

STUDENT ENROLMENT FORM

Qualification	Genre
<input type="checkbox"/> Diploma of Performing Arts (10606NAT)	<input type="checkbox"/> Music
<input type="checkbox"/> Advanced Diploma of Performing Arts (10607NAT)	<input type="checkbox"/> Dance
<input type="checkbox"/> Certificate II of Performing Arts (10192NAT)	<input type="checkbox"/> Acting
<input type="checkbox"/> Certificate IV of Performing Arts (10293NAT)	

Personal details			
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____		
Given name:		Middle name/s:	
Surname:			
Date of Birth:	Learner Unique Identifier (LUI) Number:		
___/___/___			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified		
Country of Birth:	City of Birth:		
Country of Citizenship:	Aust. Citizenship Status:		
Mobile number:		Home number:	
Email address:			

USI Details										
Unique Student Identifier (USI) number:										
For each USI character (above), indicate if a letter or number, using either a L (letter) or N (number)										
<i>If you do not have a USI, follow the link for further information on the USI and to obtain your USI https://www.usi.gov.au/students. Alternatively, refer to ACPA Student Handbook for further information.</i>										

Emergency contact details			
Name:			
Relationship (Parent, Guardian, Sibling etc.)		Contact Number:	
Email:			

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Residential address	
Building name (if applicable):	
Unit details (if applicable):	
Street name/number:	
City/Suburb:	
Suburb:	Post code:
Country:	
Postal address:	
Is the above address your postal address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please fill in the following	
Building name (if applicable):	
Unit details (if applicable):	
Street name/number:	
PO Box Details (if applicable):	
City/Suburb:	
Suburb:	Post code:
Country:	

VET related details	
Aboriginal or Torres Strait Islander Origin:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Torres Strait Islander
Employment status:	
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – Not employing others <input type="checkbox"/> Employer <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	
Industry of Employment (ie. Retail worker, hospitality worker etc.):	
English Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending Other Schools: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, school name:

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Highest COMPLETED school level: <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 10 <input type="checkbox"/> Never attended school		Completed in what year:
Medical: <i>Please identify any medical issues which may affect your ability to undertake your studies (dance, acting, music)</i> <input type="checkbox"/> None <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Medical condition <input type="checkbox"/> Mental illness <input type="checkbox"/> Vision <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Chronic illness <input type="checkbox"/> Other _____		
Prior education: <input type="checkbox"/> Bachelor Degree or higher <input type="checkbox"/> Advanced Diploma or Associate Degree level <input type="checkbox"/> Diploma Level <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Miscellaneous Education		Australian Qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Payment plan

Please select your option of payment plan for the \$1000 course fee:

- Pay in full - \$1000 (to be paid within 30 days of course commencement)
- 20 instalments - \$50 per fortnight (commencing 30 days from course commencement date)

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Under the Data Provision Requirements 2012, Aboriginal Centre for the Performing Arts (ACPA) 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 Aboriginal Centre for the Performing Arts (ACPA) for statistical, regulatory and research purposes. Aboriginal Centre for the Performing Arts (ACPA) 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.

Under the Data Provision Requirements 2012 and VET Data Policy (which includes the National VET Provider Collection Data Requirements Policy), Registered Training Organisations are required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Recognised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER), and may be used for the following purposes, to:

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 provided in this data submission is accurate and complete
- I understand that information provided in this data submission about client training and outcomes may appear on Unique Student Identifier transcripts
- I understand that it is a Government requirement for all learners undertaking nationally recognised training to provide a USI. ACPA will not process my enrolment until I have provided my USI.
- I understand that I may no longer be eligible for a subsidised training place in Certificate III or higher once I have completed my qualification
- I understand that it is a requirement for me to complete a student employment survey within three (3) months of completing or discontinuing my qualification
- Information provided in this data submission will only be used, accessed, published and disseminated according to the National VET Data Policy
- If that information also includes personal information, the Privacy Act 1988 and Australian Privacy Principles, regulate the collection, use and disclosure of personal information.
- Information provided in this data submission may be used for the purposes outlined above, and identified RTO level information that supports consumer information, transparency and understanding of the national VET market may be published in reports, tables and a range of other data products, including data cubes and websites.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.



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<input type="checkbox"/> I have read and understood ACPA Refund Policy	
<input type="checkbox"/> I have read and understood ACPA Learner Handbook	
Signature (or type your name, if completed on electronically):	Date:
Parental/guardian consent is required for all students under the age of 18.	
Parent/Guardian Signature (or type your name, if completed on electronically):	Date:
Parent/Guardian Name (please print):	
Email:	Contact number: