

Training Enrolment Form

PLEASE PRINT CLEARLY IN CAPITAL LETTERS

1. PERSONAL DETAILS

(please tick) Mr Mrs Ms Miss || Male Female Other

Given Name

Family Name

Name you prefer to be referred to as:

Date of Birth (DD/MM/YYYY):

Student Email

(You will need a USI in order to receive your qualification or statement of attainment. If you do not have a USI currently, please go to www.usi.gov.au to create one. Please ensure your name on this form and the name you enter for your USI are exactly the same.)

Unique Student Identifier (USI) **PLEASE PRINT CLEARLY**

Contact Phone Number:

Residential Address (cannot be a PO BOX):

Suburb:

Postcode:

Billing Address (if different from above)

Suburb

Postcode

Please direct accounts to:

Please email accounts to:

Emergency contact Name:

Phone:

Relationship:

2. COURSE ENROLMENT DETAILS:

Study Year	Qualification	Please tick
2020	CUA20113 CERTIFICATE II IN DANCE	<input type="checkbox"/>
2020	CUA30113 CERTIFICATE III IN DANCE	<input type="checkbox"/>

I am completing this Certificate through my school studio

Name of school/studio _____

Please Turn Over

4. Were you born in Australia? Y / N
If no, in which country were you born?

5. Do you usually speak a language OTHER THAN ENGLISH at home? Y / N
If yes please specify which language spoken

6. Do you consider yourself to be an Aboriginal and/or Torres strait islander?
Yes Aboriginal || Yes TSI || No neither

7. Do you have an impediment or disability?
If yes, indicate on the list below

- Visual
- Hearing/deaf
- Physical
- Intellectual
- Medical condition
- Learning
- Mental Illness
- Acquired brain impairment
- Other

If you answered yes to other please specify

8. Do you require any special assistance because of this impediment or disability?
Y / N

9. Do you or have you suffered from an eating disorder?
Y / N

If yes, indicate on the list below

- Anorexia Nervosa
- Bulimia
- Other

If you answered yes to any of the above please attach

- dates to and from
- treatment plan/s
- doctors certificate

10. Are you still being treated for the above eating disorder? Y / N

Please provide details of your current medical practitioner

Name
Address
Phone no.

11. Have you had any broken bones that would affect your performance in this course?
Y / N

Please list the broken bones sustained:

12. Do you have any medical condition that might affect your performance in this course?
Y / N

If you answered yes please specify, and attach any medications you are currently taking

13. Are you still attending secondary school in the year you are enrolling into the certificate?
Y / N

If no which year did you complete?

14. What is your highest COMPLETED school level (NOT the level you are currently undertaking), and what year did you complete this level?

- Year 8 or below / Year completed:
- Year 9 / Year completed:
- Year 10 / Year completed:
- Year 11 / Year completed:
- Year 12 / Year completed:
- Never attended school

15. Have you undertaken any post-secondary education?
Y / N

If yes please complete the following

- Advanced diploma or associate degree
- Bachelor degree or higher degree
- Certificate I
- Certificate II
- Certificate III (or trade certificate)
- Certificate IV (or advanced certificate/technician)
- Diploma
- Other education (including certificates or overseas qualifications not listed above)

16. Employment

- 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

17. Your primary reason for studying this course

- To get a job
- To develop my existing business
- To start my own 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 interest or self-development

- Web search
- Magazine advertising
- Dance studio
- Dance Convention
- Other

18. How did you hear about us?

- Relation/friend

It is a requirement to undertake a Language Literacy and Numeracy test to provide us with a short insight into your LLN needs.

In 100 words or less please describe your most inspiring role model

In 100 words or less explain why you love to dance.

I am aware of the requirements of this qualification. I understand that I must participate in regular classes, workshops, performances, and theory sessions to complete my assessments at the required certificate level.

I agree that there is no guarantee that my enrolment in this course will conclude with a successful outcome. It is my responsibility to complete all assessments required of me, and if more evidence is needed I understand that I will need to provide evidence to show my competence in order to receive my certificate.

I have provided my Unique Student Identifier (USI) to Empowerdance and have ensured that the name stated on this form matches the name that is linked to my USI.

I consent to participate in all dance and theory classes involved with my Certificate at my own risk and agree to take responsibility for my own safety with the understanding that dance can cause injury.

I am aware that if I have any concerns or complaints in regards to the Certificate course I am undertaking, I will speak with my trainers first, then with the director of the studio. If they cannot solve my issue, I will contact Empowerdance directly.

I enter this Certificate course with the commitment to pay all monies owed. I understand that I will not be assessed or receive my completed Certificate and Record of Results until I have finalised all accounts. I understand that my deposit is non-refundable, and I have read the Terms of Agreement in relation to any refunds that may be applicable should I withdraw from the Certificate course.

I understand that all material submitted as part of my Certificate assessments must be of my own work and creation and must be submitted by the date set by my trainers.

I have read and accept the Terms of Agreement. Detailed descriptions can be found in the Pre-Enrolment Handbook.

Student signature _____ Date: _____

Guardian signature (if under 18years of age) _____



Privacy Statement & Student Declaration

Under the *Data Provision Requirements 2012*, Empowerdance 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 Empowerdance for statistical, administrative, regulatory and research purposes. Empowerdance 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).

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.

STUDENT SIGNATURE..... DATE.....

PARENT/GUARDIAN SIGNATURE..... DATE

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



AUTHORITY TO RELEASE TRAINEE INFORMATION

Empowerdance Pty Ltd (RTO CODE 40397) strictly adheres to the Privacy Act 1998 (Commonwealth) in relation to the management of Australian Apprentices and clients and students' information and privacy. The main purpose of this act is to establish a national scheme for the collection use and storage correction disclosure and transfer of personal information.

Whilst you are participating in any courses and all or any associated training/assessment through Empowerdance Pty Ltd, there will be times when training/assessment personnel may need to discuss details about your training progress and results from assessment with your employer and associated people with whom you have come in contact in relation to your participation in your chosen course.

Any discussions or release of any information about your training progress will be undertaken solely for the purpose of your development. Your information will not be discussed with other students (or any other persons) except by law, and unless we have your written permission with to do so. You are required to give permission in writing for the release of your information (whether it be in written form or as part of a discussion) as a part of the enrolment process.

Empowerdance Pty Ltd must also collect your personal information in order to comply with legal obligations; information collected is only used in relation to the services provided including for:

- Reporting and Audit purposes as required from all RTO's to NCVER
- 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.

Student Declaration and Consent

Please sign in the spaces provided below.

In relation to my participation in any Empowerdance Pty Ltd (RTO CODE 40397) course,

I, _____ (student/trainee)
(please print)

give permission for Empowerdance Pty Ltd personnel to record and discuss my training and assessment progress and/or results and any related evidences with my employer(s), colleague(s) or supervisor(s) as may be required/necessary.

Signature: _____

Date: _____

Parent or Guardian signature (if under 18 years of age) _____