



STUDENT ENROLMENT FORM

Name: _____ (Please print clearly)

<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)	

ENROLMENT IDENTIFICATION

To be eligible for government subsidised training, you must provide proof of identity and residency.

Please attach two (2) of the following to ensure your enrolment can be processed.

Clear, coloured copies:

- Driver's Licence (front and back)
- 18+ Card (front and back)
- Passport or any document that clearly identifies who you are and where you live
- Birth Certificate
- Medicare Card

Unique Student Identifier (USI)

From January 2015, we at ACPA can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVET. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students>.

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>										

Unique Learner Identifier (LUI)

LUI Details										
Learner Unique Identifier (LUI) number:										
For each LUI character (above), indicate if a letter or number, using either a L (letter) or N (number)										
<i>If you do not have a LUI, follow the link for further information on the LUI and to obtain your LUI https://studentconnect.qcaa.qld.edu.au/login_lui.html Alternatively, refer to ACPA Student Handbook for further information.</i>										

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STUDENT DETAILS

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:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified		
Date of Birth: / /	Country of Birth:	City of Birth:	
Country of Citizenship:		Aust. Citizenship Status:	
Mobile number:		Home number:	
Email address:			

Residential address	
Building name (if applicable):	
Unit details (if applicable):	
Street name/number:	
City/Suburb:	
Suburb:	Post code:



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Country:

Postal address:

Is the above address your postal address? Yes 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: Aboriginal Torres Strait Islander No

Employment status:

- Full-time employee Part-time employee
 Self-employed – Not employing others Employer
 Employed – Unpaid worker in a family business
 Unemployed – Seeking full-time work Unemployed – Seeking part-time work
 Unemployed – Not seeking employment

Industry of Employment (ie. Retail worker, hospitality worker etc.):

English Assistance:

Yes No

Attending Other Schools:

Yes No

If yes, school name:



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SCHOOLING & EDUCATION

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"/> Learning <input type="checkbox"/> Intellectual <input type="checkbox"/> Hearing <input type="checkbox"/> Medical condition <input type="checkbox"/> Mental illness <input type="checkbox"/> Physical <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Chronic illness <input type="checkbox"/> Vision <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 EG Statement of Attainment, AMEB		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 <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL

Name of family doctor/health clinic:		
Telephone number:		
Medicare number:		
Please identify any medical issues which may affect your ability to undertake your studies (acting, dance, music).		
<input type="checkbox"/> None <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Vision	<input type="checkbox"/> Learning <input type="checkbox"/> Medical <input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> Chronic Illness
<input type="checkbox"/> Other _____		

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Please advise of any medical issues that you may require assistance for.

- None
- Diabetes Type I
- Diabetes Type II
- Asthma
- Severe allergies
- Anaphylaxis
- Heart Problems including heart murmurs
- Any other condition that may affect your safety or ability to fully participate during any event, excursion

Details _____

EMERGENCY CONTACT

Name:

Relationship (parent, sibling, aunty, uncle, guardian):

Contact Number:

PAYMENT AND FEES

Given the increased benefits gained from higher level training, you are expected to contribute to the cost of your training through a co-contribution fee, payable to The Aboriginal Centre for the Performing Arts, an approved pre-qualified supplier (PQS).*

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)
- Pay by term - \$250 (to be paid at the beginning each term)
- 20 instalments - \$50 per fortnight (commencing 30 days from course commencement date)

* Please refer to the Student Handbook regarding Fees, Refunds etc.

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TERMS AND CONDITIONS

Please read the Terms and Conditions carefully before you sign the form below to complete your enrolment. Because the Student Declaration is intended to be legally binding, if you do not agree with the Student Declaration, you cannot be enrolled. If you have questions, please contact us before you begin the enrolment process.

Privacy Statement and Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, ACPA is required to collect personal information about you and to disclose that personal information to the National Centre for the 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 ACPA for statistical, regulatory and research purposes. 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

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 <https://www.ncver.edu.au/>).

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STUDENT DECLARATION

As a student of the Aboriginal Centre for the Performing Arts:

- I declare to the best of my knowledge that the application information that I've provided is true, correct and complete. I agree to be bound by the applicable standards of conduct, policies and procedures of the ACPA, including any variations to these that the ACPA makes (and published) from time to time.
- I understand that information that I've provided about 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.
- Information provided in this enrolment form and the data generated 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 Australia Privacy Principles, regulate the collection, use and disclosure of personal information.
- Information provided in this enrolment form and its data 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 agree that I have disclosed any/all circumstances that could impact the RTO's ability to service the training contract with me prior to acceptance or enrolment, including any physical/medical and/or emotional health conditions that might impact my attendance or ability to meet ongoing high-performance standards. While disclosure of a condition will not necessarily result in a refusal to enrol, it may lead to a condition placed on my enrolment to ensure ACPA can provide appropriate support.
- If I've disclosed a medical condition, I agree to allow ACPA to contact my next of kin/guardian/carer in any circumstances where ACPA considers this appropriate for health or safety reasons.
- I will represent ACPA and not do or say or intimate (in any manner, in person, electronically in social media or by way of third parties) anything that would bring ACPA, its staff or its practices into disrepute while a student or as a past student. If I have reason or concern, grievance, complaint or appeal, I agree to abide by the processes publicly available in the ACPA complaints and appeals policies.
- I commit to the payment of all fees promptly and/or the payment plan as agreed in the enrolment form or as otherwise negotiated.
- I agree to maintain high levels of attendance, good behaviour and to meet the high levels of performance expectations understanding that each person's individual contribution impacts the performance of others in partnered or ensemble work.
- I agree to abide by the student responsibilities outlined in the Student Handbook and understand the disciplinary policy may be invoked for breaches.
- I agree that if enrolled 'with conditions', ACPA will develop a plan to support my learning pathway/s in my elected course. The plan will be monitored/documented and may include other support services. My continued enrolment is conditional on my full participation including attendance and all support services provided in the plan.

Student Declaration and Consent

I declare that the information I have provided 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, understand and agree to abide by the Terms and Conditions, Student Handbook (available on the ACPA website <http://acpa.edu.au/how-to-enrol>).

_____ Date _____
STUDENT SIGNATURE [or electronic acknowledgement]

_____ Date _____
PARENT/GUARDIAN SIGNATURE* [or electronic acknowledgement]

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