

# Clayton College

Level 6, 90. King William Street, Adelaide, SA 5000

Web: [www.claytoncollege.edu.au](http://www.claytoncollege.edu.au) Email: [info@claytoncollege.edu.au](mailto:info@claytoncollege.edu.au)

Phone Number: 08 7082 4222



## International Student Enrolment Form

This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at Clayton College are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form. Please contact [admissions@claytoncollege.edu.au](mailto:admissions@claytoncollege.edu.au)

### SECTION 1. QUALIFICATION SELECTION *(Please choose by placing an X in the boxes that apply to you)*

Qualification / Course Name	CRICOS Code	Duration (Weeks)	Yes	Intake Date
BSB50420 Diploma of leadership and management	104417K	52	<input type="checkbox"/>	
SIT30816 Certificate III in Commercial Cookery	102466F	52	<input type="checkbox"/>	
SIT40516 Certificate IV in Commercial Cookery	102467E	78	<input type="checkbox"/>	
SIT50416 Diploma of Hospitality Management	102468D	78	<input type="checkbox"/>	

**Note: Details of Intake Numbers can be obtained from our Course Schedule or by visiting our website:**

[www.claytoncollege.com.au](http://www.claytoncollege.com.au)

### Location

South Australia  Victoria  New South Wales

### SECTION 2. PERSONAL DETAILS *(Please choose by placing an X in the boxes that apply to you)*

Title: Mr  Mrs  Ms  Miss  Other: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

### Contact Details:

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Address (Home Country)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Address (Australia)

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile: \_\_\_\_\_



## SECTION 3. PASSPORT AND VISA DETAILS

Passport Issued by Country):			
Passport Number:			
Passport Expiry Date:			
Do you have current Australian Visa	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what is the Visa type	Visa Subclass :	Visa Expire Date:	

## SECTION 4. RECOGNITION OF PRIOR LEARNING / CREDIT APPLICATION

Would you like to make an application for RPL / Credit?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
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*Note: You can download an RPL / Credit Application by visiting our website: [www.claytoncollege.com.au](http://www.claytoncollege.com.au)*

If you are seeking credit recognition, you must attach certified translated (English) copies of the course outline/syllabus and other relevant documents such as academic transcripts, graduation certificates, grading system information etc., so that Clayton College can assess your eligibility for credit recognition. Also attach certified copies of previous relevant qualifications or experience. Complete the RPL /CT Form available online at [www.claytoncollege.com.au](http://www.claytoncollege.com.au) or at Clayton College Reception.

## SECTION 5. EDUCATION AGENTS

Education Agent:	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Name:			
Mobile:			
Email:			

## SECTION 6. OVERSEAS STUDENT HEALTH COVER (OSHC)

OSHC Arranged	Yes (Part A) <input type="checkbox"/>	No (Part B)	<input checked="" type="checkbox"/>
<b>Part A – Insurer Details</b>			
Name of Insurer:			
Member Number:			
Date of Expiry:			
<b>Part B – Clayton College to arrange: (Please tick appropriate box)</b>			
Cover Type:	Single <input type="checkbox"/> Family <input type="checkbox"/> Double <input type="checkbox"/>		



## SECTION 7. ENGLISH LANGUAGE PROFICIENCY (Please choose by placing an X in the boxes that apply to you)

Provide details and documentation confirming your English language level:

- I have taken a recognised English language test in the last two years (e.g. IELTS, PTE, TOEFL and/or Cambridge)

Name of the test \_\_\_\_\_ Score \_\_\_\_\_ Date of test \_\_\_\_\_

- I have successfully completed an English course in Australia (Please attach certificate)
- English is my first language
- Other \_\_\_\_\_

## ACADEMIC RECORD AND PREVIOUS QUALIFICATION ACHIEVED

1. Are you currently enrolled in any course in Australia for which you received your current student visa, if yes, please answer question 2 and 3 in this section	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you doing this course as a concurrent course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. The student in concurrent course will need to comply with visa and institute requirements of all courses in which they are enrolled, such as maintaining satisfactory course progress and attendance. If agree, tick Yes	Yes <input type="checkbox"/>	
4. Are you transferring from another education provider in Australia? If yes, please provide details _____		

## SECTION 8. EMPLOYMENT

Are you employed in Australia Yes No

If yes which of the following best describes your current employment status?

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee	<input type="checkbox"/> Unemployed-seeking full time work	<input type="checkbox"/> Unemployed-seeking part time work
<input type="checkbox"/> Self-employed - not employing others	<input type="checkbox"/> Not employed - not looking for work	<input type="checkbox"/> Employed - unpaid worker in a family business	<input type="checkbox"/> Employer

## SECTION 9. REASONS FOR STUDY

<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Required as part of my job	<input type="checkbox"/> To develop my business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To start a new career in a different field	<input type="checkbox"/> To gain knowledge in another course	<input type="checkbox"/> To gain new skills
<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> Other:		
Answer the following questions	a. Why do you want to enrol in this course?		



	<p>b. What are your future career/study goals?</p> <hr/> <hr/>
	<p>c. Do you have any existing skills and knowledge that relate to this course?</p> <hr/> <hr/>

<b>SECTION 10. DISABILITY STATUS</b> <i>(Please choose by placing an X in the boxes that apply to you)</i>	
Do you suffer from any physical / mental disability that may affect your participation in the course?	
<input type="checkbox"/> Yes, please complete below <input type="checkbox"/> No – Go to section 11	
Disability, Impairment or Long-Term Condition	
<input type="checkbox"/> Hearing / Deafness	<input type="checkbox"/> Acquired Brain Impairment
<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Learning	<input type="checkbox"/> Other
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Not Specified

<b>SECTION 11. EDUCATION DETAILS</b>
What is the last School / College / University that you attended in Australia?
<input type="checkbox"/> Bachelors or above <input type="checkbox"/> Degree <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I
What is your highest level of education COMPLETED in Australia?
<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or lower <input type="checkbox"/> Did not go to school
Year when school completed:



## SECTION 12. LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, specify:.....
Do you speak a language other than English at home? If other language is spoken, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other, specify:.....
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 13. USI INFORMATION

### Unique Student Identifier (USI)

From 1 January 2015, Organisation> can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI).  
 If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

- Enter your unique student identifier**  
*If you already have one*
- If you do not have a USI, would you like us to apply for a USI on your behalf?**

<input type="checkbox"/> Yes – please complete 'Applying o your behalf', questions and declaration.
<input type="checkbox"/> No – <u>skip to next section</u>

**APPLYING ON YOUR BEHALF** Delete highlighted if you do not apply for USIs on behalf of students.  
 If you would like Clayton College to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>  
 You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf. Please provide your town/city of birth and ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.  
 In accordance with section 11 of the *Student Identifiers Act 2014*, Clayton College will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

3. **Town/City of Birth** (please write the name of the Australian or overseas town or city where you were born)

4. **We will also need to verify your identity to create your USI.** Please provide details for one of the forms of identity below (numbered 1 to 8).

<ol style="list-style-type: none"> <li><b>Australian Driver's Licence</b>                      State: _____                      Licence Number: _____</li> <li><b>Medicare Card</b>                      Medicare card number _____                      Individual reference number (next to your name on Medicare card): ____                      Card colour (circle one): Green / Yellow / Blue                      Expiry date ____/____/____ (format DD/MM/YYYY)</li> <li><b>Australian Passport</b>                      Passport number _____</li> </ol>	<ol style="list-style-type: none"> <li><b>Non-Australian Passport (with Australian Visa)</b>                      Passport number _____                      Country of issue _____</li> <li><b>Immicard</b>                      Immicard Number _____</li> <li><b>Citizenship Certificate</b>                      Stock number _____                      Acquisition date (day/month/year)                      ____/____/____</li> <li><b>Certificate of Registration by Descent</b>                      Acquisition date (day/month/year)                      ____/____/____</li> </ol>
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### USI APPLICATION DECLARATION

- I authorise Clayton College to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.
- I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

Student Signature: _____	Date: ____/____/____
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Unique Student Identifier (USI)	
Student Name:	

SECTION 14. NEXT OF KIN/ EMERGENCY CONTACT				
These are people that Clayton College may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Clayton College.				
Name:	<table border="1"><tr><td></td><td>Relationship to you</td><td></td></tr></table>		Relationship to you	
	Relationship to you			
Address:				
Phone Number:				
Email Address:				

SECTION 15. MARKETING	
How did you find out about this course?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Friends <input type="checkbox"/> agent <input type="checkbox"/> Search engines/google <input type="checkbox"/> Other, specify:.....

SECTION 16: PRIVACY NOTICE	
<b>Why we collect your personal information</b> As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. If you do not provide this information, we will be unable to process your enrolment.	
<b>How we use your personal information</b> We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.	
<b>How we disclose your personal information</b> We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.	
<b>How the NCVER and other bodies handle your personal information</b> The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.	

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The NCVET is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVET may also disclose personal information to persons engaged by NCVET to conduct research on NCVET's behalf.

The NCVET does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVET will handle your personal information please refer to the NCVET's Privacy Policy at [www.ncvet.edu.au/privacy](http://www.ncvet.edu.au/privacy)

If you would like to seek access to or correct your information, in the first instance, please contact us using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVET Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>

## Surveys

You may receive a student survey which may be run by a government department or an NCVET employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact Clayton College to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Please contact us using the contact details provided at the beginning of this Enrolment Application Form. If you would like to view a copy of our privacy policy and associated procedures, let us know and we will provide this to you.

## SECTION 17. DECLARATION

- 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.

Name:

Signature:

Date:

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## SECTION 18. APPLICATION CHECKLIST

Have you:

Your Initial	Description	Your Initial	Description
	Completed all sections of this application		Attached certified true copies of your English Proficiency
	Attached certified true copies of your VISA		Attached any other relevant documentation
	Attached certified true copies of your Passport		
	Attached certified true copies of your qualifications		Read and signed the declaration (Section 17)
	Read all the terms and conditions mentioned in this form		

### Contact us

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