

Please send your completed form, along with a copy of your Photo ID & Medicare Card to admin@intercepttraining.com

OFFICE USE ONLY			
App Rec'd: ___ / ___ / ___		By: _____	
Fee: \$ _____		Student Advised: _____	
<input type="checkbox"/> ID	<input type="checkbox"/> Medicare	<input type="checkbox"/> Evidence	<input type="checkbox"/> Paid Dep't <input type="checkbox"/> Booked

SMART & SKILLED APPLICATION FOR FUNDING

Course / Qualification:				Course Date:	
Course Location: <input type="checkbox"/> Online <input type="checkbox"/> Other:					
Information contained in this document is utilised in accordance with Intercept Group Pty Ltd Privacy Policy					
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X		
First Name:			Middle Name:		
Surname:			Date of Birth:		
Email:			Phone:		
Address:					
Suburb:		State:		Postcode:	
Intercept Group Pty Ltd is required by law to verify your Unique Student Identifier (USI). Create one now at www.usi.gov.au					
USI No.:					Forget your USI? Sign here for Intercept to locate it:
Country of birth:	<input type="checkbox"/> Australia <input type="checkbox"/> Other _____	Town of Birth:			
Job Service Provider (if applicable)					
Job Service Provider:			Contact Name:		
Location:			Contact Number:		
Personal Information					
Citizenship status:	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> New Zealand Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Humanitarian Visa	
Highest level achieved since turning 17 & leaving school:	<input type="checkbox"/> Cert I		<input type="checkbox"/> Cert II	<input type="checkbox"/> Cert III	<input type="checkbox"/> Cert IV or above
Are you Aboriginal or Torres Strait Islander?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed any other qualifications under Smart and Skilled in this calendar year?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you: (Tick all that apply)	<input type="checkbox"/> A recipient of a disability support pension <input type="checkbox"/> Assessed by a specialist support professional as a student with a disability <input type="checkbox"/> Dependent or spouse of a person in receipt of a disability support pension				
Do you receive any welfare benefits listed here? (Tick all that apply)	<input type="checkbox"/> JobSeeker Payment <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Parenting Payment (Single Only) <input type="checkbox"/> Family Tax Benefit Part A (Maximum Rate only) <input type="checkbox"/> Carer Payment (not the allowance) <input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Exceptional Circumstance Relief Payment		<input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Pensions <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> Wife Pension		



CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I, *Name*

Of, *Address*

With, *Date of birth*

understand and agree that, under the Data Provision Requirements 2012, Intercept Training Pty Ltd is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity – related information (together **Personal Information**) and disclosure that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER). My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by Intercept Training Pty Ltd for statistical, regulatory and research purposes. Intercept Training Pty Ltd may disclose my personal information for these purposes to third parties, including:

School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship; Employer – if I am enrolled in training aid by my employer; Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Industry (**Department**); NCVER; Organisation conducting student surveys; and Researchers.

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

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 administration, regulation, monitoring and evaluation.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose my Personal Information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). The department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales. 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. 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 Intercept Training Pty Ltd for the purposes of evaluating and assessing my subsidised training. 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 the manner outlined above.

TERMS AND CONDITIONS - I declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Intercept Group Pty Ltd to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

STUDENT HANDBOOK – I understand that the following terms and conditions and the Intercept Policies can be found in the Student Handbook. This is located at www.intercepttraining.com

All enrolments are confirmed in writing before the course starts, giving details of the course start times and venue. In the unlikely event you do not receive confirmation of a course prior to the commencement date, please contact us immediately.

PRIVACY - The Primary purpose of collecting person information that you supply on this form is to process your enrolment and government reporting. We may also use these details to keep you informed of upcoming events and will not disclose your information to a third party. For more details of our Privacy Policy, please visit the website or contact Director of Intercept Group Pty Ltd

UNIQUE STUDENT IDENTIFIER (USI) – I authorise Intercept Group Pty Ltd to apply and/or retrieve pursuant to sub section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf and/or verify. I have read and consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice>

COURSE FEES PAID IN ADVANCE - Intercept Group Pty Ltd requires a minimum deposit, which will not exceed \$1,500 per individual prior to course commencement. If the full course fees are below \$1,500, the full fee may be required prior to course commencement.

REFUND POLICY - Clients who withdraw from a course prior to the commencement of the course maybe entitled to a part refund. For a full copy of the Refund Policy visit our website or contact us.

COLLECTION FEES - By signing this form you acknowledge that you will be liable for all collection fees and charges should non-payment of our invoice/s result in the matter being handed to our Debt Collection Agency.

TRAINING GUARANTEE - Intercept Group Pty Ltd will guarantee to complete all training and/ or assessment once the student has commenced study in their chosen qualification or course. If a student wishes to postpone or defer their enrolment with notification, the Training Guarantee enables the student to return to complete their studies within 6 months from the initial course date. If the student completes the withdrawal form notifying the RTO that they wish to withdraw, the guarantee ceases.

ENROLMENT & SELECTION – The student is responsible for notifying the RTO if they have a medical condition or disability or require assistance in undertaking learning activity or assessment. Requests for the student to transfer or credit their course placement due to changed personal circumstances will be considered and every effort will be made to ensure a placement into an alternative course. The RTO reserves the right to decline admission to a course, terminate a student's enrolment or change a course or tutor at any time without notice.

