

**Brisbane College of Horticulture**

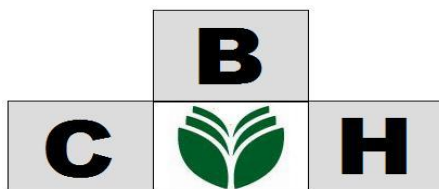
## International Student Enrolment Form

| Application for Enrolment |                                                                              |
|---------------------------|------------------------------------------------------------------------------|
| Course Name               | <input type="checkbox"/> AHC30722-Certificate III in Horticulture            |
|                           | <input type="checkbox"/> AHC40422-Certificate IV in Horticulture             |
|                           | <input type="checkbox"/> AHC50422-Diploma of Horticulture Management         |
|                           | <input type="checkbox"/> AHC51422-Diploma of Agribusiness Management         |
|                           | <input type="checkbox"/> BSB50420-Diploma of Leadership and Management       |
|                           | <input type="checkbox"/> BSB60120-Advanced Diploma of Business               |
|                           | <input type="checkbox"/> ICT60220-Advanced Diploma of Information Technology |

|                                                                                                                                                                                 |                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Have you ever studied with Brisbane College of Horticulture before?                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                  |
| Do you wish to apply for Credit?<br>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form. | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Maybe- I would like more information |
| Do you wish to apply for recognition of prior learning?<br>If you indicate yes, you will be contacted to discuss this further.                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Maybe- I would like more information |

| Which campus are you enrolling in? (Select one only)                                                   |                                                                                    |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Brisbane Campus:</b><br>Level 3 97 Creek St, BRISBANE                      | <input type="checkbox"/> <b>Cairns Campus:</b><br>30 Minnie Street Cairns QLD 4870 |
| <input type="checkbox"/> <b>Coffs Harbour Campus:</b><br>Level 2, Suite 4, 43 Gordon St, COFFS HARBOUR |                                                                                    |

| Student's Personal Details |  |
|----------------------------|--|
| First name                 |  |
| Middle name                |  |
| Last name                  |  |



## Brisbane College of Horticulture

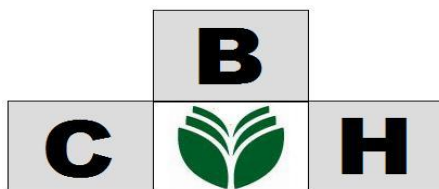
**\*Please provide your full legal name exactly as it appears on the identity document you will use to create or verify your Unique Student Identifier (USI).** This includes your first name, any middle names, and your last name.

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 Brisbane College of Horticulture– 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.

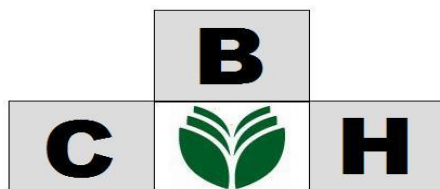
|                                                                      |                                                                                              |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Enter your birth date & place                                        | Day/month/year: ____ / ____ / ____ & ____                                                    |
| Gender (Tick ONE box only)                                           | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| <b>Student's Contact &amp; Address Details</b>                       |                                                                                              |
| 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:                                                     |                                                                                              |
| <b><i>What is your postal address (if different from above)?</i></b> |                                                                                              |
| Building/ property name:                                             |                                                                                              |
| Flat/unit details:                                                   |                                                                                              |
| Street/ Lot Number (e.g., 122/ Lot 11):                              |                                                                                              |
| Street name:                                                         |                                                                                              |
| Suburb, locality or town:                                            |                                                                                              |



## Brisbane College of Horticulture

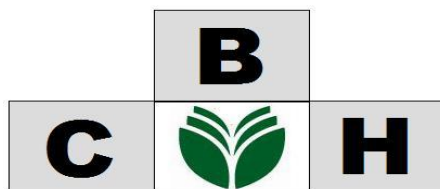
|                                                                                                                                                                                           |                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Postcode:                                                                                                                                                                                 |                                                                                                                                                                                                             |
| State/Territory:                                                                                                                                                                          |                                                                                                                                                                                                             |
| <b>Overseas Address (Outside Australia)</b>                                                                                                                                               |                                                                                                                                                                                                             |
| <i>Please Note: This section must be completed by students currently residing in Australia</i>                                                                                            |                                                                                                                                                                                                             |
| Flat/unit details:                                                                                                                                                                        |                                                                                                                                                                                                             |
| Street/ Lot Number (e.g., 122/ Lot 11):                                                                                                                                                   |                                                                                                                                                                                                             |
| Street name:                                                                                                                                                                              |                                                                                                                                                                                                             |
| Suburb, locality or town:                                                                                                                                                                 |                                                                                                                                                                                                             |
| Postcode:                                                                                                                                                                                 |                                                                                                                                                                                                             |
| State/Territory:                                                                                                                                                                          |                                                                                                                                                                                                             |
| Country name:                                                                                                                                                                             |                                                                                                                                                                                                             |
| <b>Language and Cultural Diversity</b>                                                                                                                                                    |                                                                                                                                                                                                             |
| <i>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.</i> |                                                                                                                                                                                                             |
| In which country were you born?<br>(e.g., Australia, India, China, etc.)                                                                                                                  |                                                                                                                                                                                                             |
| Do you speak a language other than English at home?                                                                                                                                       | <input type="checkbox"/> No, English only<br><input type="checkbox"/> Yes – Please specify: _____                                                                                                           |
| How well do you speak English?                                                                                                                                                            | <input type="checkbox"/> Very well<br><input type="checkbox"/> Well<br><input type="checkbox"/> Not well                                                                                                    |
| Are you of Aboriginal or Torres Strait Islander origin?                                                                                                                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes, Aboriginal<br><input type="checkbox"/> Yes, Torres Strait Islander<br><input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander |

**Disability**



## Brisbane College of Horticulture

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Do you consider yourself to have a disability, impairment or long-term condition?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No – go to Part F |                                                                          |
| If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:<br>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.                                                                                                                                                                                                                                                                                   |                                                                         |                                                                          |
| <input type="checkbox"/> Hearing/deaf                      [11]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Physical                              [12]     | <input type="checkbox"/> Intellectual                              [13]  |
| <input type="checkbox"/> Learning                              [14]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Mental Illness                      [15]       | <input type="checkbox"/> Acquired brain impairment      [16]             |
| <input type="checkbox"/> Vision                                  [17]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Medical Condition              [18]            | <input type="checkbox"/> Other                                      [19] |
| <b>Disability Supplement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                                                          |
| If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:<br>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.                                                                                                                                                                                                                       |                                                                         |                                                                          |
| <b>‘11 — Hearing/deaf’</b><br><br>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.                                                                                     |                                                                         |                                                                          |
| <b>‘12 — Physical’</b><br><br>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.                                                                                                                                    |                                                                         |                                                                          |
| <b>‘13 — Intellectual’</b><br><br>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.                                                                                                                                                                                                                          |                                                                         |                                                                          |
| <b>‘14 — Learning’</b><br><br>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. |                                                                         |                                                                          |
| <b>‘15 — Mental illness’</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                                                          |



## Brisbane College of Horticulture

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.***

- |                                                     |                                                     |                                                     |
|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Year 12 or equivalent [12] | <input type="checkbox"/> Year 11 or equivalent [11] | <input type="checkbox"/> Year 10 or equivalent [10] |
| <input type="checkbox"/> Year 9 or equivalent [09]  | <input type="checkbox"/> Year 8 or below [08]       | <input type="checkbox"/> Never attended school [02] |

Go to question Part F

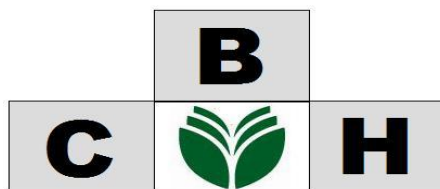
**Are you still enrolled in secondary or senior secondary education?**

☐ Yes   ☐ No

Have you SUCCESSFULLY completed any of the qualifications listed in Part E?

☐ Yes – indicate below Part F  
☐ No – Go to Part H

**If yes, tick ANY applicable boxes**



## Brisbane College of Horticulture

- |                                                                     |                                                                                    |                                                                                                                     |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bachelor's degree or higher degree [008]   | <input type="checkbox"/> Certificate IV (or advanced certificate/technician) [511] | <input type="checkbox"/> Certificate I [524]                                                                        |
| <input type="checkbox"/> Advanced diploma or associate degree [410] | <input type="checkbox"/> Certificate III (or trade certificate) [514]              | <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above) [990] |
| <input type="checkbox"/> Diploma (or associate diploma) [420]       | <input type="checkbox"/> Certificate II [521]                                      |                                                                                                                     |

### 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)**

- |                                                                   |                                                                             |                                                                    |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Full-time employee [01]                  | <input type="checkbox"/> Part-time employee [02]                            | <input type="checkbox"/> Self-employed – not employing others [03] |
| <input type="checkbox"/> Self-employed – employing others [04]    | <input type="checkbox"/> Employed – unpaid worker in a family business [05] | <input type="checkbox"/> Unemployed – seeking full-time work [06]  |
| <input type="checkbox"/> Unemployed – seeking part-time work [07] | <input type="checkbox"/> Not employed – not seeking employment [08]         |                                                                    |

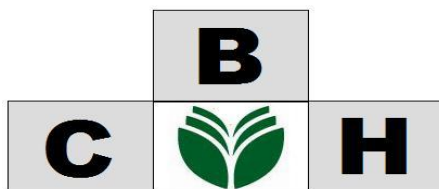
### Study Reason

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

- |                                                                |                                                                         |
|----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> To get a job [01]                     | <input type="checkbox"/> It was a requirement of my job [06]            |
| <input type="checkbox"/> To develop my existing business [02]  | <input type="checkbox"/> I wanted extra skills for my job [07]          |
| <input type="checkbox"/> To start my own business [03]         | <input type="checkbox"/> To get into another course of study [08]       |
| <input type="checkbox"/> To try for a different career [04]    | <input type="checkbox"/> For personal interest or self-development [12] |
| <input type="checkbox"/> To get a better job or promotion [05] | <input type="checkbox"/> 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).



## Brisbane College of Horticulture

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.

**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>

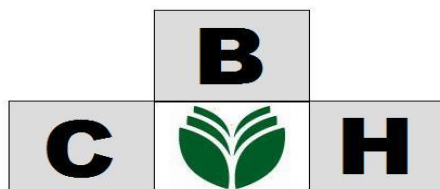
You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf. Please provide your town/city of birth and ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

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**

|                                                                                                                                                          |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Australian Driver's Licence</b></p> <p>State: _____</p> <p>Licence Number: _____</p> <p><b>Medicare Card</b></p> <p>Medicare card number _____</p> | <p><b>Australian Passport</b></p> <p>Passport number _____</p> <p><b>Non-Australian Passport (with Australian Visa)</b></p> <p>Passport number _____</p> <p>Country of issue _____</p> <p>Visa grant Number _____</p> | <p><b>Citizenship Certificate</b></p> <p>Stock numbers _____</p> <p>Acquisition date (day/month/year) _____/_____/_____</p> <p><b>Certificate of Registration by Descent</b></p> <p>Acquisition date (day/month/year) _____/_____/_____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

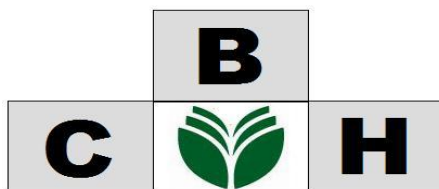


## Brisbane College of Horticulture

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|
| Individual reference number (next to your name on Medicare card):<br>_____<br><br>Card colour (circle one): Green / Yellow / Blue<br><br>Expiry date ____/____/____<br>(format DD/MM/YYYY)                                                                                                                                                                                                                                                                                                                                                   |  |              |
| <b>USI APPLICATION DECLARATION</b><br><br><input type="checkbox"/> 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.<br><br><input type="checkbox"/> I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <a href="https://www.usi.gov.au/about-us/privacy/provider-privacy-obligations">https://www.usi.gov.au/about-us/privacy/provider-privacy-obligations</a> |  |              |
| <b>Student Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Date:</b> |
| <b>Student Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |              |

| Next of kin/emergency contact                                                                                                                                                                                                                                                                                             |          |                               |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------|----------|
| <i>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 to Brisbane College of Horticulture.</i> |          |                               |          |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                              |          | <b>Relationship with you:</b> |          |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                           |          |                               |          |
| <b>Home phone:</b>                                                                                                                                                                                                                                                                                                        | (    ) - | <b>Work Phone:</b>            | (    ) - |
| <b>Mobile:</b>                                                                                                                                                                                                                                                                                                            |          | <b>Email:</b>                 |          |

| Overseas Emergency Contact Details                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| As an international student, you are required to provide your permanent overseas residential address and emergency contact information.<br><br>In case of an emergency during your participation in training, Brisbane College of Horticulture may need to contact your nominated emergency contact(s) in your home country. Please ensure that the individuals you |



## Brisbane College of Horticulture

nominate are aware of this and have consented to their personal information being provided to Brisbane College of Horticulture.

|                    |          |                               |          |
|--------------------|----------|-------------------------------|----------|
| <b>Name:</b>       |          | <b>Relationship with you:</b> |          |
| <b>Address:</b>    |          |                               |          |
| <b>Home phone:</b> | (    ) - | <b>Work Phone:</b>            | (    ) - |
| <b>Mobile:</b>     |          | <b>Email:</b>                 |          |

### 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.

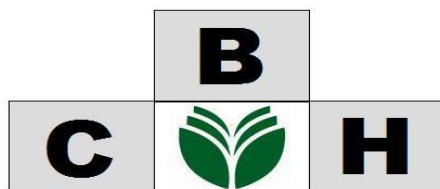
facilitating statistics and research relating to education, including surveys.

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](http://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.



## Brisbane College of Horticulture

### 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 passport copy
- ☐ Valid visa (if you have one)
- ☐ High School certificate or other relevant certificates
- ☐ Proof of English Language Proficiency
- ☐ Any other relevant documents to support your application e.g. resume, certification associated with entry requirements

### 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:**