

AFS01 International Student Re-Enrolment Form

This confidential International Student Re-Enrolment Form asks you for more details about the course/s studied beside the personal information to support you re-enrolling in the courses. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure the course/s you are re-enrolling in is the most suitable for your needs and circumstances. All staff at Allied Institute are required by law to protect the information provided on this Re-Enrolment Form.

Application for Re- Enrolment			
Which course(s) would you like to re-enrol into? <i>If re-enrolling as a whole training package, please tick all courses.</i>	Health	<input type="checkbox"/> CHC33021- <i>Certificate III in Individual Support</i> <input type="checkbox"/> CHC43015- <i>Certificate IV in Ageing Support</i> <input type="checkbox"/> CHC52021- <i>Diploma of Community Services</i> <input type="checkbox"/> CHC30121- <i>Certificate III in Early Childhood Education and Care</i> <input type="checkbox"/> CHC50121- <i>Diploma of Early Childhood Education and Care</i>	
Intake/Start date: <i>If re-enrolling as a whole training package, please fill the intake/ start date of the first course</i>	[Month/Intake/Year] (e.g.: Sep intake 2023) / [DD/MM/YYYY] _____		
Have you ever studied with Allied Institute before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the main reason for re-enrolling the course/s?			
Do you wish to apply for Credit Transfer ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Transfer Form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information		
Do you wish to apply for Recognition of Prior Learning ? <i>If you indicate YES, you will be contacted to discuss this further.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe - I'd like more information		
Do you understand the requirements of Attendance and Academic to complete this course?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Update your Personal Details			
1. Enter your full name*			
Surname:			
Given names:			
*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 and want Allied Institute to apply for a USI on your behalf, <u>you must write your name, including any middle names, exactly as written in the identity document</u> you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation and consent form.			
2. Enter your birth date (dd/mm/yyyy)			
3. Gender (Tick ONE box only) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
4. Enter your contact details			
Home phone:		Work phone:	
Mobile:			
Email address:			
Alternative email address (optional)			

5. 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's or territory's 'rural property addressing' or 'numbering' system 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 <i>(e.g. 205 or Lot 118):</i>	
Street name:			
Suburb, locality or town:		State/territory:	
Postcode:		Country:	
6. What is your postal address? (if different from above)			
Building/ property name:			
Flat/unit details:		Street or Lot Number <i>(e.g. 205 or Lot 118):</i>	
Street name:			
Suburb, locality or town:		State/Territory:	
Postcode:		Country:	
Update your Passport and Visa Details			
7. Passport Number		8. Expiry Date	
9. Country of Passport			
10. What type of visa are you currently holding (if currently holding a visa)			
<i>*If currently enrolled with any other education provider, please provide a copy of your current student visa and all eCoEs that you are holding with your application.</i>			
<input type="checkbox"/> *Student Visa, Subclass _____	<input type="checkbox"/> Work and Travel Visa		
<input type="checkbox"/> Visitor Visa	<input type="checkbox"/> Other, please specify _____		
<input type="checkbox"/> Working Holiday Visa			
Visa Expiry Date:	____/____/____		
11. What type of visa will you re-apply to study at the Institute?			
<input type="checkbox"/> Student Visa	<input type="checkbox"/> Work and Travel Visa		
<input type="checkbox"/> Visitor Visa	<input type="checkbox"/> Other, please specify _____		
<input type="checkbox"/> Working Holiday Visa			
Update your Employment			
12. Of the following categories, which BEST describes your current employment status? (Tick one box only)			
<i>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).</i>			
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Self-employed - not employing others	
<input type="checkbox"/> Self-employed - employing others	<input type="checkbox"/> Employed - unpaid worker in a family business	<input type="checkbox"/> Unemployed - seeking full-time work	
<input type="checkbox"/> Unemployed - seeking part-time work	<input type="checkbox"/> Not employed - not seeking employment		
13. If you are employed which of the following categories best describe your occupation? (Tick one box only)			
<input type="checkbox"/> Managers	<input type="checkbox"/> Professionals	<input type="checkbox"/> Technicians and Trade Workers	
<input type="checkbox"/> Community and Personal Services	<input type="checkbox"/> Clerical and Administrative Workers	<input type="checkbox"/> Sales Workers	
<input type="checkbox"/> Machinery Operators and Drivers	<input type="checkbox"/> Labourers	<input type="checkbox"/> Other	

14. Which best describes the industry of your employment? (Tick one box only)

- | | | |
|--|--|---|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Electricity, Gas, Water and Waste | <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transport, Postal and Warehousing | <input type="checkbox"/> Accommodation and Food |
| <input type="checkbox"/> Info Media and Telecommunications | <input type="checkbox"/> Financial and Insurance | <input type="checkbox"/> Rental, Hiring and Real Estate |
| <input type="checkbox"/> Scientific and Technical | <input type="checkbox"/> Administrative and Support | <input type="checkbox"/> Arts and Recreational |
| <input type="checkbox"/> Public Administration and Safety | <input type="checkbox"/> Education and Training | <input type="checkbox"/> Healthcare and Social |
| <input type="checkbox"/> Other (please specify) | | |

Update your Unique Student Identifier (USI)

15. Enter your unique student identifier (if you already have one)

Update your Next of kin/emergency contact

These are people that Allied Institute 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 Allied Institute.