WORK HEALTH & SAFETY – Intercept Group Pty Ltd is committed to providing and maintaining a safe and healthy environment for the benefit of all clients, visitors and employees. It is important that adherence to all legislative acts and regulations are observed while undertaking training. If students have any concerns or notice a condition or practice that seems unsafe, it is important to bring this to RTO Management's attention.

I declare that I have read, understood and agree with the above

Client Name:		Client Signature:		Date:	
If that applicant is under 18 years old, then consent must also be given by their parent or guardian					
Guardian Name:		Guardian Signature:		Date:	



Enrolment Form

Course/Qualification: HLTINFCOV001 - Comply with infection prevention and control policies and procedures

Course Location: Tuggerah Broadmeadow Offsite Online Course Date: _____

Information contained in this document is utilised in accordance with Intercept Group Pty Ltd Privacy Policy

Section 1 – Personal Details (Please choose by placing an X in the boxes that apply to you)

YOUR NAME MUST BE AS PER YOUR LEGAL IDENTIFICATION PROVIDED TO INTERCEPT GROUP PTY LTD

Title: Mr Mrs Ms Miss Other: _____ Gender: Male Female X

First Name: _____ Middle Name: _____

Surname: _____

Phone: _____ Date of Birth: _____

Email: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Mailing Address if different to above

Address: _____

Suburb: _____ State: _____ Postcode: _____

Emergency Contact

Name: _____

Phone: _____ Relationship: _____

Section 2 – Identification

Unique Student Identifier (USI)

Intercept Group Pty Ltd is required by law to verify your **Unique Student Identifier (USI)** before we can issue certification. Not supplying a valid USI may cause a delay in issuing certification. **Create one now at www.usi.gov.au**

Do you have a USI:

Yes **Your USI No.:** _____
Please write clearly

I have one, but cannot remember it. **Please locate it on my behalf.** Sign here: _____

No I have ready 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>
I have provided one form of ID (Driver's Licence, Medicare Card, Passport or Birth Certificate).

SIGN HERE: _____ If you provided a digital licence provide Licence number: _____

Section 3 – Workplace Details (if applicable)

Company Name: _____ Suburb: _____

Contact Person: _____ Work No.: _____



Enrolment Form

Course/Qualification: HLTINFCOV001 - Comply with infection prevention and control policies and procedures

Section 4 – Personal Information

A. Indigenous Status

- Yes, Aboriginal Yes, Aboriginal and Torres Strait Islander Yes. Torres Strait Islander
 No, Neither Aboriginal or Torres Strait Islander

B. Employment Status

- | | |
|--|--|
| <input type="checkbox"/> Full-Time Employee | <input type="checkbox"/> Self-Employed (Not Employing Others) |
| <input type="checkbox"/> Employed – Unpaid Worker in Family Business | <input type="checkbox"/> Unemployed – Seeking Part-Time Work |
| <input type="checkbox"/> Part-Time Employee | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Unemployed – Seeking Full-Time Work | <input type="checkbox"/> Not Employed – Not Seeking Employment |

C. Disability Status

Do you consider that you have a disability, impairment / long term condition that may affect your participation in the course?

- Yes No – Go to D.

Disability, Impairment or Long-Term Condition:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Hearing / Deafness | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Learning | <input type="checkbox"/> Not Specified |
| <input type="checkbox"/> Other: | | |

D. Language and Literacy

Citizenship status Australian Citizen Permanent Resident
 Other _____

In which country were you born?

Town/City of birth

Is English your First Language? Yes No _____

How well do you speak English? Very Well Minimal
 Well Not at all

E. Education

What is your highest level of education COMPLETED?

- | | |
|---|--|
| <input type="checkbox"/> Did not go to school | <input type="checkbox"/> Completed Year 10 or Equivalent |
| <input type="checkbox"/> Year 8 or Below | <input type="checkbox"/> Completed Year 11 or Equivalent |
| <input type="checkbox"/> Completed Year 9 or Equivalent | <input type="checkbox"/> Completed Year 12 or Equivalent |

Year Completed:

F. Training

Have you completed any other courses / qualifications? (Please tick all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificate III | <input type="checkbox"/> Diploma/Advanced Diploma | <input type="checkbox"/> Post Grad |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Bachelor | <input type="checkbox"/> Masters/ Doctorate |

G. Reason for Study

- | | | |
|---|---|--|
| Which of the following statements best describes your reason for enrolling in this course? | <input type="checkbox"/> Personal Interest | <input type="checkbox"/> To start my own business |
| | <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To try another career |
| | <input type="checkbox"/> I want extra skills for my job | <input type="checkbox"/> To gain a qualification |
| | <input type="checkbox"/> Requirement of my job | <input type="checkbox"/> Other Reason |



Enrolment Form

Course/Qualification: HLTINFCOV001 - Comply with infection prevention and control policies and procedures

Section 5 – Client Enrolment and Policy acceptance Declaration

I declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Intercept Group Pty Ltd to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

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Date: