

DOMESTIC STUDENT ENROLMENT FORM

PLEASE USE CAPITAL LETTERS TO COMPLETE THIS FORM

Type of enrolment (Tick the appropriate box)

I declare that advice has been provided to me concerning expectations and rules regarding SA government funded training programs offered at Jabin Hopkins Institute of Technology.

- | | | |
|---|------------------------------|-----------------------------|
| Do you live or work in South Australia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you 18 years or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you enrolled in high school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you like to do an apprenticeship or traineeship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you like to undertake a Job Trainer (JT) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you like to undertake a Training Guarantee for SACE Students (TGSS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you undertaken subsidised training previously? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you being referred by a Job Services Australian Provider? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, have you provided the ESP Referral Form from your employment provider? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you being referred by a Disability Employment Service Provider? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, have you provided the ESP Referral Form from your employment provider? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you agree to undergo an Upfront Assessment of Need Assessment (UAN)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you agree to the conditions of access determined through the Upfront Assessment of Need (UAN)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What qualification you are enrolling into (Select the course you want to enrol)

Select	Course	Duration	SA Govt. Subsidy	Student Minimum Contribution
 Baking and Patisserie				
<input type="checkbox"/>	SIT31021: Certificate III in Patisserie	1 Year	Available	\$200
<input type="checkbox"/>	FBP30521: Certificate III in Baking	58 Weeks	Available	\$400
<input type="checkbox"/>	FBP40221: Certificate IV in Baking	48 Weeks		
 Business				
<input type="checkbox"/>	BSB40120: Certificate IV in Business	1 Year	Available	\$200
<input type="checkbox"/>	BSB50120: Diploma of Business	1 Year	Available	\$200
<input type="checkbox"/>	BSB60120: Advanced Diploma of Business	1 Year		
 Commercial cookery & Hospitality				
<input type="checkbox"/>	SIT30821: Certificate III in Commercial Cookery	58 Weeks*	Available	Contact us for price
<input type="checkbox"/>	SIT40521: Certificate IV in Kitchen Management	26-90 weeks*	Available	Contact us for price
<input type="checkbox"/>	SIT50416: Diploma of Hospitality Management	26-104 weeks*	Available	\$300
<input type="checkbox"/>	SIT60316: Advanced Diploma of Hospitality Management	26-130 weeks*		
 Leadership & Management				
<input type="checkbox"/>	BSB50420: Diploma of Leadership and Management	1 Year	Available	\$300
<input type="checkbox"/>	BSB60420: Advanced Diploma of Leadership and Management	1 Year		
 Information Technology				
<input type="checkbox"/>	ICT40120: Certificate IV in Information Technology	1 Year	Available	\$200
<input type="checkbox"/>	ICT50220: Diploma of Information Technology	1 Year	Available	\$300
<input type="checkbox"/>	ICT60220: Advanced Diploma of Information Technology	1 Year	Available	\$300

For subsidised courses, participant eligibility criteria are applicable. Please visit <https://www.skills.sa.gov.au/subsidised-eligibility> for the criteria information. Participants must pay the minimum Student Contribution fees to access the government funding.

** Duration depends on the students' previous qualifications/competences.*

Student should have clear understanding of the courses before enrolling by reading the course information and asking questions to JHIT staffs if needed.

Preferred Course Start Date: DD/MM/YYYY / /

PERSONAL DETAILS

1. Your full name * This MUST be your name that matches EXACTLY on your USI account.

I only have one name (If you have only one name, then write your **single name** in the 'Family name')

Title: Mr. Mrs. Ms. Miss

First name (Given name):

Second given name (Middle):

Family name (Last name):

2. Your date of birth:

DD/MM/YYYY / /

3. Gender (Tick ONE box ONLY):

Male Female Other Prefer not to say

4. Your contact details:

Mobile..... Email

Home Phone Work phone

5. Your emergency contact details:

Emergency contact name Relationship

Address

Email Phone

6. What is the address of your usual residence?

Please provide your physical address (street number and name **not a post office box**).

