Brisbane College of Horticulture

Domestic Student Enrolment Form

Application for Enrolment	
Course Name / Course Code	☐ **AHC30722-Certificate III in Horticulture**
	☐ **AHC40422-Certificate IV in Horticulture**
	☐ **AHC50422-Diploma of Horticulture Management**
	☐ **AHC51422-Diploma of Agribusiness Management**
	☐ **BSB50420-Diploma of Leadership and Management**
	☐ **BSB60120-Advanced Diploma of Business**
	☐ **BSB80120 – Graduate Diploma of Management (Learning)**

Preferred Intake:
____ / ____ (MM/YYYY)

Which campus are you enrolling in? (Select one only)	
☐ **Brisbane Campus:** Level 3 97 Creek St, BRISBANE CITY QLD 4000	☐ **Cairns Campus:** 30 Minnie Street, CAIRNS QLD 4870
☐ **Coffs Harbour Campus:** Level 2, Suite 4, 43 Gordon St, COFFS HARBOUR NSW 2450	

Have you ever studied with Brisbane College of Horticulture before?	☐ Yes ☐ No
Do you wish to apply for Credit? If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.	☐ Yes ☐ No

Brisbane College of Horticulture

Do you wish to apply for recognition of prior learning? If you indicate yes, you will be contacted to discuss this further.	☐ Yes ☐ No

Student's Personal Details	
First name	
Middle name	
Last name	
***Please provide your full legal name exactly as it appears on the identity document you will use to create or verify your Unique Student Identifier (USI).** This includes your first name, any middle names, and your last name. *If you already have a USI, write the name you used when you originally applied.* *If you do not yet have a USI and would like RTO NAME– to apply on your behalf, we require your full name exactly as shown on your chosen form of identification.* *Refer to the USI section at the end of this form for further details.*	
Enter your birth date & place	Day/month/year: _____ / _____ / _____ & _____
Gender (Tick ONE box only)	☐ Male ☐ Female ☐ Other
Student's Contact & Address Details	
Home phone:	( ) -
Mobile:	
Work phone:	( ) -
Email address:	
Alternative email address (optional)	

Building/ property name:	
Flat/unit details:	
Street/ Lot Number (e.g., 122/ Lot 11):	
Street name:	
Suburb, locality or town:	
Postcode:	
State/Territory:	

Language and Cultural Diversity

Please provide the following information to help us understand your language background and cultural identity. This information is used for statistical and support purposes only.

In which country were you born? (e.g., Australia, India, China, etc.)	
Do you speak a language other than English at home?	☐ No, English only ☐ Yes – Please specify: _____
How well do you speak English?	☐ Very well ☐ Well ☐ Not well

Are you of Aboriginal or Torres Strait Islander origin?	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

Disability					
Do you consider yourself to have a disability, impairment or long-term condition?			☐ Yes ☐ No – go to next section		
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: You may indicate more than one area) Please refer to the Disability supplement at the back of this form for an explanation of the following disabilities.					
☐ Hearing/deaf	[11]	☐ Physical	[12]	☐ Intellectual	[13]
☐ Learning	[14]	☐ Mental Illness	[15]	☐ Acquired brain impairment	[16]
☐ Vision	[17]	☐ Medical Condition	[18]	☐ Other	[19]

Disability Supplement

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 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 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'

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.

Schooling & Previous qualifications achieved		
What is your highest COMPLETED school level (tick one box only) ***If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.***		
☐ Year 12 or equivalent [12]	☐ Year 11 or equivalent [11]	☐ Year 10 or equivalent [10]
☐ Year 9 or equivalent [09]	☐ Year 8 or below [08]	☐ Never attended school [02]
Are you still enrolled in secondary or senior secondary education?		☐ Yes ☐ No
Have you SUCCESSFULLY completed any of the qualifications listed below?		☐ Yes ☐ No
If yes, tick ANY applicable boxes		
☐ Bachelor's degree or higher degree [008]	☐ Certificate IV (or advanced certificate/technician) [511]	☐ Certificate I [524]
☐ Advanced diploma or associate degree [410]	☐ Certificate III (or trade certificate) [514]	☐ Other education (including certificates or overseas qualifications not listed above) [990]
☐ Diploma (or associate diploma) [420]	☐ Certificate II [521]	

