

# Student Personal Details Form

Please select one of the following boxes:

<p><b>Existing Student</b> If you are an existing student and your details have not changed in the past 12 months, <b>GO TO SECTION 5</b> to enrol by reading and signing the student declaration box. Return the form to LASA Aged Care Training Institute.</p>	<p><b>New Student</b> If you are a new student please complete <b>ALL SECTIONS</b>. Incomplete forms may delay processing time. Please contact LASA Aged Care Training Institute if you have any questions.</p>
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## SECTION 1: STUDENT DETAILS

USI Number (10 digits) (Register usi.gov.au)						
Full Name (incl Title)						
Date of Birth			Gender (Please Select)	Male	Female	Other
Country of Birth	City of Birth					
Address						
	Suburb			State		Postcode
Telephone	Home			Mobile		
Email						
Emergency contact	Name			Phone		Relationship

## SECTION 2: ORGANISATION / WORKPLACE DETAILS

Organisation						
Your Role						
Workplace address						
	Suburb			State		Postcode
Phone/Fax	Phone			Fax		
Email						
Employment Type	Full Time	Part Time	Casual			

## Student Personal Details Form continued

<b>SECTION 3: OTHER DETAILS</b>							
Are you an Australian Resident?	Yes	No	If no, Residency Status				
Is English your first language?	Yes	No	Are you Aboriginal or Torres Strait Islander?		Aboriginal	Torres Strait Islander	
Do you have any language, literacy or numeracy concerns?			Maths	Reading	Writing		
Do you have a disability you would like us to be aware of?	Yes	No	If yes, please specify				
Completed Secondary Education	Yr9	Yr10	Yr11	Yr12			
Completed/Tertiary Qualification	CIII	CIV	Dip	Degree	Year completed		
					Qual code and name		
Are you currently enrolled in a Qualification or Skill Set (if yes select)	Yes	No	CIII	CIV	DIP	Degree	Units of Competency
Do you wish to apply for Recognition of Prior Learning or Credit Transfer?						Yes	No
Have you previously studied with LASA Q Education Institute?						Yes	No

**SECTION 4: PRIVACY NOTICE**

Under the *Data Provision Requirements 2012*, **LASA Aged Care Training 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).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by **LASA Aged Care Training Institute** for statistical, regulatory and research purposes. **LASA Aged Care Training Institute** 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](http://www.ncver.edu.au)).

Student Personal Details Form continued

**SECTION 5: STUDENT DECLARATION AND CONSENT**

- I declare that the information I have provided in Section 4 is 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.
- I have read, understood and accept the policies, procedures and relevant acts and codes as outlined in the Student Handbook see: [www.qld.lasa.asn.au/Education-Institute-Students](http://www.qld.lasa.asn.au/Education-Institute-Students)
- I understand whereby if I am enrolling under a Queensland Government subsidised program, fees are to be paid upfront and refunds are not applicable under the agreement unless under special consideration
- I understand at enrolment I will be required to pay an upfront non-refundable administration fee of \$450.00 (Qualification)
- I confirm the accuracy of the information that I have provided to LASA Aged Care Training Institute
- I agree for the Institute to use images/testimonials given by me to the Institute for marketing/advertising purposes
- In all the LASA Aged Care Training Institute programs there will be a non-refundable component of the course/workshop or unit cost. This fee varies according to the length and resources associated with the course
- Whilst every endeavour is made to conduct all advertised courses, the Institute reserves the right to change timetables, locations and other such details regarding enrolment.

Whilst the information I have provided is private and confidential I acknowledge it may be necessary to discuss any of the details I have provided, including course assessments and competency requirements with other stakeholders.

<b>Student Signature</b> (or electronic authentic signature)		<b>Date</b>	
<b>Parent/Gaurdian Signature</b> (or electronic authentic signature)*		<b>Date</b>	

\*Parental/guardian consent is required for all students under the age of 18.

**SECTION 6: FURTHER INFORMATON**

<input type="checkbox"/>	Tick this box if you <b>DO NOT</b> agree to be contacted by LASA Aged Care Training Institute in relation to other courses or workshops.
<input type="checkbox"/>	Tick this box if you <b>AGREE</b> for LASA Aged Care Training Institute to use your feedback for publications/reporting purposes.

**OFFICE USE ONLY**

Student ID			
Entered By		Date	