Flat/unit number Street number Street name

Suburb State Post code

7. Provide your postal address if it is different from your residence address:

PO box number Flat/unit number Street number Street name

Suburb State Post code

Language and cultural diversity

8. In which country where you born?

Australia Other – please specify

9. What language you speak at home? (If more than one language, indicate the one that is spoken most often)

English only Other – please specify

10. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

DISABILITY

11. Do you consider yourself to have a disability, impairment or long-term condition? Refer to the Disability supplement for an explanation of the following disabilities:

- Yes No - Go to question 13

12. If you ticked YES for the Disability, Impairment or Long-term condition, please select the type of disability from the following:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Learning | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Other |

SCHOOLING & QUALIFICATION

13. What is your highest COMPLETED School Level?

- | | | |
|--|---|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or below | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Year 8 or equivalent | <input type="checkbox"/> Never Attended school |

14. What is the highest level of education you have achieved?

In Australia

- None
- Certificate I
- Certificate II
- Certificate III (or trade certificate)
- Certificate IV (or advanced certificate/technician)
- Diploma (or associate diploma)
- Advanced diploma or associate degree
- Bachelor degree or higher degree

In Overseas

- None
- Year 10
- Year 12
- Certificate III (or trade certificate)
- Certificate IV (or advanced certificate/technician)
- Diploma (or associate diploma)
- Advanced diploma or associate degree
- Bachelor degree or higher degree

EMPLOYMENT

15. Which one in the following categories BEST describes your current employment status? (Tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee (35+ hours per week) | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee (less than 35 hours per week) | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Self-employed – employing others | <input type="checkbox"/> Not employed – not seeking employment |

If you are employed, please provide the following details of your employer:

Employer Postcode:

Employer suburb:

STUDY REASON

16. Of the following categories, select one or more that BEST describes the main reason/s you are undertaking this course/trainee-ship/apprenticeship:

- | | |
|---|---|
| <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"/> Other reasons | <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 |
|---|---|

17. How did you first hear about Jabin Hopkins or Are you referred by anyone?

- | | |
|--|---|
| <input type="checkbox"/> Internet search
<input type="checkbox"/> Social media
<input type="checkbox"/> Event
<input type="checkbox"/> Name of person you hear from | <input type="checkbox"/> Skills SA (www.skills.sa.gov.au)
<input type="checkbox"/> Agent
<input type="checkbox"/> From a friend or relative |
|--|---|

GOVERNMENT FUNDING AVAILABILITY

18. What is your residency status? Select your appropriate status from the following:

- | | |
|---|---|
| <input type="checkbox"/> Australian Citizen
<input type="checkbox"/> Permanent Australian Resident
<input type="checkbox"/> Holder of eligible visa (specify below) | <input type="checkbox"/> Holder of other visa (specify below)
<input type="checkbox"/> New Zealand citizen living in Australia |
|---|---|

Visa name: Visa Subclass number:

19. Are you eligible for SA Government Funding? YES NO UNSURE

- a** To check YOUR ELIGIBILITY, please go to <https://providers.skills.sa.gov.au/Deliver/Student-eligibility-for-subsidised-training> and follow the prompts. If you are eligible, you will need to provide a copy of the final outcome of the eligibility test from that website.
- b** If YES, did you understand that there is a student contribution amount to be paid?
 YES NO UNSURE (refer to the Domestic Student Fees & Charges Policy)
- c** If NO, are you paying for your fees without accessing government funding?
 YES NO UNSURE
- d** If UNSURE, do you wish to be assessed for eligibility under SA Government funding?
 YES NO UNSURE

20. Are you being referred to us from an Employment Services Provider or a Disability Services Provider?

- YES NO UNSURE

If Yes, please provide Employment Services details and provide the **ESP Referral form** from your employment service provider.

Employment Service Provider Job Seeker ID

Checklist	Documents
Eligibility – Identification	<input type="checkbox"/> Drivers license <input type="checkbox"/> Medicare Card <input type="checkbox"/> Australian Passport <input type="checkbox"/> Non Australian passport with visa grant letter
Fees Concession	<input type="checkbox"/> Health Care Card Pensioner Concession Card <input type="checkbox"/> Veteran Affairs Gold Card
Academic – Prior Qualifications	<input type="checkbox"/> Parchment/Qualification <input type="checkbox"/> Statement of Results/Transcript Statement of Attainment
RPL– Employment Evidence	<input type="checkbox"/> Current Resume/Employment evidence/Experience evidence

STUDENT DECLARATION

- I understand that I am required to complete Language, literacy and numeracy (LLN) assessment/s along with a suitability assessment to be eligible for the courses/s.
- I certify that the information set out in this form to the best of my knowledge, is true and accurate.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice on page-1.
- I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment.
- I give Jabin Hopkins Institute of Technology permission to obtain official records from an educational institution that I have attended.
- I understand that Jabin Hopkins Institute of Technology collects, stores and uses personal information only for the purposes of administering prospective, current and graduate student admissions, enrolment and education and that the information collected is confidential and will not be disclosed to third parties without my consent, except to meet government, legal or other regulatory authority requirements.
- I understand that if I have applied through an approved Jabin Hopkins Institute of Technology agent, correspondence relating to my application may be forwarded to that agent.
- I agree for my academic progress and results to be shared with Government Departments, School or Employer (whichever applies) if required.
- By signing this agreement, I acknowledge and understand my obligations and responsibilities to myself, the school, Jabin Hopkins Institute of Technology and my vocational placement provider.
- I agree to abide by Jabin Hopkins Institute of Technology’s code of conduct and student handbook, as introduced at my student induction. I understand that non-compliance of my obligations or responsibilities may result in my suspension or termination from the program.
- Jabin Hopkins Institute of Technology will assist me by securing one (1) vocational placement provider if it is a mandatory component of the course.
- I understand that if I access government subsidy for course course/e then it may impact my future entitlement to access further government subsidies.
- I have applied for the course after a clear understanding of my interest and career options.
- I understand that I can take not more than 2 courses concurrently at the same or different institutes with government subsidy.

- I authorise Jabin Hopkins Institute of Technology to collect, use, disclose and manage my personal information in a manner which is consistent with its obligations under Australian privacy law.
- I understand that Jabin Hopkins Institute of Technology may record public training sessions for quality and training purposes.
- I understand that I am not entitled to remuneration or royalties in respect of our involvement of any project that was produced in whole or in part by this.
- I understand that I have no claims to copyright in any aspect or portion of the projects or any of the assessment tasks undertaken.
- I agree that the material may be used in all formats and media, as representations, reproductions or adaptations either complete or in part, alone or in conjunction with any wording or drawing.
- I authorise Jabin Hopkins Institute of Technology to contact me by letters, phone, SMS and Email.

Student Name

Signature Date DD/MM/YYYY / /

If student is under 18

Parent/Guardian Name

Parent/Guardian Signature..... Date DD/MM/YYYY / /

PRIVACY NOTICE

Why we collect your personal information.

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. This is a requirement of enrolment at the Institute.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information.

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation.
- facilitation of statistics and research relating to education, including surveys and data linkage.

- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER’s behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER’s Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

If students are receiving funding through a South Australian Government program information will be shared with the relevant government departments. All Personal Information received, created or held by the Government for the purposes of this training, must comply with:

- The Privacy Act 1988 (Cth) (“Privacy Act”) and the Australian Privacy Principles established under that Act; and
- The South Australian Government Information Privacy Principles (a copy of which can be found on the Department of the Premier and Cabinet website www.dpc.sa.gov.au) (“IPPs”)

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information.

At any time, you may contact Jabin Hopkins Institute of Technology to:

- request access to your personal information
- correct your personal information.
- make a complaint about how your personal information has been handled.
- ask a question about this Privacy Notice.

The full Privacy Policy is available on the Institutes’ website at <https://www.jabinhopkins.edu.au/policy-and-procedures/>

Student declaration and consent

Tick here to confirm you have declared and consented to the above mentioned

Student Name

Signature Date DD/MM/YYYY / /

If student is under 18

Parent/Guardian Name

Parent/Guardian Signature..... Date DD/MM/YYYY / /

DISABILITY SUPPLEMENT

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

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.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life, for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

19 — Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

OFFICE USE ONLY

Task	Performed by	Details	Date (if applicable)
Application Form Checked		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SA Govt. fund eligibility checked		Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Entitlement checked		Entitled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
UAN conducted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
LLN conducted		Exit level: R: W: N:	
Student created in JHITS		Student ID assigned:	
Collected Candidate Agreement form		Filled & Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant profile checked/created*		Profile: <input type="checkbox"/> Existing <input type="checkbox"/> New	
Training account created *		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment plan created		<input type="checkbox"/> Added in JHIT Sys	

**Participant Profile and a Training Account are in inextricable linked and should be undertaken on the same day.*