

Enrolment Form | Restaurant and Catering



Restaurant
& Catering

Personal Information					
Do you have a Unique Student Identifier Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, student is to sign and agree to USI-privacy Notice- Declaration	USI number		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (<i>please specify</i>)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Student Details	Surname				
	First name		Middle name		
	Date of birth				
Address	Suburb		State	Postcode	
	Email				
Contact number*	Mobile		Home		
Emergency contact	Name		Number		
Employer Information					
Business name					
Contact person			Position		
Trading address					
Email			Phone		
ABN			Membership No		
Course/Qualification Details					
Method of training	<input type="checkbox"/> Online <input type="checkbox"/> Workplace <input type="checkbox"/> Classroom <input type="checkbox"/> In-house				
Course details	<input type="checkbox"/> Controlling Business Cost <input type="checkbox"/> Total Stock Control <input type="checkbox"/> Essential Customer Service <input type="checkbox"/> Promoting my Business <input type="checkbox"/> Coaching and Mentoring for Team Leaders <input type="checkbox"/> Restaurant and Caterer Licensee Course <input type="checkbox"/> SITSS00017- Food Safety Supervisor (<i>or refresher</i>) <input type="checkbox"/> SITSS00024- Responsible Service of Alcohol (<i>or refresher</i>) <input type="checkbox"/> SITSS00021- Mentoring and Supervision Skill Set		<input type="checkbox"/> SIT20312- Certificate II (Kitchen Operations) <input type="checkbox"/> SIT20213- Certificate II in Hospitality <input type="checkbox"/> SIT31013- Certificate III (Catering Operations) <input type="checkbox"/> SIT30813- Certificate III (Commercial Cookery) <input type="checkbox"/> SIT30713- Certificate III in Hospitality <input type="checkbox"/> SIT40313- Certificate IV in Hospitality <input type="checkbox"/> SIT50313- Diploma of Hospitality <input type="checkbox"/> SIT60313- Advanced Diploma of Hospitality		
	Will you be applying for any Credit Transfer or Recognition of Prior Learning (RPL)? <i>If yes, provide certified copies of transcripts, certificates or statements of attainment</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed (jobseeker) <input type="checkbox"/> Employed (un-paid) <input type="checkbox"/> Other				
Reason for study	<input type="checkbox"/> Self-development	<input type="checkbox"/> Extra skills for my job	<input type="checkbox"/> Job Requirement	<input type="checkbox"/> To develop my business	<input type="checkbox"/> Change job or promotion
	<input type="checkbox"/> To get a job	<input type="checkbox"/> For a different career	<input type="checkbox"/> For another course	<input type="checkbox"/> To start my own business	<input type="checkbox"/> Other

Next review date: Dec 2016

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Concession eligibility	Are you currently the recipient of a specified Commonwealth benefit? For Apprentices and Trainees in NSW receiving subsidised training under Smart & Skilled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes	Please specify the type of benefit and provide evidence You may be eligible for one of 50,000 fee free scholarships or student concession fee (per financial year)		
Housing	Are you currently residing in social housing in NSW or on the NSW Housing register (waiting list)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes and you are aged between 15 and 30 (inclusive) at the commencement of training you may be eligible for a fee free scholarship, evidence required			
Language, Culture and Citizenship			
What is your current Citizenship status?	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other
If you have marked ' Other ', please identify in the space provided. Otherwise proceed to next question	<input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Humanitarian Visa <input type="checkbox"/> Temporary entry permit <input type="checkbox"/> Residing outside of Australia during unit of study <input type="checkbox"/> Other (please specify) _____		
What language do you speak at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other (please specify)	
How well do you speak English?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Are you of Australian Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Australian Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> No
Special Needs			
Do you have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please specify	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Learning	<input type="checkbox"/> Vision <input type="checkbox"/> Mental illness
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Physical <input type="checkbox"/> Acquired brain impairment
Education and Qualifications			
What is your highest COMPLETED school level?	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 8 or equivalent
	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Did not attend school
In what year did you complete this school level?			
Where was this school level completed?			
Are you still attending secondary/high school?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you completed any of the following and how many of each?	<input type="checkbox"/> Bachelor Degree or Higher		<input type="checkbox"/> Certificate III
	<input type="checkbox"/> Advanced Diploma or Associate Degree		<input type="checkbox"/> Certificate II
	<input type="checkbox"/> Diploma		<input type="checkbox"/> Certificate I
	<input type="checkbox"/> Certificate IV		<input type="checkbox"/> Other
Please list the qualifications above			

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Student Privacy and Consent Declaration

I hereby agree to abide by the RTO policies and procedures relating to fees, charges and regulations of the organisation

I declare that the information supplied on this form is correct and complete

I agree that personal information collected by the Registered Training Organisation (RTO) will be:

- Used by the RTO for research, statistical analysis, program evaluation and internal management purposes
- Used by the government departments for audit, research, statistical analysis and program evaluation

I understand that my personal information will only be disclosed to other third parties with the appropriate legal documents or agreement/permission in writing by myself

I understand that the outcomes of this enrolment/course of study will be reported to the State or Federal Government for funding purposes

I Understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes or performance, or sensitive personal information (including ethnicity or health information) (together **Personal Information**) collected by Restaurant and Catering Industry Association of Australia may be disclosed to the Department of Education and Communities.

The Department may disclose my Personal Information to other Australian government agencies, including those located in States or Territories outside New South Wales

The above government agencies may use my Personal Information for any purpose relating to the exercise of government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My personal Information may also be disclosed to other third parties if required by law

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised with Restaurant and Catering Industry Association of Australia for the purpose of evaluating and assessing my subsidised training

Student name:		Date of Birth:	
Of Residential Address:			
Signature:		Date:	

Guardian Name: _____ Relationship to Student: _____

If student is under the age of 18 at the time of completing this enrolment form

Guardian Signature: _____ Date: _____

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Office use Only

The authorised representative of Restaurant and Catering Industry Association must confirm that the representative has sighted;

- All relevant eligibility evidence
- The completion of enrollment student details by the student
- The qualifications of the student have been stated

It is not intended to constitute the sole purpose for assessing an individual's eligibility for any form of learning support. This confirmation must be made below by the authorised representative of Restaurant and Catering Industry Association of Australia

Students name:

Has displayed to me the following document/s in original, or certified copy of original format (*Please tick*)

- Current Australian passport, or
- Current New Zealand passport, or
- Formal documentation issued by The Department of Immigration and Citizenship confirming permanent residence,
- And where applicable all evidence supporting concession fee or fee free scholarship

Authorised Representative of Restaurant and Catering Industry Association of Australia

Name:

Position:

Signature:

Date: