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DOMESTIC STUDENT APPLICATION FORM

Read this application carefully, complete all sections and ensure that supporting documents are attached. Must use Legal Name only.

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?	Yes	No
Are you 18 years or older?	Yes	No
Are you enrolled in high school?	Yes	No
Would you like to do an apprenticeship or traineeship?	Yes	No
Have you undertaken subsidised training previously?	Yes	No
Do you agree to undergo an Upfront Assessment of Need Assessment (UAN)?	Yes	No
Do you agree to the conditions of access determined through the Upfront Assessment of Need (UAN)?	Yes	No

Course preferences and start date: dd/mm/yyyy:

Select	Course Code and Name	Duration	SA Government- Funded General Training	Training Contract: SA Funded Apprentices/Trainees Training	SA Government- Funded Training Contribution Fee (Concession)	Full Fee- paying Training
		In	formation Technolog	y Trainings		
	ICT40120 Certificate IV in Information Technology	1 Year	③	ூ	\$400	\odot
	ICT50220 Diploma of Information Technology	1 Year	③	ூ	\$600	\bigcirc
	ICT60220 Advanced Diploma of Information Technology	1 Year	③	ூ	\$600	\bigcirc
		ı	Patisserie and Baking	Trainings		
	SIT31021 Certificate III in Patisserie	1 Year	③	8	\$450	\odot
	FBP30521 Certificate III in Baking	58 Weeks	\otimes	ூ	\$800	\bigcirc
	FBP40221 Certificate IV in Baking	48 Weeks	8	\otimes	N/A	\checkmark
		Co	ookery and Hospitality	y Trainings		
	SIT30821 Certificate III in Commercial Cookery	58 Weeks	8	ூ	\$800	\odot
	SIT40521 Certificate IV in Kitchen Management	26-90 Weeks	③	8	\$450-\$1000	③
	SIT50422 Diploma of Hospitality Management	26-104 Weeks	③	8	\$120-\$650	③
	SIT60322 Advanced Diploma of Hospitality Management	26-130 Weeks	8	8	N/A	③

Important Information About Course Conditions

- Participant Eligibility Criteria apply. JHIT is required to sight and retain valid evidence of each student's eligibility for subsidised training in accordance with SkillsSA requirements.
- Participants must pay a minimum Student Contribution Fee of \$0.50 per payment hour to access SA Government funded training.
- Requirements for Upfront Assessment of Needs (UAN).
- Delivery methods include face-to-face, online, self-paced or blended training.
- To be eligible as a Training Contract student under SA funded apprenticeships or traineeships, individuals must be employed in a declared apprenticeship or traineeship role with an approved Training Contract. Please contact us for further information.
- If you are interested in full fee-paying training, the entry requirements may differ slightly. Please contact us for more information.
- The duration and cost of the course may vary depending on the student's existing qualifications and recognised competencies.

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PERSONAL DETAILS

1.	Your contact details: Your full name * This	MUST be yo	ur name that r	natches EXACTL	Y on your USI account.
	I only have one nar	me (If you ha	ave only one na	ime, then write	your single name in the 'Family name') Title:
	Mr.	Mrs.	Ms.	Miss	
	First Name	:			
	Second Name	:			
	Last Name	:			
2.	Your date of birth:				
3.	Gender: Male	F	emale	Other	Prefer not to say
4.	Your contact details:				
	Mobile				. Email
	Home Phone				Work phone
5.	What is the address of	of your usua	l residence?		
	Please provide you	r physical ad	dress (street n	umber and nam	e not a post office box).
	Flat/unit number .	9	treet number	St	reet name
	Suburb				State Post code
6.	Provide your postal a	ddress if it i	s different fror	n your residenc	e address:
	PO box number	Flat	/unit number	Street	number Street name
	Suburb				State Post code
7.	Your emergency cont	act details:			
	Emergency contact	name			Relationship
	Address				
	Email				Phone
			LANGL	JAGE AND (CULTURAL DIVERSITY
8.	In which country wer	e vou born?			
.	Australia	=			
9.	What language you spends only	=	-	_	nge, indicate the one that is spoken most often)
10.	Are you of Aboriginal (For persons of bot			_	n, mark both 'Yes' boxes)
				es Strait Islande	





TRAINING AND LEARNING SUPPORT

- 11. Do you have any literacy, numeracy, or language barriers that may impact your ability to successfully complete your training? Yes
- 12. Do you consider yourself to have a disability, medical condition, mental health condition, impairment, or longterm condition that may impact your ability to successfully complete your raining? Please refer to the Disability Supplement (page.9 of this form) for detailed explanations of the following categories of disability:

	Mental health condition	Medical condition	Learning difficulty
	Hearing/deaf	Physical	Intellectual
	Acquired brain injury	Vision	Other

13. Do you think you will require additional learning support to undertake your study?

Yes No

14. Would you like our Student Support Officer to contact you with more details on how we can help? Yes No

EDUCATION

15. What is your highest COMPLETED School Level?

Year 12 or equivalent

Year 10 or equivalent

Never Attended school

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

In Australia
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
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

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

Full-time employee (35+ hours per week)	Employed – unpaid worker in a family business				
Part-time employee (less than 35 hours per week)	Unemployed – seeking full-time work				
Self-employed – not employing others	Unemployed – seeking part-time work				
Self-employed – employing others	Not employed – not seeking employment				
If you are employed by any of the forms listed above, you MUST provide the following details of your employer.:					
Employer Postcode:Employer Suburb:Employer Suburb:					

12	Inh	Provider	Referra

If you are referred by job providers, you MUST provide the following information.
Job provider Name:Job seeker ID:





STUDY REASON

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

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

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

Internet search Skills SA (www.skills.sa.gov.au) Social medias

Agent Event From a friend or relative

Name of person you hear from:

		GOVER	RNIVIENT FUNDING AVAILABILITY
	at is your residency	status? Select y	your appropriate status from the following: Holder of other visa (specify below)
	manent Australian R	Resident	New Zealand citizen living in Australia
Но	lder of eligible visa (specify below)	-
Visa	name:		Visa Subclass number:
22. Are	you eligible for SA (Government Fu	inding? YES NO UNSURE
a.	To check YOUR EL the prompts.	LIGIBILITY, pleas	e visit mytraining.skills.sa.gov.au/training/get-started/check-eligibility and follow
b.	. If YES, did you un	derstand that tl	here is a student contribution amount to be paid?
	YES	NO	UNSURE (refer to the Domestic Student Fees & Charges Policy)
c.	If NO, are you pa	ying for your fee	es without accessing government funding?
	YES	NO	UNSURE
d.	If UNSURE, do yo	u wish to be ass	sessed for eligibility under SA Government funding?
	YES	NO	UNSURE
23. Do	you have an approv	ed training cont	tract?
	NO	YES (Pleas	se fill out below questions),
Trai	ning contract numbe	er	
Des	cribe (types)		





24. Concession Eligibility test:

a. Select if you have any of the following concession cards:

Health Care Card Veterans Affairs Concession Card

Pensioners Concessions Card

Concession card expiry date (if applicable) DD/MM/YYYY

b. Does any of these additional concession criteria applies to you:

Prisoner in a South Australian correctional institution

Aged 16 years or over and under Guardianship of the responsible Minister (GOM)*

• To receive this exemption, the Guardianship order must be verified by the Department of Child Protection. You need to submit the 'Application for Exemption as a person under the Guardianship of the Minister' form to skillscontracts@sa.gov.au or mail to:

Department for Innovation and Skills Contract Support Services GPO Box 320 Adelaide, SA 5001

THE Application form is available in Skills SA website, or you can ask us for that. Upon approval you may be eligible for concession fee if the
other requirements are met.

RECOGNITION OF PRIOR LEARNING (RPL) and Course Credit Transfer (CT)

25. RPL & CT

a. Are you seeking Recognition of RPL?

res no unsure

If yes, you must complete the RPL Application Kit with all relevant documentation attached. (e.g., attach a copy of your resume/CV and copies of your qualifications/transcripts)

b. Are you seeking CT?

YES NO UNSURE

If yes, you must complete the CT Form and attach all relevant academic transcripts.

