

Enrolment Form

CLIENT DECLARATION:

I understand that by signing below I agree to the conditions of enrolment and payment as set out in CHP School of Hospitality Student Handbook available at www.chpsoh.com.au/STUDENTINFORMATION and:

- I have read the Student Handbook and Course handbook and understand their contents
- I have prepared my photo ID (Driver's License or Passport) for trainer to check before course commencement
- I agree to notify CHP School of Hospitality immediately of any changes to my personal or contact details
- I have read and agree to the Privacy Statement
- I have read and agree to the Refunds Policy and Complaints/Appeals Procedures
- I have been advised that I may be contacted by Australian Skills Quality Authority (ASQA) for feedback on the courses.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if student is under the age of 18)

I WISH TO ENROL FOR THE FOLLOWING COURSES:

Training Course:	Course Date:

1. Title:	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms
2. First Name:	
Other name/s:	
Last name: (Family Name)	
Single Name Only (Tick this box if you have one name only that cannot be written in the above format. Write your single name in the 'Family name section')	
3. Gender:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other
4. Date of Birth: (dd/mm/yyyy)	
5. Contact Phone:	
Email Address:	
Emergency Contact Person Name:	
Contact Number:	

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM

6. Residential Address:	Flat/Unit Number:	Sighted ID (Trainer to tick)	
	Street Number:		
	Street Name:		<input type="checkbox"/> Driver License
	Suburb:		<input type="checkbox"/> Passport
	State: .		Other, specify: <input type="text"/>
	Postcode:		<input type="text"/>
Postal Address: <input type="checkbox"/> Please Tick if Postal address is the same as Residential Address		PO Box Address:	
<input type="text"/> Flat/Unit Number:		<input type="text"/> PO Box Number:	
<input type="text"/> Street Number:		<input type="text"/> Suburb:	
<input type="text"/> Street Name:		<input type="text"/> State:	
<input type="text"/> Suburb:		<input type="text"/> Postcode:	
<input type="text"/> State: .		<input type="text"/>	
<input type="text"/> Postcode:		<input type="text"/>	
7. In which country were you born?	<input type="radio"/> Australia <input type="radio"/> Other - please specify: _____		
8. Do you speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often)</i>	<input type="radio"/> English only <input type="radio"/> Yes, Please specify: _____ Go to Question 10		
9. How well do you speak English?	<input type="radio"/> Very well <input type="radio"/> Well <input type="radio"/> Not well <input type="radio"/> Not at all		
10. Do you require assistance for Language, Literacy and Numeracy (LLN)?	<input type="radio"/> No <input type="radio"/> Yes <i>(If yes, please contact us on (02) 9959 0025.)</i>		
11. Do you require any special needs arrangement?	<input type="radio"/> No <input type="radio"/> Yes <i>(If yes, please contact us on (02) 9959 0025 prior to course commencement.)</i>		
12. Are you of Aboriginal or Torres Strait Islander origin?	<input type="radio"/> No <input type="radio"/> Yes Aboriginal <input type="radio"/> Yes, Torres Strait Islander <i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)</i>		
13. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="radio"/> No - <u>Go to Question 15</u> <input type="radio"/> Yes - <u>Go to Question 14</u>		
14. If YES, then please indicate the areas of disability, impairment or long-term condition: <i>(Please see appendix for more information.)</i>	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other _____		

15.	What is your highest COMPLETED school level? (Tick <u>ONE</u> box only.)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
16.	In which YEAR did you complete that school level? (yyyy)	
17.	Are you still attending secondary school?	<input type="radio"/> No <input type="radio"/> Yes
18.	Have you SUCCESSFULLY completed any of the qualifications listed below?	<input type="radio"/> No - <u>Go to Question 20</u> <input type="radio"/> Yes - <u>Go to Question 19</u>
19.	If YES, then tick ANY applicable boxes.	
	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate II <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate IV (or advanced certificate/technician) <input type="checkbox"/> Certificates other than the above <input type="checkbox"/> Certificate IV (or above with Acquired disability)	
20.	Of the following categories, which BEST describes your current employment status? (Tick <u>ONE</u> box only.)	
	<input type="radio"/> Full-time employee <input type="radio"/> Employed – unpaid worker in a family business <input type="radio"/> Part-time employee <input type="radio"/> Unemployed – seeking full-time work <input type="radio"/> Self-employed - not employing others <input type="radio"/> Unemployed – seeking part-time work <input type="radio"/> Self-employed - employing others <input type="radio"/> Not employed - not seeking employment	
21.	Of the following categories, which BEST describes your main reason for undertaking this course? (Tick <u>ONE</u> box only)	
	<input type="radio"/> To get a job <input type="radio"/> It was a requirement of my job <input type="radio"/> To develop my existing business <input type="radio"/> I wanted extra skills for my job <input type="radio"/> To start my own business <input type="radio"/> To get into another course of study <input type="radio"/> To try for a different career <input type="radio"/> For Personal Interest or Self-development <input type="radio"/> To get a better job or promotion <input type="radio"/> To get skills for community/voluntary work <input type="radio"/> Other reasons	
22.	What is your Unique Student Identifier?	(10 Characters)
<p>Enter your Unique Student Identifier (if you have one already) From 1 January 2015, we [CHP School of Hospitality] can be prevented from issuing you with a nationally recognized VET qualification or statement of attainment when you complete your course if you do not have a 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 http://www.usi.gov.au/create-your-USI/ on computer or mobile device.</p>		

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM

Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, **CHP School of Hospitality** 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), may be used or disclosed by **CHP School of Hospitality** for statistical, administrative, regulatory and research purposes. **CHP School of Hospitality** may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- 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 a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For more information about NCVER's Privacy Policy go to <http://www.ncver.edu.au/privacy>

Disability supplement

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.

'11 — 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.

'12 — 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.

'13 — 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.

'14 — 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.

'15 — 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.

'16 — 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.

'17 — 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.

'18 — 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.

19 — 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.