

Application for Enrolment – Domestic

The following is a list of the qualifications offered.

You can enroll in a number of qualifications using this form, but you can only undertake the lesser qualification. You must complete your enrolment in sequence. You can only do one qualification at any given time.

Course code and title	Duration	Course code and title	Duration
<input type="checkbox"/> AHC30722 Certificate III in Horticulture	52 weeks	<input type="checkbox"/> AHC51422 Diploma of Agribusiness Management	52 weeks
<input type="checkbox"/> AHC40422 Certificate IV in Horticulture	52 weeks	<input type="checkbox"/> BSB50420 Diploma of Leadership and Management	52 weeks
<input type="checkbox"/> AHC50422 Diploma of Horticulture Management	52 weeks	<input type="checkbox"/> BSB60120 Advanced Diploma of Business	52 weeks

Make sure you discuss the conditions associated with your course with the training staff before you continue with your selection. (BCH must ensure the course you select is best suited to you and your learning needs).

Which campus are you enrolling in? (Select one only)

<input type="checkbox"/> Brisbane Campus: Level 3 97 Creek St, BRISBANE	<input type="checkbox"/> Cairns Campus: Level 1 88 Abbott St, CAIRNS
<input type="checkbox"/> Coffs Harbour Campus: Level 2, Suite 4, 43 Gordon St, COFFS HARBOUR	

Personal Details

Enter your full name

Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI please write your name **exactly as written in the identity document**, you choose to use.

Title	Given names	Family Name (Surname)

Enter your birth date
(Day/month/year)

Gender (Tick ONE box only)

/ /

Male

Female

Other

Enter your contact information

Home phone (including area code)		Mobile	
Email address			
Alternative email address (optional)			

Emergency contact name	Relationship to you	Emergency contact number

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.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' systems as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

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	

What is your postal address (if different from above)?

Building/Property name			
Flat/Unit details			
Street or lot number (e.g. 205 or Lot 118)			
Street name			
Postal delivery information (e.g. PO Box 254)			
Suburb, locality or town			
State/territory		Postcode	

Disability

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

- Yes
 No (Go to the 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 below for an explanation of the following disabilities.

- Hearing/deaf
 Acquired brain impairment
 Learning
 Physical
 Vision
 Mental illness
 Intellectual
 Medical condition
 Other:

If you answered YES to the above question do you require any assistance to participate in this course?

- No
 Yes (We'll arrange a meeting to discuss this with you)

Disability Supplement

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.

'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.

'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.

'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.

'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.

'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.

'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.

'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.

'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.

'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

What is your highest COMPLETED school level?

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.

(Tick ONE box only)

- | | |
|--|---|
| <input type="checkbox"/> Completed Year 12 | <input type="checkbox"/> Completed Year 9 or equivalent |
| <input type="checkbox"/> Completed Year 11 | <input type="checkbox"/> Completed Year 8 or lower |
| <input type="checkbox"/> Completed Year 10 | <input type="checkbox"/> Never attended school |

Are you still enrolled in secondary or senior secondary education?

- Yes No

Previous Qualifications Achieved

Have you SUCCESSFULLY completed any of the qualifications listed below?

- Yes No

Yes (if yes, please enter **one** of these Prior Education Achievement Recognition Identifiers **any** applicable qualification level.)

A – Australian

E– Australian equivalent

I – International

Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use

1. A – Australian
2. E– Australian equivalent
3. I – International

	A	E	I
<input type="checkbox"/> Bachelor's degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<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"/> Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates other than the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employer Details

Enter your current employment information (where applicable)

Employer organisation name	<input type="text"/>	Your position	<input type="text"/>
Supervisor name	<input type="text"/>		
Employers street address	<input type="text"/>		
Suburb, locality or town	<input type="text"/>		
State/territory	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>		
Email	<input type="text"/>		
Website	<input type="text"/>		

Employment

Of the following categories, which BEST describes your current employment status?

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 employed (less than 35 hours per week).

(Tick ONE box only)

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

Occupation

Which of the following classifications BEST describes your current or recent occupation?

(Tick ONE box only) If unemployed, go to the next question.

- | | |
|---|--|
| <input type="checkbox"/> Managers | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Machinery Operators and Drivers |
| <input type="checkbox"/> Technicians and Trade Workers | <input type="checkbox"/> Labourers |
| <input type="checkbox"/> Community and Personal Service Workers | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Clerical and Administrative Workers | |

Industry

Which of the following classifications BEST describes the Industry of your current or previous Employer?
(Tick ONE box only) If unemployed, go to the next question.

- | | |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Financial and Insurance Services |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Rental, Hiring and Real Estate Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Professional, Scientific and Technical Services |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Administrative and Support Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public Administration and Safety |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Education and Training |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Health Care and Social Assistance |
| <input type="checkbox"/> Accommodation and Feed Services | <input type="checkbox"/> Arts and recreation Services |
| <input type="checkbox"/> Transport, Postal and Warehousing | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> Information Media and telecommunications | |

Study Reason

Study Reason – Of the following categories, 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"/> I wanted extra skills for my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get skills for community / voluntary work |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> It was a requirement of my job | |

Unique Student Identifier

From 1 January 2015, BCH 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. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Enter your Unique Student Identifier (USI) (if you already have one)

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In providing my USI, I confirm BCH is authorised to collect, use and disclose my student identifier for the purposes required under the *Student Identifiers Act 2014*.

I understand that I will receive a notice regarding BCH's use of this information to confirm my USI.

I understand that BCH's name included in the notice may be different to the name they are familiar with –the name of the organisation verifying my USI is BCH.

Privacy Notice & Applicant Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, BCH 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 BCH for statistical, administrative, regulatory and research purposes. BCH 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 published on NCVER's website at www.ncver.edu.au).

