



Student Application Form

Read your Student Handbook BEFORE submitting this form. This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at Signet Institute of Australia are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form.

PART A – YOUR PERSONAL DETAILS

Title:	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Gender:	
Telephone:	
Mobile:	
Email:	
Alternative Email:	
Identification Verified:	Type of ID: National ID No.
	ID Number:
Address:	Building Name:
	Unit Name:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:

Identification Details

ID Type / Name		ID Number		Expiry Date	
ID Type / Name		ID Number		Expiry Date	
ID Type / Name		ID Number		Expiry Date	

Passport Details (if applicable)



Passport Number:	
Expiry Date:	
Passport Country	

Disability

Do you consider yourself to have a disability, impairment, or long-term condition? ☐ YES ☐ NO

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

<input type="checkbox"/>	11	Hearing/deaf
<input type="checkbox"/>	12	Physical
<input type="checkbox"/>	13	Intellectual
<input type="checkbox"/>	14	Learning
<input type="checkbox"/>	15	Mental illness
<input type="checkbox"/>	16	Acquired brain impairment
<input type="checkbox"/>	17	Vision
<input type="checkbox"/>	18	Medical condition
<input type="checkbox"/>	19	Other

Language and cultural diversity

In which country were you born?

☐ Australia 1101 ☐ Other – please specify _____

Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

☐ No, English only 1201 ☐ Yes, other – please specify _____

How well do you speak English?

- ☐ Very well 1
☐ Well 2
☐ Not well 3
☐ Not at all 4

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



How did you hear about us? ☐ Website ☐ Agents ☐ Advertisements ☐ Friends ☐ Other

If Agent, please specify name: _____

PART B – EDUCATION HISTORY

What is your highest COMPLETED school level? (Tick ONE box only)

<input type="checkbox"/>	12	Year 12 or equivalent
<input type="checkbox"/>	11	Year 11 or equivalent
<input type="checkbox"/>	10	Year 10 or equivalent
<input type="checkbox"/>	09	Year 9 or equivalent
<input type="checkbox"/>	08	Year 8 or below
<input type="checkbox"/>	02	Never attended school

In which YEAR did you complete that school level? _____

Are you still attending secondary school? ☐ Yes ☐ No

Have you completed any of the following qualifications? ☐ Yes ☐ No

If YES, then tick ANY applicable boxes.

<input type="checkbox"/>	008	Bachelor's degree or higher degree
<input type="checkbox"/>	410	Advanced diploma or associate degree
<input type="checkbox"/>	420	Diploma (or associate diploma)
<input type="checkbox"/>	511	Certificate IV (or advanced certificate/technician)
<input type="checkbox"/>	514	Certificate III (or trade certificate)
<input type="checkbox"/>	521	Certificate II
<input type="checkbox"/>	524	Certificate I
<input type="checkbox"/>	990	Certificates other than the above

Please provide details and documentation of your past education including the highest qualification completed (attach with the form).

Year Completed	Name of Institution	State / Country	Name of Qualification	Course Duration



PART C – COURSES

Please tick the course/s you are applying for, to study at Signet Institute of Australia.

Courses	Duration (Weeks)	Cost (USD)
<input type="checkbox"/> CHC33021 Certificate III in Individual Support (Ageing and Disability) + CHC43015 Certificate IV in Ageing Support	52	4500
<input type="checkbox"/> CHC52021 Diploma of Community Services	52	4500
<input type="checkbox"/> CHC53315 Diploma of Mental Health	52	4500
<input type="checkbox"/> HLT55118 Diploma of Dental Technology	52	5000
<input type="checkbox"/> MEM31922 Certificate III in Engineering - Fabrication Trade	52	4500
<input type="checkbox"/> AUR30620 Certificate III in Light Vehicle Mechanical Technology	52	4500
<input type="checkbox"/> AUR40216 Certificate IV in Automotive Mechanical Diagnosis	52	4500
<input type="checkbox"/> AUR31520 Certificate III in Automotive Diesel Engine Technology	52	4500
<input type="checkbox"/> CPC33020 Certificate III in Bricklaying and Bricklaying	52	4500
<input type="checkbox"/> CPC31320 Certificate III in Wall and Floor Tiling	52	4500
<input type="checkbox"/> CPC50220 Diploma of Building and Construction (Building)	52	4500
<input type="checkbox"/> RII60520 Advanced Diploma of Civil Construction Design	52	4500



Please tick the intake date below: ☐ January ☐ April ☐ July ☐ Oct

Other (Specify): _____

Do you wish to apply for Credit Transfer?

If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Transfer Application Form. ☐ Yes ☐ No

Reason to choose the above course(s):

<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"/> Other reasons Please Specify: _____ _____

Have you enrolled with Signet Institute of Australia before? ☐ YES ☐ NO

PART D – WORK EXPERIENCE

Employment

Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

<input type="checkbox"/>	01	Full-time employee
<input type="checkbox"/>	02	Part-time employee
<input type="checkbox"/>	03	Self-employed – not employing others
<input type="checkbox"/>	04	Employer
<input type="checkbox"/>	05	Employed – unpaid worker in a family business
<input type="checkbox"/>	06	Unemployed – seeking full-time work
<input type="checkbox"/>	07	Unemployed – seeking part-time work
<input type="checkbox"/>	08	Not employed – not seeking employment



EMPLOYMENT HISTORY

Please provide details of your past employment.

Date Employed	Name of Employer	State/Country	Position	Duties

PART E – ENGLISH LANGUAGE PROFICIENCY

Please tick (☐) which of the following applies to you. Attach relevant evidence / documentation to support your selections.

- ☐ English is my first language
☐ I have completed a recognised English language test.

Test taken

☐ IELTS ☐ PTE ☐ TOEFL ☐ Other (Please Specify) _____

Score (Overall): _____

If you have not taken any of the above, please specify how you would satisfy the English proficiency requirements for the application:

- ☐ I intend to complete an ELICOS course.
☐ Other: _____

Please make sure you refer to the specific entry requirements that apply to the course you are applying for. These requirements are detailed in the student prospectus.

PART F – NEXT OF KIN/EMERGENCY CONTACT

Next of kin are people that Signet Institute of Australia may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Signet Institute of Australia.



Name:		Relationship to you:	
Address:	Building Name:		
	Unit Name:		
	Street:		
	Suburb/Town:		
	State:		
	Postcode:		
	Country:		
Email:		Phone:	

PART G – MEDIA CONSENT

From time to time, Signet Institute of Australia staff may request to take photographs/videos or verbal/written interviews/testimonials of students at campus or at places where the student is involved in an activity. These creations may be used in a classroom or on-the-job work activities or could be published by Signet Institute of Australia in print, digital or broadcast media such as documents, student magazine, website, TV, newsletters, displays, journals, professional development materials for trainers and marketing collateral. Staff may also at times request students provide any of the above of the students' own creation for the same purposes.

- ☐ I do give consent to Signet Institute of Australia using any of the above materials involving me for the purposes outlined above.
- ☐ I do not give consent to Signet Institute of Australia using any of the above materials involving me for the purposes outlined above.

Student Name			
Student Signature		Date:	

PART H – DECLARATION OF RECEIPT OF STUDENT INFORMATION

This is to certify that I have received and read the Signet Institute of Australia Student Handbook outlining the policies, practices, and regulations which I agree to observe and follow during my period of study with Signet Institute of Australia:

Student Declaration

- I understand that it is my responsibility to be familiar with the contents of the Signet Institute of Australia Student Handbook, and to ask questions on any matters I do not understand.
- I understand that this declaration will be recorded in my student file.
- I confirm that I have read and understood Signet Institute of Australia's current Student Prospectus or information provided on Signet Institute of Australia website (www.signet.edu.au) which details information about the ESOS Act 2000, course entry requirements, English entry requirements, LLN requirements. I also understand fees payments and refund policy, including an explanation of what occurs, if for some unforeseen reason, the course is not delivered.
- I confirm that I am fully aware of the fees and refund policy, conditions of enrolment and privacy statement as set out in Privacy Act 1988, which I agree to abide by as a student at Signet Institute of Australia.



- I declare that all information provided in this application form is complete and correct. I understand that failure to provide correct information or documentation in relation to this application form may result in cancellation of my enrolment.
- I confirm that the following has been discussed with me during my enrolment process:

<input type="checkbox"/>	My enrolment and the Qualification details
<input type="checkbox"/>	My training plan (If applicable)
<input type="checkbox"/>	My assessment process
<input type="checkbox"/>	Evidence requirements
<input type="checkbox"/>	Who to contact for support and advice
<input type="checkbox"/>	Resources required for my enrolment
<input type="checkbox"/>	Any special needs I have which need to be taken into consideration
<input type="checkbox"/>	Signet appeals and complaints procedure
<input type="checkbox"/>	Fees, charges, and method of payment available
<input type="checkbox"/>	Confidentiality of records and access to my records
<input type="checkbox"/>	Information contained in the Student Handbook
<input type="checkbox"/>	Signet Institute has permission to use of my image and or testimonial in the Marketing and Advertising materials of Signet institute.

Student Signature		Date:	
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PART I – PRIVACY NOTICE

Signet Institute follows the Privacy Act 1988 that guides the collection, storage, use and disclosure of information. This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to allocate appropriate resources for your learning and assessment needs. All staff at Signet Institute are required by law to protect the information provided on this Enrolment Form.

Emergency Contacts

These are people that Signet Institute may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Signet Institute.

Personal Information

Under the Data Provision Requirements 2012, Signet Institute is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Collection Of Your Data

Signet Institute is required to provide the Department with student and training activity data. This includes personal information collected in the Signet Institute enrolment form.



Use Of Your Data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

Disclosure Of Your Data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Signet Institute of Australia for statistical, regulatory and research purposes. Signet Institute of Australia may disclose your personal information for these purposes to third parties, including:

- 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).

Legal And Regulatory

The Department's collection and handling of enrolment data is authorised under the Education and Training Reform Act 2006 (Vic).

Survey Participation

You may be contacted to participate in a survey conducted by NCVER, Signet Institute of Australia's registering body, Australian Skills Quality Authority (ASQA) or a department-endorsed project, audit or review relating to your training. If you participate you may choose to keep your responses confidential. This provides valuable feedback on the delivery of VET programs in SA.

Please note you may opt out of the NCVER survey at the time of being contacted.



Consequences Of Not Providing Your Information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET qualification in Signet Institute of Australia.

Access, Correction And Complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

Updating Your Records

Please let us know if any of your details change by providing updated information to our office. This is particularly important if your phone number, residential, postal or email address change during your enrolment with Signet Institute of Australia.

OFFICE USE ONLY (FOR STAFF ONLY)

Application Assessed by:	
Date:	

Admissions Officer Name:			
Admissions Officer Signature:		Date:	