

QUALIFICATION :			
CODE	CPCCWHS1001	TITLE	Prepare to work safely in the construction industry
STREAM	N/A	DELIVERY LOCATION	United Kingdom
APPLICANT STATUS	<input type="checkbox"/> Apprentice/Trainee <input checked="" type="checkbox"/> Fee For Service <input type="checkbox"/> VET Investment Plan <input type="checkbox"/> School Student <input type="checkbox"/> Other		

PERSONAL DETAILS			
PREFERRED TITLE Mr / Miss / Mrs / Ms	FIRST NAME/S	MIDDLE NAME/S	SURNAME
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	DATE OF BIRTH	___/___/___
CONTACT DETAILS	Email:	Mobile:	
	Alternative Email (optional):	Home: (0)	
RESIDENTIAL ADDRESS			Post Code:
POSTAL ADDRESS (if different from above)			Post Code:
COUNTRY OF BIRTH	TOWN OF BIRTH	CITIZENSHIP	

IDENTIFICATION	
Please provide a legible copy of one of the below forms of identification: <input type="checkbox"/> Australian Driver Licence <input type="checkbox"/> Australian Passport <input type="checkbox"/> Non-Australian Passport (with Australian Visa) <input type="checkbox"/> ImmiCard <input type="checkbox"/> Citizenship Certificate	
1. Do you have a Learner Unique Identifier (LUI)? <i>Young Queenslanders are registered for the Queensland Certificate of Education (QCE) during Year 10 or in the 12 months before they turn 16, whichever comes first. The learning account records enrolments and results of any completed studies in the different types of learning that may lead to a QCE.</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A
1a. If YES, please supply your LUI number here:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Do you currently have a Unique Student Identifier (USI)? <i>A USI is a reference number made up of numbers and letters that provides you with access to your authentic VET related records.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2a. If YES, please supply your USI number here:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2b. If NO, by signing this form you give your consent for ATTC to apply for a USI on your behalf. In doing so you declare that you have read the privacy information at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx	

AVETMISS DETAILS	
3. Do you speak a language other than English at home?	<input type="checkbox"/> NO <input type="checkbox"/> YES, Specify Language _____
4. 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
5. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5a. If yes please indicate area	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other _____
5b. If you answered YES to the above question will you require additional support to participate in this course?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. What is your highest COMPLETED school level?	<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or Below <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Never attended school
7. Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you SUCCESSFULLY completed any qualifications?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8a. If Yes, please tick applicable qualifications	<input type="checkbox"/> Certificate I <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate II Other Certificates <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Bachelor Degree or Higher <input type="checkbox"/> Certificate IV or Advanced Certificate <input type="checkbox"/> Other Certificates

Do you wish to apply for Recognition of Prior Learning (RPL)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
---	------------------------------	--

EMPLOYER DETAILS			
Enter your current employment information (where applicable) If you are currently unemployed please go to question 9a, or if have never been employed please go to question 10.			
ORGANISATION NAME	YOUR POSITION	SUPERVISOR NAME	SURNAME
EMPLOYER ADDRESS			Post Code:
EMPLOYER CONTACT DETAILS	Email:		Mobile:
	Website:		Home: (0)
9. What is your current employment status?	<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee	<input type="checkbox"/> Self Employed <input type="checkbox"/> School Based	<input type="checkbox"/> Employer <input type="checkbox"/> Other _____
9a. What BEST describes your current or recent occupation? (please select most appropriate)	<input type="checkbox"/> Managers <input type="checkbox"/> Professionals <input type="checkbox"/> Technicians and Trade Workers <input type="checkbox"/> Sales Workers <input type="checkbox"/> Labourers	<input type="checkbox"/> Community and Personal Service Workers <input type="checkbox"/> Clerical and Administrative Workers <input type="checkbox"/> Machinery Operators and Drivers <input type="checkbox"/> Other _____	
9b. What BEST describes the Industry of your current or previous Employer? (please select most appropriate)	<input type="checkbox"/> Agriculture, Forestry and Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Education and Training <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Arts and recreation Services <input type="checkbox"/> Public Administration and Safety <input type="checkbox"/> Health Care and Social Assistance	<input type="checkbox"/> Financial and Insurance Services <input type="checkbox"/> Rental, Hiring and Real Estate Services <input type="checkbox"/> Professional, Scientific and Technical Services <input type="checkbox"/> Administrative and Support Services <input type="checkbox"/> Accommodation and Feed Services <input type="checkbox"/> Electricity, Gas, Water and Waste Services <input type="checkbox"/> Transport, Postal and Warehousing <input type="checkbox"/> Information Media and telecommunications <input type="checkbox"/> Other Services _____	
10. What BEST describes your main reason for undertaking this training? (please select most appropriate)	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try 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 interest or self-development <input type="checkbox"/> Other reasons _____	

EMERGENCY CONTACT DETAILS			
(Parent/ Guardian details MUST be supplied if learner is under 18 years of age)			
PREFERRED TITLE Mr / Miss / Mrs / Ms	RELATIONSHIP	FIRST NAME/S	SURNAME
CONTACT DETAILS	Phone H/W: (0)	Mobile:	

MARKETING			
I give ATTC permission to use photos in public material and social media (including any photos where I may be recognised) as may be useful. I authorise images of my participation in training to be used by ATTC for future marketing and business purposes. I choose to opt-out of this marketing and usage consent. <input type="checkbox"/>			
11. How did you hear about us?	<input type="checkbox"/> Facebook <input type="checkbox"/> attc.org.au <input type="checkbox"/> Word of mouth	<input type="checkbox"/> Brochure <input type="checkbox"/> Previously engaged with ATTC <input type="checkbox"/> Other (Please provide) _____	

PRIVACY STATEMENT & APPLICANT DECLARATION			
(to be signed by learner and Legal Guardian if the learner is under 18 years of age)			
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 and Applicant Declaration.			
Learner Signature			Date: ___/___/___
			Time of signing: ___:___
Guardian Full Name			Date: ___/___/___

Guardian Signature		Time of signing: __: __
---------------------------	--	-------------------------

PRIVACY STATEMENT & APPLICANT DECLARATION

I understand that my RTO, Australian Trade Training College Ltd., (RTO 31399) is required to collect and submit data sourced from this enrolment form and training activity data 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 Australian Trade Training College or the following third parties for administrative, regulatory and/or research purposes:

- *School* – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- *Employer* – if I am enrolled in training paid by my employer.
- Commonwealth and State or Territory *government departments* and *authorised agencies*.
- *NCVER*.
- *Organisations* conducting student surveys.
- *Researchers*.

Personal information disclosed to NCVER may be used or disclosed for the purpose of: Issuing a VET Statement of Attainment or VET 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 program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor.

Please note you may opt out of the survey at the time of being contacted.

NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER’s website at www.ncver.edu.au)

I also declare that:

- I have received and/or accessed and read the Learner Information Handbook and understand my rights and responsibilities as a learner.
- My decision to complete and submit this enrolment form has been without coercion,
- I have received and/or accessed the RTO’s fee schedule,
- I have read and understand the RTO’s refund policy,
- I have been provided with sufficient information on Delivery and Assessment arrangements,
- I have been informed of, and hereby agree to abide by, the RTO policies and procedures relating to fees, charges, rules and regulations of the organisation,
- I grant permission for the RTO to utilise photos or videos of myself in marketing material including social media accounts, the RTO’s website and printed publications including assessment items and training material.

For information about how ATTC collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to ATTC privacy policy which can be found within the [Student Information Handbook](#) and on the web at www.attc.org.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.