

1. COURSE DETAILS

Course Code and Name (please select the course you are enrolling in)

1	BSB30120 - Certificate III in Business	<input type="checkbox"/>	15	Barista Workshop (Non-accredited course)	<input type="checkbox"/>
2	BSB40120 - Certificate IV in Business	<input type="checkbox"/>	16	SITXFSA005 – Use hygienic practices for food safety (Basic Food Handler course)	<input type="checkbox"/>
3	BSB40520 - Certificate IV in Leadership and Management	<input type="checkbox"/>	17	CHCSS00070 - Assist Clients with Medication Skill Set	<input type="checkbox"/>
4	BSB50420 - Diploma of Leadership and Management	<input type="checkbox"/>	18	CHCSS00123 - Dementia Support Skill Set	<input type="checkbox"/>
5	CHC33021 - Certificate III in Individual Support (Ageing)	<input type="checkbox"/>	19	CHCSS00137 - Palliative Approach Skill Set	<input type="checkbox"/>
6	CHC43015 - Certificate IV in Ageing Support	<input type="checkbox"/>	20	Contribute to the care of people with diabetes (non-accredited course)	<input type="checkbox"/>
7	CHC43415 - Certificate IV in Leisure and Health	<input type="checkbox"/>	21	CPCWHS1001 – Prepare to work safely in the construction industry (White Card)	<input type="checkbox"/>
8	CPC20220 - Certificate II in Construction Pathways	<input type="checkbox"/>	22	Food Safety Supervisor Re-certification	<input type="checkbox"/>
9	CUA30920 - Certificate III in Music	<input type="checkbox"/>	23	SITSS00069 - Food Safety Supervision Skill Set	<input type="checkbox"/>
10	CUA31020 - Certificate III in Screen and Media	<input type="checkbox"/>	24	HLTAID011 - Provide First Aid	<input type="checkbox"/>
11	HLT23221 - Certificate II in Health Support Services	<input type="checkbox"/>	25	HLTAID009 - Provide cardiopulmonary resuscitation	<input type="checkbox"/>
12	RII30820 - Certificate III in Civil Construction Plant Operations	<input type="checkbox"/>	26	BSBCMM412 - Lead difficult conversations & BSBLDR523 - Lead and manage effective workplace relationships	<input type="checkbox"/>
13	SIT20322 - Certificate II in Hospitality	<input type="checkbox"/>	27	Leading Difficult Conversations & Managing Workplace Relationships Program (Non-accredited course)	<input type="checkbox"/>
14	SIT30622 - Certificate III in Hospitality	<input type="checkbox"/>	28	Other: Please Specify: _____	<input type="checkbox"/>

Course Start Date

Course Delivery

- Submitting an application to enrol in a course with ITeC Academy does not guarantee you a place in the course. ITeC staff will advise you of the result of your application, of any fees due to be paid prior to course commencing or if there are any entry requirements for a particular course.
- You will be required to provide photo evidence of identity, age and evidence of current residential address. **All details must be completed on this form for your enrolment to be processed/accepted.** If you are requesting ITeC to obtain your Unique Student ID (USI) you **MUST** also complete page 11 of this form.
- To be accepted into an accredited course with ITeC you must complete our online Language, Literacy & Numeracy (LLN) assessment. Once ITeC receives your correctly completed application form we will organise for you to complete your LLN assessment.

2. STUDENT DETAILS

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want ITeC Academy to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Title:	Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other <input type="checkbox"/>				
Single Name only	<input type="checkbox"/> Tick this box if you have one name only that cannot be written in the following format. Please write your single name in the 'Surname' section below.				
First Given Name:		Second Given (middle) Name:			
Family Name (surname):					
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Home Phone:		Email:			
Mobile:		Alternative Email (optional):			
Emergency Contact Name:		Phone:		Relationship:	

What is the address of your usual residence?

Please provide the physical address (street number and name not a post office box) where you usually reside rather than any temporary address at which you reside for training, work, or other purposes before returning to your home. If you are from a rural area, use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park, or unbounded address site.