UNIQUE STUDENT IDENTIFIER (USI)

26. From 1 January 2015, we (JHIT) are 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).

I have a Unique Student Identifier Code (A USI is a 10-character mix of uppercase letters and numbers)

I DON'T HAVE ONE. Please create your USI at www.usi.gov.au on a computer or on a mobile device

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DOCUMENTS TO PROVIDE FOR ENROLMENT

27. Please ensure you will prepare and provide the following documents for your application to be processed. Please tick the boxes to indicate the documents you will bring. Our staff will verify the original documents during your discussion session.

Checklist	Documents
	Photo ID (Driver's Licence, Proof of Age Card or Passport)
Eligibility – Identification	Proof of Address (Utility Bill, Driver's Licence or Proof of Age Card)
	Proof of Citizenship (Australian Birth Certificate, Citizen Certificate or
	Australian Passport) or Eligible Visa (Overseas Passport and Visa Grant Letter)
Fees Concession	Health Care Card, Pensioner Concession Card
	Veteran Affairs Gold Card
Academic – Prior Qualifications	Parchment/Qualification
riodee The Qualifications	Academic results/Transcript
RPL-Employment Evidence	Current Resume/Employment evidence/Experience evidence

STUDENT DECLARATION AND CONSENT

By signing this form, I acknowledge and agree to the following:

- I understand that I am required to complete a Language, Literacy and Numeracy (LLN) assessment, along with a Suitability and Support Needs Assessment, to determine my eligibility for the course.
- I acknowledge that if I do not achieve the required LLN exit level, I may be required to undertake foundation skills training as a condition of enrolment.
- I confirm that the information provided in this application is true, complete, and correct to the best of my knowledge.
- I consent to the collection, use, and disclosure of my personal information in accordance with the Privacy Notice.
- I understand that providing false or incomplete information may result in the refusal of my application or the cancellation of my enrolment.
- I authorise Jabin Hopkins Institute of Technology to obtain official records from any educational institutions I have previously attended.
- I understand that Jabin Hopkins Institute of Technology collects, stores, and uses my personal information solely for purposes related to admission, enrolment, and education. This information will be kept confidential and only disclosed when required by government, legal, or regulatory authorities.
- I understand that if I have applied through an authorised agent, Jabin Hopkins Institute of Technology may share relevant correspondence with that agent.
- I agree that my academic progress and results may be shared with government departments, schools, or employers, where applicable.
- I acknowledge and accept my responsibilities to myself, the institute, and (if applicable) my vocational placement provider.
- I agree to abide by the Jabin Hopkins Institute of Technology Code of Conduct and Student Handbook, as outlined
 during the student induction. I understand that breaches may lead to disciplinary action, including suspension or
 termination of my enrolment.
- I understand that if vocational placement is a mandatory component of the course, the Institute will assist me in securing one (1) placement provider.
- I acknowledge that accessing a government-subsidised course may affect my future eligibility for additional subsidised training.





- I confirm that I have selected this course after careful consideration of my interests and career goals.
- I understand that I may not enrol in more than two government-subsidised courses at the same time, whether at the same or different institutions.
- I authorise Jabin Hopkins Institute of Technology to manage my personal information in accordance with Australian privacy laws.
- I understand that training sessions may be recorded for quality assurance and staff development purposes.
- I acknowledge that I am not entitled to any financial compensation (such as royalties or remuneration) for my involvement in projects or materials produced during training.
- I agree that I hold no copyright or intellectual property rights to any part of the training projects or assessment tasks undertaken.
- I grant Jabin Hopkins Institute of Technology permission to use training materials (including those I am involved in) in full or in part, across any format or media, with or without accompanying text or imagery.
- I authorise Jabin Hopkins Institute of Technology to contact me via post, phone, SMS, and email regarding matters related to my enrolment and training.

This area is designated for the authorised representative who may communicate with us on your behalf concerning your enrolment.

I understand that if I wish to access Success and Wellbeing Services (SWS), a separate consent form will be required to
authorise communication with any third-party providers involved.

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Relationship to you:

Contact Number:

Email Address:

By ticking this box, I authorise the person listed above to communicate with the JHIT on my behalf regarding my enrolment.

Student Print Name	
Student Signature	Date DD/MM/YYYY

PRIVACY NOTICE

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





DISABILITY SUPPLEMENT

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, thirdparty 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

Student declaration and consent

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-
Ctudout Drint Non				
Student Print Nan	ne	•••••		
Student Signature			Date DD/MM/YYYY	

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





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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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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