



RTO-45881 | CRICOS: 04035A

ENROLMENT FORM

COURSE/S YOU ARE APPLYING FOR

ON SHORE
 OFFSHORE

COURSE		DURATION	SELECT
CPC30220 Certificate III in Carpentry CRICOS Code: 110627E		104 Weeks	<input type="checkbox"/>
AUR30320 Certificate III in Automotive Electrical Technology CRICOS Code: 115152F		104 Weeks	<input type="checkbox"/>
AUR30620 Certificate III in Light Vehicle Mechanical Technology CRICOS Code: 115153E		104 Weeks	<input type="checkbox"/>
Package	AUR30320 Certificate III in Automotive Electrical Technology + AUR30620 Certificate III in Light Vehicle Mechanical Technology CRICOS Code: 115152F + 115153E	104 Weeks	<input type="checkbox"/>
CPC50220 Diploma of Building and Construction (Building) CRICOS Code: 110628D		78 Weeks	<input type="checkbox"/>
ICT60220 Advanced Diploma of Information Technology CRICOS Code: 114032M		104 Weeks	<input type="checkbox"/>
FNS60622 Advanced Diploma of Banking Services Management CRICOS Code: 114031A		104 Weeks	<input type="checkbox"/>
RII60520 Advanced Diploma of Civil Construction Design CRICOS Code: 115154D		104 Weeks	<input type="checkbox"/>
BSB80120 Graduate Diploma of Management (Learning) CRICOS Code: 114030B		104 Weeks	<input type="checkbox"/>

Please refer to the student's handbook for detailed course information. These qualifications include compulsory work-based training. Refer to Enrolment Policy for details on entry requirements and work-based training.

Intake Dates: (Please Mark a Date from below)

2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	JAN 22ND	FEB 26TH	MAR 18TH	APRIL 15TH	MAY 20TH		JULY 15TH	AUG 19TH		OCT 7TH	NOV 11TH	DEC 9TH
2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	JAN 20TH	FEB 24TH	MAR 17TH	APRIL 14TH	MAY 19TH		JULY 14TH	AUG 18TH		OCT 6TH	NOV 10TH	DEC 8TH
2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	JAN 19TH	FEB 23RD	MAR 16TH	APRIL 13TH	MAY 18TH		JULY 13TH	AUG 17TH		OCT 5TH	NOV 9TH	DEC 7TH
2027	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	JAN 18TH	FEB 22ND	MAR 15TH	APRIL 12TH	MAY 17TH		JULY 12TH	AUG 16TH		OCT 4TH	NOV 8TH	DEC 6TH

Mode of Study:

Face to Face mode and work-based training,
(face to face theory component for all courses)
Minimum 20 hours per week

COURSE LOCATION

BURWOOD CAMPUS

Work based training Location: as per student's practical placement agreement depending on courses.

Please use **BLOCK LETTERS** when filling out this form and ensure that all sections are completed, and appropriate tick boxes marked as applicable. Information collected on this enrolment form is confidential and will not affect you as an individual in your studies.

WARATAH POLYTECHNIC PTY LTD

ABN: 72 643 576 765

RTO: 45881

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Version: 2.1

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Page No: 1



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2000, Australia



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1. PERSONAL DETAILS (INCLUDING FULL LEGAL NAME)

Title: Mr Miss Ms Mrs Other
Gender (Tick One box): Male Female Other
Family name (Surname): _____ (if Single Name only, enter here)
First Name: _____ **Middle Name(s):** _____
Preferred Name: _____ **Date of Birth:**DD.../....MM.../...YY...

2. YOUR CONTACT DETAILS

Home Phone: _____ Mobile Phone: _____
Email Address: _____ Work Phone: _____

3. YOUR EMERGENCY CONTACT

Name: _____ Relationship: _____
Home Phone: _____ Mobile Phone: _____ Work Phone: _____

4. WHAT IS THE ADDRESS OF YOUR USUAL RESIDENCE?

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

Current Address

Building/property name _____
Flat/unit details - _____
Street or lot number (e.g. 205 or Lot 118) _____
Street name - _____
Suburb, locality or town _____
State/territory - _____
Postcode - _____

Permanent Address

Building/property name _____
Flat/unit details - _____
Street or lot number (e.g. 205 or Lot 118) - _____
Street name - _____
Postal delivery info _____
Suburb, locality or town _____
State/territory - _____
Postcode - _____

5. APPLICANT VISA HISTORY

Country visa applied	Category of visa	Date of application	Outcome of visa

Student's Visa been previously refused or Cancelled from any country including Australia? Yes No
If yes, please provide details and copies of any documentation:
 Yes No
If yes, where, when and for what reason?
 Yes No
If yes, what was the reason for this rejection? Which institute? What course did you apply for?

6. LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal/Torres Strait Islander origin? No Yes, Aboriginal Yes, Aboriginal & T.S. Islander
 Yes, Torres Strait Islander
In which country where you born? Australia Other (specify) _____
Do you speak a language other than English at home? No (English only) Yes (please specify) _____

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7. UNIQUE STUDENT IDENTIFIER (USI)

Please note that from 1 January 2015, WARATAH can be prevented from issuing you with a nationally recognized VET qualification or statement of attainment when you complete your course if you do not have a USI. In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI, you can apply for it directly at <http://www.usi.gov.au/create-your-USI> on a computer or mobile device.

Enter your USI

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you want that RTO will create a USI on your behalf, then go to point 9 and complete the information.

8. EDUCATION DETAILS

Have you successfully **COMPLETED** any of the following qualifications? Yes No

If yes, please tick ONE applicable box relating to your prior education at ANY applicable Level as follows:	A	E	I		A	E	I	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed Year 12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or associate degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma or Associate Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV or Advanced Cert/Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III or Trade Certificate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify) _____

A = Australian Qualification

E = Australian Equivalent*

I = International

If multiple of one type, use above priority order (A), (E) and then (I).

*To determine 'Australian Equivalent' qualifications, please refer to the Oversea Qualifications Unit (OQU)

9. EMPLOYMENT STATUS

Which of the following categories **BEST** describes your current employment status? **(Tick one box only)**

<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Not employed – not seeking employment
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Full time employee
<input type="checkbox"/> Unemployed – seeking part time work	<input type="checkbox"/> Part time employee
<input type="checkbox"/> Unemployed – seeking full time work	<input type="checkbox"/> Employer
Where are you employed?	
How many employees are at your current employer?	<input type="checkbox"/> Up to 20 <input type="checkbox"/> Over 20

10. OCCUPATION

Which of the following classifications **BEST** describes your current (or recent) occupation? **(Tick one box only if you are never employed go to next section.)**

<input type="checkbox"/> 1 - Managers	<input type="checkbox"/> 2 - Professionals	<input type="checkbox"/> 3 - Sales Workers
<input type="checkbox"/> 4 - Technicians & Trade Workers	<input type="checkbox"/> 5 - Community and Personal Service Workers	<input type="checkbox"/> 6 - Clerical & Administrative Workers
<input type="checkbox"/> 7 - Labourers	<input type="checkbox"/> 8 - Machinery Operators & Drivers	<input type="checkbox"/> 9 - Other

11. INDUSTRY OF EMPLOYMENT

Which of the following classifications **BEST** describes the industry of your

<input type="checkbox"/> A – Agriculture, Forestry and Fishing	<input type="checkbox"/> K – Professional, Scientific & Technical Svc's
<input type="checkbox"/> B – Electricity, Gas, Water & Waste Services	<input type="checkbox"/> L – Mining
<input type="checkbox"/> C – Accommodation & Feed	<input type="checkbox"/> M – Health Care & Social

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current (or recent) Employer?

(Tick one box only if you never employed go to next section.)

- | | | | |
|--------------------------|--|--------------------------|----------------------------------|
| <input type="checkbox"/> | Services | <input type="checkbox"/> | Assistance |
| <input type="checkbox"/> | D – Transport, Postal & Warehousing | <input type="checkbox"/> | N – Manufacturing |
| <input type="checkbox"/> | E – Rental, Hiring & Real Estate Services | <input type="checkbox"/> | O – Construction |
| <input type="checkbox"/> | F – Education & Training | <input type="checkbox"/> | P – Wholesale Trade |
| <input type="checkbox"/> | G – Financial & Insurance Services | <input type="checkbox"/> | Q – Arts and Recreation Services |
| <input type="checkbox"/> | H – Information Media & Telecommunications | <input type="checkbox"/> | R – Retail Trade |
| <input type="checkbox"/> | I – Administrative Support Services | <input type="checkbox"/> | S – Other Services |
| <input type="checkbox"/> | J – Public Administration and Safety | | |

12. DISABILITY

Do you consider yourself to have a disability, impairment, or long-term condition?

Yes No

If yes, please indicate the areas of disability, impairment, or long-term condition. You may indicate more than one.

- | | |
|--|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Other (Please specify): | |

13. STUDY REASON

Of the following reasons, which **BEST** describes your main reason for undertaking this course / traineeship / apprenticeship?