Building /Property name:		Flat/Unit Details:	
Street or lot number:		Street name:	
Suburb, locality, or town:		State/Territory:	Postcode:

What is your postal address (if different from above)?

Building /Property name:		Flat/Unit Details:	
Street or lot number:		Street name:	
Suburb, locality, or town:		State/Territory:	Postcode:

3. FOR IRT EMPLOYEES ONLY

IRT Employee Position:		Employment status:	Part-time <input type="checkbox"/>	Fulltime <input type="checkbox"/>
IRT Employment Site:				
IRT Manager Name:				
I have been given Manager approval to complete the specified course with ITeC Academy (Attach a screenshot of the written approval from your manager).			Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify:
City of Birth:	
Country of Citizenship:	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify:
Citizenship status: You must be an Australian citizen or Permanent resident or Humanitarian Visa Holder.	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Other – please specify:
Are you in Australia on a Visa?	<input type="checkbox"/> No <input type="checkbox"/> Student TU / 500 <input type="checkbox"/> Other – please specify Visa subclass and attach to your enrolment: (Attach evidence in the upload section or provide a copy to Training Department.)
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, to both
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify:
How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all

5. DISABILITY

Do you consider yourself to have a disability, impairment, or long-term condition?	
Do you require extra assistance with your learning? (e.g. extra time, coloured paper, reading assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – please go to next section
If Yes, please indicate your condition:	<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Vision <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other:
Please indicate the disability assessment type and attached evidence:	<input type="checkbox"/> Recipient of a disability support pension <input type="checkbox"/> Assessed as a student with a disability. <input type="checkbox"/> Dependent of a person in receipt of a disability support pension
If you answered Yes to the above question, do you require any assistance to participate in this course?	<input type="checkbox"/> Yes (We will arrange a meeting to discuss this with you) <input type="checkbox"/> No

6. CONCESSION INFORMATION (required for government subsidised training)

Do you live in NSW social housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on the NSW housing register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently a welfare recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No – please go to next section <input type="checkbox"/> Age pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer payment (not Carer allowance/adjustment payment) <input type="checkbox"/> Family tax benefit Part A (maximum rate) <input type="checkbox"/> Farm household allowance <input type="checkbox"/> Disability support payment <input type="checkbox"/> Job Seeker payment <input type="checkbox"/> Parenting payment (Single) <input type="checkbox"/> Special benefit <input type="checkbox"/> Veterans' affairs pension <input type="checkbox"/> Veterans' children education scheme <input type="checkbox"/> Widow allowance <input type="checkbox"/> Youth allowance <input type="checkbox"/> Other - please specify:
Please attach a copy of the letter from the Department of Human Services (Centrelink) confirming receipt of the benefit in the upload section or provide a hard copy of the letter to the training department.	

Centrelink Status (if applicable)

If unemployed, are you on Centrelink Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Are you linked to a Job Active Provider or Disability Service Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, Provide your Job Seeker ID details below											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											
Type of Centrelink Benefit (e.g.: Youth, Newstart, Disability, Parenting)											
Job Active Provider OR Disability Provider Name and Office Location											
Contact Person Name											
Contact Email Address											
Are you classified as being long term unemployed (continuously for more than 52 weeks)? Evidence to support this requirement is required. Required: Letter from Centrelink or Job Active Provider.	<input type="checkbox"/> Yes <input type="checkbox"/> No										

7. EDUCATION

Schooling	What is your highest COMPLETED school level? (Select ONE box only) If you are currently enrolled in secondary education, the <i>Highest school level completed</i> refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the <i>Highest school level completed</i> is Year 9.	
	<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	
	Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> I am a registered home school student <input type="checkbox"/> No
	Have you SUCCESSFULLY completed any of the qualifications listed below?	<input type="checkbox"/> Yes <input type="checkbox"/> No – please go to next section
	If Yes, then tick ANY applicable boxes: <input type="checkbox"/> Bachelor degree or higher degree <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Diploma (or associate diploma) <input type="checkbox"/> Certificate IV (or advanced certificate/technician) <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)	
When were the above qualifications completed?	<input type="checkbox"/> While attending school <input type="checkbox"/> After leaving school	
Funded/Subsidised Training	Have you undertaken any other government subsidised courses this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. RECOGNITION OF PRIOR LEARNING AND CREDIT TRANSFER

If you have previously completed accredited training or have a combination of experience, skills, training and knowledge that you have built up in your career, you may be eligible for Credit Transfer or Recognition of Prior Learning.

Do you wish to apply for Credit Transfer?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please complete a Credit Transfer Form and attach with a copy of the Course Transcript from your prior studies.
Do you wish to seek Recognition of Prior Learning?	<input type="checkbox"/> No <input type="checkbox"/> Yes – your Educator will issue you with a RPL Guide

9. EMPLOYMENT & STUDY REASON

Of the following categories, which BEST describes your current employment status? (Select ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

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

If you are employed as an aged care worker, please specify the area of aged care:

- Residential Care
- Home Care

If you are employed as an aged care worker, please select the duties you currently undertake:

- Personal Care (showering, grooming, continence care etc.)
- Laundry
- Cleaning
- Maintenance
- Preparing and serving food
- Leisure and lifestyle activities
- Assist in the administration of medication.
- Other, please specify:

Employment Details (if applicable)

Organisation Name

Your Position

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Select ONE box only)

- To get a job
- To develop my existing business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal reasons or self-development
- To get skills for community/voluntary work
- Other reasons

Payment Details (if applicable)

A quote for the course will be provided at enrolment. Any course fees must be paid once you have been accepted into the course and prior to commencement. The ITeC Academy does not accept, at any one time, amounts that exceed \$1,500.

If parents, caregivers, employers, or Job Active Providers are paying on your behalf, please write their details below:

Payee Name

Payee Contact Number

Payee Email Address

Payment Method:

- Cash
- EFTPOS
- Credit Card
- Purchase Order/Invoice
- Instalments (*Payment Plan*)

10. PRIVACY NOTICE & APPLICANT DECLARATION - SUBSIDISED TRAINING IN NSW STUDENTS ONLY

Why we collect your personal information.

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011 (Compilation 29 March 2024)* (Cth) (NVETR Act) and *Data Provision Requirements Instrument 2020*, to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing, and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

Under the Data Provision Requirements 2020, your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by ITeC Academy for statistical, regulatory, administrative and research purposes. ITeC Academy 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:
- and Organisations conducting student surveys; and Researchers.

How the NCVER and other bodies handle your personal information.

The NCVER will collect, hold, use, and disclose your personal information in accordance with the law, including the *Privacy Act 1988 (Compilation 18 October 2023)*, (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include administration of VET and pre-populating RTO student enrolment forms.

The NCVER is authorised to disclose my personal information to the Australian Government Department of Education, Skills, and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- issuing a VET statement of attainment or VET Qualification and populating authenticated VET transcripts.
- facilitation of statistics and research relating to education, including surveys and data linkage.
- understanding how the VET market operates, for policy, workforce planning and consumer information.
- administering VET, including program administration, regulation, monitoring, and evaluation.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal information may also be disclosed to other third parties if required by law.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

ITeC Academy is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>.

ITeC Academy retains a record of personal information about all individuals with whom we undertake any form of business activity. ITeC Academy must collect, hold, use, and disclose information from our clients and stakeholders for a range of purposes.

As a government registered training organisation, regulated by the Australian Skills Quality Authority, ITeC Academy is required to collect, hold, use, and disclose a wide range of personal and sensitive information on Students in nationally recognised training programs. This information requirement is outlined in the *National Vocational Education and Training Regulator Act 2011* and associated legislative instruments.

ITeC Academy must require and confirm identification however in services delivery to individuals for nationally recognised course programs we are authorised by Australian law to deal only with individuals who have appropriately identified themselves. That is, it is a *Condition of Registration* for all RTOs under the *National Vocational Education and Training Regulator Act 2011 (Compilation 29 March 2024)* that we identify individuals and their specific individual needs on commencement of services delivery and collect and disclose Australian Vocational Education and Training Management of Information Statistical Standard (AVETMISS) data on all individuals enrolled in nationally recognised training programs.

For information about how ITeC Academy collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to ITeC Academy's privacy policy which can be found on our website and within the Student Handbook at www.itecacademy.edu.au.

This Privacy Policy contains information about how individuals may access and seek correction of the personal information held by us, and how to complain about a breach of privacy, and how we will deal with such a complaint.

 In providing your personal information as requested and signing this notice, you are confirming your receipt of, and understanding of these details, and providing your consent for the collection, storage, use and disclosure of your personal information as outlined.

I also acknowledge and agree that the Department may contact me by telephone, email, or post during or after I have ceased subsidised training with ITeC Academy for the purposes of evaluating and assessing my subsidised training.

Surveys

You may receive a student survey which may be run by a government department or an NCVET employee, agent, third-party contractor, or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact ITeC Academy to:

- request access to your personal information.
- make a complaint about how your personal information has been handled.
- ask a question about this Privacy Notice

Note: Correct your personal information - It is a requirement for all students to ensure that your contact information is always up to date. Please contact ITeC Academy when any of your personal information changes e.g., telephone numbers, email addresses, residential and postal addresses etc.

Contact: enquiries@itecacademy.edu.au or **Telephone:** 02 4223 3100

Smart and Skilled contact details: <https://smartandskilled.nsw.gov.au/> | **Telephone:** 1300 77 2104

<input type="checkbox"/> I have read and understand the terms of this Privacy Note.			
Student Signature:		Date:	
Parent/Guardian Signature:		Date:	

11.A SUBSIDISED TRAINING – ACT STUDENTS ONLY

Skilled Capital is an ACT Government training initiative, funded by the ACT and Australian Governments. See Section 10. Privacy notice for information that complies with ACT Skilled Capital guidelines. For more information about Skilled Capital subsidised training please note the following contact details:

ACT Skilled Capital <https://www.skills.act.gov.au/students> Ph.: 6205 8555 (during business hours)

11. UNIQUE STUDENT IDENTIFIER (USI) PRIVACY NOTE

From 1 January 2015, ITeC Academy 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 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 <https://www.usi.gov.au/students/create-your-usi> on computer or mobile device.

If you would like ITeC Academy to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information below so that we can apply for a USI on your behalf.

In accordance with section 10 of the *Student Identifiers Act 2014*, ITeC Academy will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application, or the information is no longer needed for that purpose.

12. UNIQUE STUDENT IDENTIFIER (USI) – FOR ACCREDITED TRAINING ONLY

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

Have you been issued with a USI previously?	<input type="checkbox"/> Yes, please provide your 10-digit USI: _____ <input type="checkbox"/> No - please read the Privacy Notice below and complete the following information:
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I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

Student Full Name:			
Student Signature:		Date:	
Guardian Full Name:			
Guardian Signature:		Date:	

13. PROOF OF ELIGIBILITY – FOR SUBSIDISED ACCREDITED TRAINING

The following section outlines the proof of eligibility requirements to access government-subsidised training. Depending on the answers from **Sections 4, 6, 7 & 8** you are required to provide evidence to support your response.

Category 1 - You must provide one form of identity to prove you live or work in Australia:

Living or working in Australia -	<input type="checkbox"/> Australian Driver's Licence	State:		Licence Number:	
	<input type="checkbox"/> Proof of ID Card	State:		Card Number:	

Category 2 – at least one piece of evidence required from this category. Please provide copies and details to support your enrolment:

Citizenship: Australian citizen, New Zealand citizen and permanent Australian resident	<input type="checkbox"/> Medicare Card	Medicare Card Number:		Ref #	
		Medicare Card Colour:	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Yellow
		Medicare Expiry Date:			
	<input type="checkbox"/> Aus/NZ Passport	Passport Number:			
	<input type="checkbox"/> Australian Birth Certificate	Certificate Number:			
	<input type="checkbox"/> Certificate of evidence of resident status	Card Number:			
Humanitarian visa holder and Partner visa holder (Refugee or asylum seeker)	<input type="checkbox"/> Non-Australian Passport	Passport Number:			
	<input type="checkbox"/> Visa documentation	Document Number:			
	<input type="checkbox"/> ImmiCard	Card Number:			
	<input type="checkbox"/> Bridging visa	Document Number:			
Concession/disability	<input type="checkbox"/> Concession card	Card Number:			
Home school students	<input type="checkbox"/> Home schooling registration	Period of time for home schooling:			

14. STUDENT ENROLMENT DECLARATION

Statistical Information Statement

We are committed to maintaining your privacy and confidentiality at all times and complying with the NSW Privacy and Personal Information Protection Act 1998 and the Federal Privacy Act 1988. Student information will not be provided to anyone unless you have provided written consent for us to do so, or the information is allowed or required by law to be provided. This may occur when training attracts Government Incentives and may include Federal and State Education Departments (including; State Training Services), Trainee employers and Australia Skills Quality Authority.

I declare that all information provided in this enrolment form is true and accurate and that I have read and understood the Terms and Conditions of enrolment contained in this Enrolment Form, the Student Handbook and Fees & Charges Schedule.

Yes No

I give permission to share my information as per the Statistical Information Statement above.

Yes No

I give permission for ITeC Academy to verify Certificates or Statement of Attainments that have been issued by an RTO other than ITeC Academy.

Yes No

IRT Employees Only: I give permission for ITeC Academy to share my course progress with my employer and other relevant IRT Group Managers / Team Leaders.

Yes No

I have read and understood ITeC Academy's consumer protection policy as outlined in the Student Handbook: <http://www.itecacademy.edu.au>

Yes No

I declare that the information I have provided to the best of my knowledge is true and correct.

Yes No

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

Yes No

Student Full Name:		Signature:		Date	
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For students under the age of 18 - Full name of Parent / Guardian:	
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Parent/Guardian Signature:		Date	
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Providing Your Supporting Documents

Select one of the three (3) methods below to provide your supporting documents.

1. **Upload Here:** e.g. Proof of ID, Proof of Citizenship
2. **Email your supporting documents to:** enquiries@itecacademy.edu.au
3. **Bring direct to ITeC Academy:** ITeC Academy, 1-5 Miller Street, Coniston

Yes (Uploaded) No (To be provided)

ONLY COMPLETE THIS SECTION if you require ITeC to obtain a Unique Student Identifier (USI) on your behalf.

Request for Registered Training Organisation (RTO) to apply for Unique Student Identifier (USI)

I, (insert your **NAME**) _____ authorise (**ITeC Academy**) to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.

(✓) I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <http://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>

You must provide ONE of the following forms of identity noted below in order for us to verify your identity, along with your town/city and country of birth. Make sure your name written on this application is exactly the same as written in the identity evidence document you provide.

Town / City & Country of Birth e.g., Coniston, Australia			
<input type="checkbox"/> Australian Driver's Licence			
State:		Licence Number:	
<input type="checkbox"/> Medicare Card			
Medicare Number:			Ref no.
Card Colour, Expiry:	<input type="checkbox"/> GREEN <input type="checkbox"/> YELLOW <input type="checkbox"/> BLUE		
	Expiry date: (format MM/YYYY)		
Name as shown on Medicare Card:			
<input type="checkbox"/> Australian Birth Certificate			
Registration Number:		State/Territory:	
<input type="checkbox"/> Australian Passport			
Passport number:			
<input type="checkbox"/> Non-Australian Passport (with Australian Visa)			
Passport number:		Country of issue:	
Applicant Name:			
Applicant Signature: (Or electronic acknowledgement)		Date:	
*Parental/guardian consent is required for all students under the age of 18.			
Parent / Guardian Name:			
Parent Guardian Signature: (Or electronic acknowledgement)		Date:	
In accordance with section 11 of the Student Identifiers Act 2014 (Compilation 7, 2021), ITeC Academy will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application, or the information is no longer needed for that purpose.			