by law to access the information;
 - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law.

Please refer to the [Student Identifiers Registrar's Privacy Policy](#)

(<http://www.usi.gov.au/Students/Pages/student-privacy.aspx>) for information about how you may:

- access and seek correction of the personal information held about you; and
- complain about a breach of privacy and how such complaints will be dealt with.

Do you have a Unique Student Identifier?

Yes (Please provide) _____ No

Please provide **one** of the following documents so that a USI can be created/verified on your behalf.

Driver's Licence Medicare Card Australian Passport Birth Certificate (Australian)

Visa (with Non-Australian Passport for international students) Immi Card

Certificate of Registration by Descent Citizenship Certificate

Student declaration and consent

I hereby authorise Macquarie Employment Training Service (METS) to create, locate or verify a Unique Student Identifier on my behalf using the details and documentation provided by me.

I have been advised that I will receive a notice regarding METS use of the function to confirm my USI and that the RTO name in the notice may be different to the name I am familiar with. Note: METS legal business name is Macquarie Employment Training Service Inc.

I declare that I have read and understood the information provided to me on this form and all details provided by me for the purposes of obtaining, locating or verifying a Unique Student Identifier are true and correct. I declare that I will set my access controls in relation to my USI to allow the Department of Industry and METS the appropriate levels of access to my USI.

I understand that if all information requested is not provided, or is inaccurate, it may affect the Student Identifiers Registrar's ability to provide me with or verify my USI.

Student Signature

Date

SECTION 3 – Prior Education and Statistical information

What is your highest COMPLETED school level?	
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or equivalent <input type="checkbox"/> Did not go to school
In which YEAR did you complete that school level?	
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of last school you attended	
Have you completed any qualifications since turning 17?	<input type="checkbox"/> No <input type="checkbox"/> Yes , while still at school <input type="checkbox"/> Yes, after leaving school - (post school qualification)
What is the highest level of completed post school qualification achieved? _____	
Please indicate below all your completed Qualification/s.	
<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Certificate)	<input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Overseas or Miscellaneous Certificate
Do you wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer (CT)? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please specify below) Learners applying for CT or RPL need to submit certified copies of transcripts in support of their application.	
<input type="checkbox"/> RPL is the acknowledgement of a person's current skills and knowledge acquired through previous training, work or life experience. Self – funded students applying for RPL may need to purchase an RPL Handbook.	
<input type="checkbox"/> CT is granted to those students who have gained documented evidence of achievements in the relevant competency or qualification from a Registered Training Organisation. Learners applying for CT need to submit certified copies of transcripts in support of your application.	
Of the following categories, which BEST describes your current employment status?	
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Employer <input type="checkbox"/> Self-employed (not employing others)	<input type="checkbox"/> Employed (unpaid worker in a family business) <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Unemployed – not seeking employment

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

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was 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 |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For self-development |
| <input type="checkbox"/> Other reasons | |

How did you hear about METS?

- | | |
|--|--|
| <input type="checkbox"/> A colleague, friend or employer | <input type="checkbox"/> I have previously studied with METS |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Expo or Conference |
| <input type="checkbox"/> Internet / Search engine | <input type="checkbox"/> Other _____ |

SECTION 3 – Funding arrangements

Are you enrolling in this qualification/course as a self-funded (Correspondence) learner? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered or intending to be registered as a NSW New Entrant trainee for the qualification in which you are enrolling? Yes I am registered <input type="checkbox"/> Yes I am intending to be registered <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to make an application to determine your eligibility for Subsidised Training under Smart & Skilled*? No <input type="checkbox"/> Yes <input type="checkbox"/> (Please read and complete the following Consent section) *not available for all courses
Have you undertaken any other Smart & Skilled qualifications this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No

Consent to use and disclosure of personal information to the department & other government agencies

I _____
 (First) (Middle) (Family Name)

whose personal details appear in Section 1, 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 METS may be disclosed to the Department of Industry (**The Department**).

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

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, 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 METS for the purposes of evaluating and assessing my subsidised training.

I consent to the information on this form being used by METS to make an inquiry on my behalf to assess my eligibility and the student fee payable for subsidised training under Smart & Skilled.

METS will advise my eligibility and the fee payable by me with an Eligibility Enquiry Report which will be valid for 14 days.

I declare that all the information I have provided on this form is true and correct in every detail including information provided by me about my social housing status.

PRINT FULL NAME: _____

SIGNATURE: _____ Date: ____/____/____

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

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE: _____ Date: ____/____/____

PO Box 346 Plumpton NSW 2761

Ph. 02 9838 0567

Fax. 02 9625 8691

Visit: www.mets.org.au

SECTION 4 – Language, literacy and Numeracy (LLN) – Pre-enrolment Assessment

All job tasks, and all units of competency include foundation skills – almost everything we do at work has something to do with learning, reading, writing, oral communication and numeracy. Almost everything is underpinned by foundation skills. ¹

Directions

This assessment must be completed independently. If you do not have the language, literacy and numeracy skills required to complete the course you are enrolling in then we will advise you of your options.