Tick one box only

- | | |
|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> Go back to my country for better career prospect |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> Other Reasons _____ | |

14. STUDENT CONTACT

How did you find out about the course you are enrolling in? **Tick one box only**

- | | |
|--|---|
| <input type="checkbox"/> Staff Member | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Current/Past Student | <input type="checkbox"/> Social Media (e.g. Facebook) |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Website | |
| <input type="checkbox"/> Agent (Name of the Agent) _____ | |

15. STUDENT HANDBOOK

The student handbook outlines the following:

- | | | |
|---------------------------|-------------------------|--|
| ➤ Student fee information | ➤ Complaints procedure | ➤ Student welfare and support services |
| ➤ Refund Policy | ➤ Appeals procedure | ➤ Recognition of prior learning |
| ➤ Code of conduct | ➤ Assessment guidelines | ➤ Student welfare and support services |

I declare that I have read and understood RTO student handbook and their policies & procedures regarding the above. (The Student Handbook can be found on RTO website)

SIGNATURE: _____ **DATE:** ____/____/____

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16. AUSTRALIAN CITIZENSHIP STATUS

- Australian Citizen New Zealand Citizen
 Permanent Resident Other (please provide details)

17. INDUCTION CHECKLIST (PLEASE TICK THE CORRECT BOXES)

- | | |
|---|---|
| <input type="checkbox"/> Language, Literacy and Numeracy (LLN) assessment completed by student and attached | <input type="checkbox"/> Credit Transfer discussed |
| <input type="checkbox"/> Delivery Mode discussed | <input type="checkbox"/> Location of the course discussed |
| <input type="checkbox"/> Recognition of prior learning (RPL) discussed | <input type="checkbox"/> Tuition fees, Concession and Exemption discussed |
| <input type="checkbox"/> Refund policy discussed | <input type="checkbox"/> Student question answered |
| <input type="checkbox"/> Please indicate any special needs, assistance you may require during the course (e.g Writing assistance) | <input type="checkbox"/> I have read and understand the student handbook |

Privacy Statement & Student Declaration

published on NCVER's website at www.ncver.edu.au).

Privacy Notice

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

Consent for publication of photographs and student work

➤ RTO occasionally takes photos of students participating in classes for publicity purposes. These photos may be displayed on our website. The names and details of the people in the photos are not released or published. Staff will always identify when they are taking photos so students who don't wish to have their photo taken can be excluded from the photo. If at any time your photo is published on the website and you would like it removed, we will do so within 24 hours of receiving a written request to remove it.

- Do you consent to the use of your photo under these conditions?
Please circle one: Yes No
- If you indicated NO, please ensure you advise the staff member at the time the photo is being taken to ensure you are excluded from the photo.

Consent/authority to release information and view documents.

Please be assured that any discussions held with this representative will be for the purposes of your assessment and for your skills development. During the process we do not plan to discuss your evidence or work practices with other trainees, unless we have your written permission to do so. You are required to give permission in writing for any of these discussions or viewing of evidence to occur.

- I will be required to participate in the completion of a National Students Outcomes Survey [NCVER], during the course of my training program.

Declaration of Information Accuracy

In signing or emailing this form I acknowledge and declare that.

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1. I have read and understood and consent to the privacy notice and have completed all questions and details on the enrolment forms.
- 2 - Arrangements have been made to pay all fees and charges applicable to this enrolment.
- 4 - I have read and understand the RTO Information for Learners Handbook
- 5 - I agree to be bound by the RTO's Student Code of Conduct, regulations, policies and disciplinary procedures whilst I remain an enrolled student.
- 6 - I am 18 years of age or older or have permission to access the internet from my parent(s) or guardian(s) if under 18.
- 7 - My participation in this course is subject to the right of RTO to cancel or amalgamate courses or classes. I agree to abide by all rules and regulations of RTO.
- 8 - I understand and have been provided with information by RTO in relation to Credit Transfer and Recognition of Prior Learning (RPL).
- 9 - I confirm that I have been informed about the training, assessment and support services to be provided, and about my rights and obligations as a student at RTO.
- 10 - I have also visited RTO website to review Training and Assessment options available to me including but not limited to duration, location, mode of delivery and work placement (if any), fees, refunds, complaints and withdrawals.
- 11 - I authorise RTO or its agent, in the event of illness or accident during any RTO organised activity, and where emergency contact next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- 12 - My academic results will be withheld until my debit is fully paid and any property belonging to RTO has been returned.
- 13 - I acknowledge that from time to time RTO may send me information regarding course opportunities and other promotional offers and that I have the ability to opt out.
- 14 - I declare that the information I have provided to the best of my knowledge is true and correct.
- 15 - I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Disability supplement

Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

11 – Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate,

whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

12 – Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

13 – Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

14 – Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

15 – Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

16 – Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

17 – Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

18 – Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

19 – Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

SIGNATURE (STUDENT)

DATE

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