Brisbane College of Horticulture

Employment

Of the following categories, which BEST describes your current employment status? (Tick one box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employment (less than 35 hours per week)

☐ Full-time employee [01]	☐ Part-time employee [02]	☐ Self-employed – not employing others [03]
☐ Self-employed – employing others [04]	☐ Employed – unpaid worker in a family business [05]	☐ Unemployed – seeking full-time work [06]
☐ Unemployed – seeking part-time work [07]	☐ Not employed – not seeking employment [08]	

Study Reason

Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)

☐ To get a job [01]	☐ It was a requirement of my job [06]
☐ To develop my existing business [02]	☐ I wanted extra skills for my job [07]
☐ To start my own business [03]	☐ To get into another course of study [08]
☐ To try for a different career [04]	☐ For personal interest or self-development [12]
☐ To get a better job or promotion [05]	☐ Other reasons [11]

Unique Student Identifier (USI)

From 1 January 2015, **Brisbane College of Horticulture** 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 Create your USI - Unique Student Identifier

on a computer or mobile device.

Brisbane College of Horticulture

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?	☐ Yes – *please complete 'Applying on your behalf', questions and application declaration.* ☐ No – *skip to next section*

APPLYING ON YOUR BEHALF

If you would like **Brisbane College of Horticulture** 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/about-us/privacy/provider-privacy-obligations

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*, **Brisbane College of Horticulture** 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.

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

We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below

Australian Driver's Licence *State: _____* *Licence Number:* *_____* ***Medicare Card*** *Medicare card number_____*	***Australian Passport*** *Passport number_____* ***Non-Australian Passport (with Australian Visa)*** *Passport number _____* *Country of issue_____* *Visa grant Number_____*	***Citizenship Certificate*** *Stock numbers* *_____* *Acquisition date (day/month/year)* *____/_____/_____* ***Certificate of Registration by Descent*** *Acquisition date (day/month/year)*

Individual reference number (next to your name on Medicare card): __ *Card colour (circle one): Green / Yellow / Blue* *Expiry date ___/_____/____ (format DD/MM/YYYY)*		____/_____/_____

USI APPLICATION DECLARATION

☐ I authorise **Brisbane College of Horticulture** to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for 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 https://www.usi.gov.au/about-us/privacy/provider-privacy-obligations

Student Signature:		**Date:**	
Student Name:			

Next of kin/emergency contact

*These are people that **Brisbane College of Horticulture** 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 by Brisbane College of Horticulture.*

Name:		**Relationship with you:**	
Address:			
Home phone:	( ) -	**Work Phone:**	( ) -
Mobile:		**Email:**	

Brisbane College of Horticulture

Privacy Notice

Under the Data Provision Requirements 2012, **Brisbane College of Horticulture** 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 and your training activity data) may be used or disclosed by **Brisbane College of Horticulture** for statistical, regulatory and research purposes. **Brisbane College of Horticulture** may disclose your personal information for these purposes to third parties, including: Commonwealth and State or Territory government departments and authorised agencies.

NCVER.

Organisations conducting student surveys; and

Researchers.

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

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.

NCVER will collect, hold, use and disclose your 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

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

Application Checklist

Provide a copy of the following documents with your application (you will need to bring the originals to your orientation day for verification): Please tick those that you are providing.

☐ Valid Australian passport copy/ Medicare Card/ Driving License
☐ Australian Citizenship Certificate / Permanent Resident Visa
☐ High School certificate or other relevant certificates
☐ Any other relevant documents to support your application e.g. resume, certification associated with entry requirements

Brisbane College of Horticulture

Student Declaration and Consent please tick all			
☐ 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:**	
Student Name:			

OFFICE USE ONLY			
Admission Officer Signature:		**Date:**	
Accepted by:			