Name:		Relationship to you:	
Address:			
Home phone:		Work:	
Mobile:		Email:	

Update your Education Agent Contact Details

Company name:			
Contact person:			
Phone:		Email:	

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.

- Completed all sections of this application form
- Proof of English Language Proficiency
- Certified copy of your passport
- Copy of your visa (if you are currently in Australia or have a valid one)
- Certified copies of your highest qualification (overseas and in Australia)
- Credit Transfer Application
- Any other documents to support your application
- A release letter from your current education provider, current and future COEs from current provider (if applicable and applying for transfer of providers)

Official Use Only

Admission Approval: Yes No

Comment:

PRIVACY NOTICE

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. If the personal information is not collected, you will not be able to enrol as a student with Allied Institute.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

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

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

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

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

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

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

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

Surveys

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

Contact information

At any time, you may contact Allied Institute to:

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

You may contact Allied Institute via email: info@allied.edu.au or (+61) 03 7068 0005. Please refer to Allied Institute's *Privacy Policy* for more details: <https://allied.edu.au/forms-and-polices/>

Student Declaration and Consent <i>please tick all</i>			
<input type="checkbox"/> I declare that the information I have provided to the best of my knowledge is true and correct.			
<input type="checkbox"/> I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.			
Student Signature:		Date:	
Student Name:			

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.

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.

Annexure: Unique Student Identifier (USI) Details

Unique Student Identifier Information Sheet

From 1 January 2015, you will need to obtain a USI in order for Allied Institute to issue you a qualification or statement of attainment. If you do not already hold a USI, you can: obtain one at www.usi.gov.au; or request that we obtain one on your behalf.

If you request that Allied Institute obtain a USI on your behalf;

You must provide us with all the requested information. If the information requested is not provided, or is inaccurate, it may affect our ability to obtain a USI on your behalf. The personal information that Allied Institute must provide to the Student Identifiers Registrar to obtain a USI is:

- your name;
- your date of birth;
- your city or town of birth;
- your country of birth;
- your gender; and
- your contact details

Allied Institute will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

Personal Information and Privacy

The personal information that we collect from you and provide to the Student Identifiers Registrar is protected by the Privacy Act 1988. The collection, use and disclosure of your USI is protected by the *Student Identifiers Act 2014*.

Please refer to the Student Identifiers Registrar's Privacy Policy (www.usi.gov.au/Pages/privacypolicy.aspx), which contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act 1988, which includes the following:

- misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs; and
- a failure by us to destroy personal information collected by you only for the purpose of applying for a USI on your behalf.

Additional information required to generate a USI

Name: (including first or given name(s), middle name(s) and surname or family name as they appear in an identification document)			
Date of Birth: (as it appears, if shown, in the chosen document of identity)			
City or Town of Birth:			
Country of Birth:			
Gender:			
Contact Details:	Phone:		
	Email:		
	Mailing Address:		
	Address:		
Please tick the preferred method of contact:			
Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>
		Post	<input type="checkbox"/>
Please provide one valid form of ID from the list below and tick the corresponding box:			
Drivers Licence	<input type="checkbox"/>	Birth Certificate (Australian)	<input type="checkbox"/>
Medicare Card	<input type="checkbox"/>	Certificate of Registration by Descent	<input type="checkbox"/>
Australian Passport	<input type="checkbox"/>	Citizenship Certificate	<input type="checkbox"/>
Visa (with Non-Australian Passport)	<input type="checkbox"/>	ImmiCard	<input type="checkbox"/>

Privacy Declaration

I agree that: I have been provided with the Allied Institute USI Information Sheet; and understand and consent that the personal information I have provided in connection with an application for a USI:

1. is collected by the Student Identifiers Registrar for the purposes of:
 - 1.1. applying for, verifying and giving a USI;
 - 1.2. resolving problems with a USI; and
 - 1.3. creating authenticated vocational education and training (VET) transcripts;
2. may be disclosed to:
 - 2.1. Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - 2.1.1. the purposes of administering and auditing VET, VET providers and VET programs;
 - 2.1.2. education related policy and research purposes; and
 - 2.1.3. to assist in determining eligibility for training subsidies;
 - 2.2. VET Regulators to enable them to perform their VET regulatory functions;
 - 2.3. VET Admission Bodies for the purposes of administering VET and VET programs;
 - 2.4. current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - 2.5. schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - 2.6. the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - 2.7. researchers for education and training related research purposes; any other person or agency that may be authorised or required by law to access the information;
 - 2.8. any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
3. will not otherwise be disclosed without their consent unless authorised or required by or under law.

Signature:	
Date:	