BCH retains a record of personal information about all individuals with whom we undertake any form of business activity. BCH must collect, hold, use and disclose information from our clients and stakeholders for a range of purposes.

As a government registered training organisation, regulated by the Australian Skills Quality Authority, BCH is required to collect, hold, use and disclose a wide range of personal and sensitive information on Students in nationally recognised training programs. This information requirement is outlined in the *National Vocational Education and Training Regulator Act 2011* and associated legislative instruments.

BCH must require and confirm identification however in services delivery to individuals for nationally recognised course programs. We are authorised by Australian law to deal only with individuals who have appropriately identified themselves. That is, it is a *Condition of Registration* for all RTOs under the *National Vocational Education and Training Regulator Act 2011* that we identify individuals and their specific individual needs on commencement of services delivery and collect and disclose Australian Vocational Education and Training Management of Information Statistical Standard (AVETMISS) data on all individuals enrolled in nationally recognised training programs. Other legal requirements, as noted earlier in this policy, also require considerable identification arrangements.

For information about how BCH collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to BCH privacy policy which can be found within the Student Handbook and on our website at <http://bch.edu.au/pdf/V12%20Enrolment%20form.pdf>

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.

In providing your personal information as requested and signing this notice, you are confirming your receipt of, and understanding of these details, and providing your consent for the collection, storage, use and disclosure of your personal information as outlined.

Brisbane College of Horticulture (BCH)

Important Information – Please read and ensure you understand the following

BCH is required to provide the below info to students prior to enrolment:

TRAINING

Information on Training Services provided by BCH is available from the office via phone or in written format. Prior to enrolling into your chosen course, ensure you have a full understanding of the structure of the course. All courses are delivered in line with State and any National requirements utilising equipment that complies with all safety standards. Courses are delivered as a theory lesson with a practical component and all participants must ensure they can undertake the training. All costs, durations and outcomes are available from the office or on the website.

ASSESSMENT

Assessments of units will be conducted at a time agreed to by both parties after the following requirements are met.

- Successfully complete all required training, and
- Paid any outstanding monies owed,

Additional assessment processes will be explained to you at the time of training. Should you have any additional questions regarding your assessment method or have any concerns please discuss these with an BCH Staff Member.

SUPPORT SERVICES AND SPECIAL NEEDS

BCH will take every possible action to ensure we support you throughout your training and assessment process. If at any point through-out your course you require any assistance or support please discuss these needs with BCH staff and we will do our best to help. If you have any special needs, including Language, literacy and numeracy, learning, mobility, visual impairment or hearing please notify staff prior to enrolment to allow us to cater for your needs. **If you do not notify us of any condition that may affect your learning, we will not be able to assist you if the need arises.**

YOUR RIGHTS

As part of your training and assessment, you have various rights. BCH wants to ensure your time spent with us is both beneficial and enjoyable. If at any point you feel harassed, discriminated or feel abused, please notify the Principal immediately either face to face, via phone or in writing. If you feel you need to complain about an aspect of service or training and assessment you may do so verbally or in writing. Appeals on any decision made by BCH may be lodged to the Principal and must be done so in writing. For more information on your rights, please talk to the staff.

PRIVACY POLICY

In compliance with the Privacy Act, the information requested on this enrolment form will only be used for the process of enrolment and maintaining the student records. All information will be kept confidential and access to this information is only available to you, the Principal and the trainer. If you want to view your files at any time, lodge the request with your trainer.

RULES AND REGULATIONS

1. To complete your enrolled course students must be able to fulfil the following obligations:
 - Demonstrate to the Trainer and Assessor through attendance and assessment, both written and theory that academic and professional skills have been obtained to a satisfactory and competent level.
 - Satisfy all academic, administrative and financial obligations to the organisation.
2. No food is to be taken into classrooms, and smoking is not permitted in the organisation's premises
3. Students must promptly notify BCH of any change of name, address and contact details.
4. BCH may take telephone messages for students if requested and if it is an emergency. Mobile phones must be switched off during class.
5. Students may be suspended or expelled from BCH at the Principal's discretion for:
 - non or late payment of fees
 - failure to uphold or maintain any of BCH Policies and Procedures
 - Serious misconduct or breach of legislation

REFUND POLICY

BCH will safeguard any money paid by you in advance of your course. BCH will refund you any money paid by you in full in the event we cancel or discontinue a course. If you withdraw from a course due to illness, (verified by a medical certificate) we will refund any course fees paid less an administrative fee of 20 % of your course cost. Should you withdraw for any other reason other than illness, with less than 28 days notice you will forfeit 50% of your course cost. **If you fail to commence the course you will forfeit all monies paid.**

Applicant Declaration and Consent

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.
 In making this application for enrolment, I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by BCH.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed, and NCVER policies, procedures and protocols published on NCVER's website at www.ncver.edu.au

Marketing Use Content

BCH may request my permission to use photo of myself in public material and social media (including any photos where I may be recognised) as may be useful. I also acknowledge BCH may seek to use images of my participation in training to be used by BCH for future marketing and business purposes. However BCH will not publish any such material without my formal written consent.

I understand that I retain the right to withdraw my consent at any time.

I choose to opt-out of this marketing and usage consent.

Applicant Signature:		Date:	
*Parental/guardian consent is required for all students under the age of 18.			
Parent / Guardian Name:			
Parent / Guardian Signature		Date:	

The RTO must provide the learner with student handbook and any other information relating to the course selected.

Please attach to this form & copy of 100 points photo ID.

Office Use only:

Training representative Name:

By signing this form, I certify that I will make every effort to deliver on the services outlined to students and provide every possible opportunity to students to complete their planned course.

Sign: _____ **DATE:** ____ / ____ / ____