1. Is English your first language? Yes No
2. What other languages do you speak at home? _____
3. How do you rate your ability to speak English?
 Excellent Very Good Average Limited spoken skills
4. How do you rate your ability to understand English?
 Excellent Very Good Average Limited spoken skills
5. How do you rate your ability to write English?
 Excellent Very Good Average Limited spoken skills
6. How do you rate your numeracy skills?
 Excellent Very Good Average Limited spoken skills

¹
http://companion_volumes.vetnet.education.gov.au/CVDDocuments/CHC%20Foundation%20skills%20Guide%20FINAL.pdf

Task 1 - Write an accident report

It is Tuesday 23rd May 2016 and the time is 17:30. Your car registration is ABC431. You are on Hay Street, Perth. The weather is overcast and there is a bit of drizzle. You are driving at about 60km/h when a man steps out in front of you. You swerve to miss him and side swipe the car travelling in the opposite direction. The right side of your car has been scratched and your side mirror has been detached. You are OK and get out and approach the other car, which is a red Holden Commodore, registration number XAA996. Their front driver's door is dented and scratched. The front tyre has been damaged and the back passenger window has shattered from the impact. The ambulance arrives and the paramedic informs you that the other driver has bruising across the chest and is in shock.

Please complete the accident report form based on this scenario.

Your Car Registration			
Details of accident			
Location:			
Date:		Time:	am/pm
Est. speed at impact:			
Weather conditions:			
Description of accident:			
Damage to your vehicle:			
Driver injuries:			
Other vehicle details			
Registration no :		Colour:	
Make :		Model :	
Damage:			
Driver injuries:			

Task 2 – Budgeting

You receive \$300 per week from working at your new job.

You have many things that you need to pay for so you have devised a budget.

Total all of your expenses to see if you can afford to pay your bills this week

Shopping -	\$80.00
Water Bill -	\$46.50
Electricity Bill -	\$68.50
Petrol -	\$29.00
Car Loan -	\$55.00
Going out money -	\$50.00
Hairdressers -	\$15.50
TOTAL :	

- 1) How much income do you receive each week? _____
- 2) How much are your expenses each week? _____
- 3) Will you have enough money to cover your expenses? _____

OFFICE USE ONLY

- The learner requires no further LLN assessment
- The learner requires further LLN assessment

SECTION 5 – Declaration and document verification

Student declaration:

For students applying for Smart & Skilled subsidised training:

The Smart & Skilled website & Contact details are:

<https://smartandskilled.nsw.gov.au/> or Phone 1300 772 104

I have read and signed the consent to the use and disclosure of my personal information to the State Training Authority and other Government Agencies and been given access to information regarding the evidence required to determine program, fee and concession eligibility. (Section 1)

I will be provided with an Eligibility Enquiry Report (if applicable) with advice of the Student Fee payable by me for the qualification I am enrolling in. I understand this fee may be adjusted by the State Training Authority if the information I have given regarding RPL and Credit Transfer changes after training has commenced and that these changes will be advised to me.

For all students:

I declare that I have been given access to the following information which is available at www.mets.org.au :

METS Consumer Protection Information which includes:

- VET Complaints Handling Agencies
- METS Grievance & Complaints procedures & policies
- METS Fee Administration and Refund Policy

I have read and signed the Privacy Notice and application for a Unique Student Identifier (Section 2)

I declare that I have disclosed all of my unique learning needs and I have been informed about the learning, assessment and support services to be provided and I will be advised of any fees and costs that may relate to the course in which I am enrolling.

I declare that all the information I have provided on this form is true and correct in every detail.

Student Signature	
Today's Date	
Employer Business Name (if applicable)	

Submitting this form online?

Please save to your computer by clicking "Save As" and attach to an email addressed to info@mets.org.au Alternatively print the completed form and fax to 02 9625 8691.

Proof of eligibility and identification document check list

	Document	Sighted/Verified by	Date
<input type="checkbox"/>	Identity – USI (verified) or required documents to create a USI. (see page 6)		
<input type="checkbox"/>	Photo ID- Drivers Licence, Learner's Permit, Photo Card, Passport		
<input type="checkbox"/>	Citizenship (Australian Birth Certificate, Passport, Certificate of Evidence of Resident Status (CERS) or Humanitarian Visa <i>(Copy required)</i>		
<input type="checkbox"/>	Certified copies of Certificates or Statements of Attainment including transcripts <i>(Copy required)</i>		
<input type="checkbox"/>	TCID or Training Plan Proposal for New Entrant trainees <i>(Copy required)</i>		
<input type="checkbox"/>	Centrelink evidence – proof of DSP or other Eligible Benefit <i>(Copy required)</i>		
<input type="checkbox"/>	Employment Service Provider letter <i>(Copy required)</i>		
<input type="checkbox"/>	Out of Home Care evidence (as per requirements)		