

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	CHCSS00067 Administer and Monitor Medication Skill Set	<input type="checkbox"/>
			29	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 the Request for Registered Training Organisation (RTO) to apply for Unique Student Identifier (USI) form.
- To be accepted into an accredited course with ITeC you must complete our online Language, Literacy, Numeracy & Digital (LLN & D) assessment. Once ITeC receives your correctly completed application form we will organise for you to complete your LLN& D assessment.

2. STUDENT DETAILS					
<p>* 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.</p>					
Title:	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other				
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:	
<p>What is the address of your usual residence?</p> <p>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.</p> <p>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.</p>					
Building /Property name:			Flat/Unit Details:		
Street or lot number:			Street name:		
Suburb, locality, or town:			State/Territory:		Postcode:
<p>What is your postal address (if different from above)?</p>					
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:	<input type="checkbox"/> Part-time <input type="checkbox"/> Fulltime
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).			<input type="checkbox"/> Yes <input type="checkbox"/> No

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. ADDITIONAL SUPPORT	
Do you have a support worker in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No – please go to next section
Do you intend to have the support worker accompany you in class?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify the nature and scope of support to be provided by your support worker.	
Support Worker Details	
Support Worker's Full Name:	
Organisation (if applicable):	
Contact Number:	
Working with children check:	
Email:	

7. 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
Type:	<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:
<p>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.</p>		

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										
<p>If yes, Provide your Job Seeker ID details below</p> <table border="1" style="width: 100%; text-align: center;"> <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											
<p>Are you classified as being long term unemployed (continuously for more than 52 weeks)?</p> <p>Evidence to support this requirement is required.</p> <p>Required: Letter from Centrelink or Job Active Provider.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No										

8. 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

9. 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

10. 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?

- ☐ Yes, please provide your 10-digit USI: _____
- ☐ No - please complete the [Request for Registered Training Organisation \(RTO\) to apply for Unique Student Identifier \(USI\) form](#). Review the 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>

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

12. EMPLOYMENT & STUDY REASON			
<p>Of the following categories, which BEST describes your current employment status? (Select ONE box only)</p> <p>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).</p>		<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Self-employed – employing others <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"/> Not employed – not seeking employment	
<p>If you are employed as an aged care worker, please specify the area of aged care:</p>		<input type="checkbox"/> Residential Care <input type="checkbox"/> Home Care	
<p>If you are employed as an aged care worker, please select the duties you currently undertake:</p>		<input type="checkbox"/> Personal Care (showering, grooming, continence etc.) <input type="checkbox"/> Laundry <input type="checkbox"/> Cleaning <input type="checkbox"/> Maintenance <input type="checkbox"/> Preparing and serving food <input type="checkbox"/> Leisure and lifestyle activities <input type="checkbox"/> Assist in the administration of medication. <input type="checkbox"/> Other, please specify:	
Employment Details (if applicable)			
Organisation Name		Your Position	
<p>Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Select ONE box only)</p>		<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal reasons or self-development <input type="checkbox"/> To get skills for community/voluntary work <input type="checkbox"/> Other reasons	

13. ITeC Academy Terms and Conditions

Before finalising your enrolment at ITeC Academy, you are required to carefully review and provide consent to the [Terms and Conditions](#). These documents are in a separate form and must be completed. Additionally, you must read all relevant privacy notices.

Payment Details (if applicable)		
<p><i>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.</i></p> <p>If parents, caregivers, employers, or Job Active Providers are paying on your behalf, please write their details below:</p>		
Payee Name	Payee Contact Number	Payee Email Address
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Credit Card <input type="checkbox"/> Purchase Order/Invoice <input type="checkbox"/> Instalments (<i>Payment Plan</i>)	

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.itecademy.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 have read and understand the terms of this Privacy Notice and I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

Yes No

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.

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

Student Full Name:

Date

Signature:

For students under the age of 18 - Full name of Parent / Guardian:

Parent/Guardian Signature:

Date

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)

ITeC Academy 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

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://skills.education.nsw.gov.au> | Telephone: 1300 77 2104