

## Student Application for Enrolment Form

*Please complete and return with supporting documents*

The information you provide to Bright Minds Point (BMP) will remain private and confidential under the requirements of the Privacy Act 1988. Your personal details will be used for the purpose of processing your enrolment and facilitating the training and assessment services requested by you. Your personal information will not be released unless required by law or approval is provided by you. Your information will never be sold to a third party. Your information may be provided to a third party who has entered into a legally binding agreement with BMP to provide services to either you or BMP and who agrees to keep your personally information confidential except as required by law. Your personal information will be collected and used for the purpose of collection of data for statistical information under the requirements of the Data Provision Requirements 2012 and in line with current AVETMISS requirements however, this information is reported in a manner that does not identify you

### Enrolment Details:

Course Name:		Course Intake Date	
Course Name:		Course Intake Date	

### Student Information:

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other
Given Names:		Family Name:	
Preferred Name (Nick Name):		Former Name: (if applicable)	
Date of Birth:		Place of Birth:	
Nationality		Country of Birth	
Mobile:		Home	
Email: (compulsory)			

### Student Contact Details:

Address in Australia		Address in Home Country	
Unit No /Street No		Unit No /Street No	
Street Name		Street Name	
Suburb/Town		Suburb/Town	
State/Territory		State/Territory	
Postcode		Postcode	
Country		Country	

### Emergency Contact:

Name:		Mobile:		Relationship	
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### Agent Details:

Agency Name:	
Agency Email address:	

<b>Where is the student when completing this form:</b>			
In Australia <input type="checkbox"/>		Outside of Australia <input type="checkbox"/> Specify country: _____	
<b>Student Services</b>			
Do you currently have Overseas Student Health Cover (OSHC): Y <input type="checkbox"/> N <input type="checkbox"/>			
Provider:		Valid till:	
Do you require Overseas Student Health Cover? Y <input type="checkbox"/> N <input type="checkbox"/>			
Single <input type="checkbox"/> Dual Family <input type="checkbox"/> Multi Family <input type="checkbox"/>		Duration: _____	
<b>Employment Status:</b>			
<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"/> Unemployed – not seeking employment	
<b>Citizenship / Residence Status</b>			
<input type="checkbox"/> Australian Citizen		<input type="checkbox"/> New Zealand Citizen	
<input type="checkbox"/> Student Visa		<input type="checkbox"/> Temporary Resident Visa	
<input type="checkbox"/> Business Visa		<input type="checkbox"/> Working Holiday Visa	
		<input type="checkbox"/> Australian Permanent Resident	
		<input type="checkbox"/> Visitor's Visa	
		<input type="checkbox"/> Permanent Humanitarian Visa	
Passport No: (if applicable)		Passport expiry date	
Visa expiry date		Visa number	
<b>Aboriginal or Torres Strait Islander Origin</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> None of these		
<b>Language Spoken at Home:</b>	<input type="checkbox"/> English <input type="checkbox"/> Other please explain:		
<b>Highest Level of Secondary Education Achieved:</b>	<input type="checkbox"/> 12 or equivalent <input type="checkbox"/> 11 or equivalent <input type="checkbox"/> 10 or equivalent <input type="checkbox"/> 9 or equivalent <input type="checkbox"/> 8 or Below <input type="checkbox"/> Never attended school		
<b>Previous qualifications achieved</b>			
<input type="checkbox"/> Bachelor degree or higher <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)			Year achieved:
Name of the University of College:			
<b>Your major reason for study</b>			
<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"/> I wanted extra skills for my job		<input type="checkbox"/> To get into another course of study	
<input type="checkbox"/> Other reasons		<input type="checkbox"/> To start my own business	
		<input type="checkbox"/> It was a requirement of my job	
		<input type="checkbox"/> For personal interest or self-development	
<b>Disability:</b>			
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes – see below <input type="checkbox"/> No – go to next section			
<input type="checkbox"/> Intellectual		<input type="checkbox"/> Hearing/ Deaf	
<input type="checkbox"/> Acquired Brain Impairment		<input type="checkbox"/> Vision	
		<input type="checkbox"/> Learning	
		<input type="checkbox"/> Medical Condition	

<input type="checkbox"/> Mental Illness If Other, please specify:	<input type="checkbox"/> Physical	<input type="checkbox"/> Other
<b>Are you applying for Recognition of Prior Learning (RPL) or Credit Transfer for your previous studies?</b>		
<input type="checkbox"/> Yes – <input type="checkbox"/> RPL (complete RPL application form) or <input type="checkbox"/> Credit Transfer (Complete credit transfer application form) <input type="checkbox"/> No		
<b>Support Required:</b>		
To enable successful participation and completion of the course you are eligible to undertake, BMP will endeavour to provide you with support where possible. In the event BMP does not have the capacity to cater for your needs BMP will recommend you to either an external support service, or another provider. You will be responsible for the costs associated with the third party.  Please indicate the support services you may require:		
<b>Unique Student Identifier (USI) (please note: BMP can be prevented from issuing you certificate if you don't provide USI)</b>		
It is mandatory requirement for all VET students to provide USI number. USI number is 10-digit number combination of Alfa-numeric. If you do not have USI number, please go online to register <a href="http://usi.gov.au/create-your-usi">http://usi.gov.au/create-your-usi</a> . You will be required valid passport and visa details.  <b>Unique Student Identifier (USI) :</b> _ _ _ _ _		
If you would like to us to apply for your USI number, Please provide below details. The details must be as per your Passport. Town/city of birth: _____ Non Australian passport with student visa.    Passport number _____    Country of Issue _____		
<b>Privacy Statement and Student Declaration:</b>		
I _____ agree and declare: <ul style="list-style-type: none"> <li>That the information I have provided on this form is true, correct and complete to the best of my knowledge.</li> <li>That I have been provided with appropriate and sufficient information via student handbook and course pre-enrolment information available on BMP website to make an informed decision about my enrolment.</li> <li>That I have been provided with detailed information about the fees and charges associated with my course enrolment including information on tuition fees, enrolment fees, materials fees, payment terms and the applicable refund policy.</li> <li>To provide BMP with up-to-date and accurate contacts details and notify them if anything changes.</li> <li>To be bound by BMP's Student Code of Conduct, and other student policies and procedures as well as National and State legislation and regulations including any variations that are made from time to time.</li> <li>I will follow the instructions of my Trainers and Assessors as well as other staff and contractors engaged by BMP.</li> <li>I release and hold harmless BMP, its directors, staff and agents in respect of any property loss or personal injury that I may sustain whilst participating in my course.</li> <li>That BMP is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by BMP or the third parties such as employers (if training paid by an employer), Government departments and authorised agencies, NCVER, organisations conducting student surveys and/or researchers.</li> <li>That I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. (I understand that I may opt out of the survey at the time of being contacted)</li> <li>NCVER will use, disclose, and retain my data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at <a href="http://www.ncver.edu.au">www.ncver.edu.au</a>)</li> </ul> <p style="color: red; font-weight: bold; margin-top: 10px;"> <i>DO not sign this form if you have not understood the above requirements and those outlined in the Student Handbook. If required, please ask the RTO to explain or provide further written information on any of the above before enrolling and signing below.</i> </p> <p>Student Name: _____</p> <p>Student's Signature _____</p> <p>Date: ____ / ____ / ____</p>		