

STUDENT PERSONAL DETAILS

Title: <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		
Given Name/s:		
Family Name:		
Date of Birth: / / (dd/mm/yy)	Country of Birth:	Job Seeker ID (if applicable):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Are you a citizen or permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you of Aboriginal or Torres Strait Islander Origin? <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> No		
Do you speak a language other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes, which one? _____		
If yes, how well do you read, write and speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all		

STUDENT CONTACT DETAILS

Ph (mob):	Ph (home):	Email:
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STUDENT ADDRESS

Address:		
Suburb:	State:	Postcode:

STUDENT POSTAL ADDRESS (if different to above)

Address:		
Suburb:	State:	Postcode:

PARENT/GUARDIAN DETAILS/EMERGENCY CONTACT (MUST be completed if student is under 18yrs)

Name of Parent/Guardian/Contact:	Relationship:
Phone:	Email:

EDUCATION HISTORY

Are you still at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", school name:	LUI Number (if known):
What is your highest COMPLETED school level? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower		
Year completed:		
Have you completed any tertiary qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please indicate: <input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III <input type="checkbox"/> Cert IV <input type="checkbox"/> Diploma <input type="checkbox"/> Adv Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher <input type="checkbox"/> Other (Please specify):		

PROGRAM

I wish to apply for enrolment in the following program(s):		
1.	Class Location:	Start Date: / / (dd/mm/yy)
Delivery Mode*: <input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Workplace		
Do you have access to a computer and the internet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have the Microsoft Office Suite? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what version?	

PAYMENT OPTIONS

<input type="checkbox"/> Unsure, can Sarina Russo Institute please contact me to discuss this	<input type="checkbox"/> VET Student Loan Assistance (Refer to Appendix 1)
<input type="checkbox"/> Certificate III Guarantee funding (Refer to Appendix 2)	<input type="checkbox"/> Traineeships User Choice funding (Refer to Appendix 3)
<input type="checkbox"/> Employer sponsored (provide information in Sponsor Details)	<input type="checkbox"/> Job Active Provider sponsored (provide information in Sponsor Details)
<input type="checkbox"/> Self-funded	

*Please check website for available delivery modes as not all courses have delivery mode options available.

SPONSOR DETAILS (if applicable)

Company Name:		
Billing Contact:	Approving Manager (if applicable):	
Postal Address:	Postcode:	
Suburb:	State:	
Phone:	Email:	
Purchase Order (if applicable):		

CREDIT TRANSFER (CT) / RECOGNITION OF PRIOR LEARNING (RPL)

If you hold previous qualifications or industry experience in the area you are studying, you have the right to apply for credit transfers on units already undertaken or recognition of your prior learning on the job.

Do you wish to apply for credit transfer or RPL? Yes No Unsure, can Sarina Russo Institute please contact me to discuss this

If yes, please attach any certificates of previous study that might apply and Sarina Russo Institute will contact you to discuss your options.

UNIQUE STUDENT IDENTIFIERS (USI)

Effective January 2015, the government requires all students to create a Unique Student Identifier (USI) number. To create visit www.usi.gov.au

Please provide your Government USI number:

EMPLOYMENT STATUS

Are you currently employed?

- Full-time employee
 Part-time employee
 Employer
 Unemployed - seeking part-time work
 Not employed - not seeking employment
 Employed - unpaid in family business
 Self-employed – not employing others

STUDY REASON

Of the following, which describes your main reason for undertaking studies at Sarina Russo Institute? (Please select one)

- For personal interest or self-development
 To get a job
 To gain credit into further study
 To train towards a different career
 As a requirement of my job
 To gain extra skills for my job
 To get a better job or promotion
 To start my own business
 To develop my existing business
 Other reasons:

MEDICAL CONDITIONS / DISABILITY

Do you have any medical, physical restrictions, disabilities, addictions, impairments or long term conditions that we may need to be aware of?

- Yes No

If yes, then tick ANY applicable boxes:

- Physical
 Intellectual
 Medical Condition
 Hearing Impairment/Deaf
 Mental Illness
 Allergies
 Acquired Brain Impairment
 Vision
 Learning
 Other (Please provide details):

HOW DID YOU FIND OUT ABOUT SARINA RUSSO INSTITUTE?

- Website
 Social Media
 Radio
 Expo
 School / College
 Friend / Relative
 Job Active Provider
 Employer
 Agent (Please specify):
 Other (Please specify):

STUDENT DECLARATION (Please visit www.sri.edu.au for full Terms & Conditions of Enrolment)

CONFIDENTIALITY

The Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) is a nationally consistent standard for the collection, analysis and reporting of vocational education and training information throughout Australia. The national data collection agency is National Centre for Vocational Education Research (NCVER). AVETMISS reporting to NCVER is required from all training organisations. Under national statistical reporting protocol, NCVER will not release any information that identifies or could be used to identify individual clients, or training organisations.

DECLARATION

I understand that information on this form is collected for enrolment and administrative purposes. Information is otherwise held in accordance with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 and may be made available to Australian Government agencies and otherwise in accordance with our Privacy Policy and Consent Notice available at <http://www.sri.edu.au/privacy.aspx>. The applicable law for this agreement shall be the law of Queensland, Australia.

AGREEMENT

- I declare that the information I have supplied on this form is true and correct.
- I have read and understood the Conditions of Enrolment as stated on the Sarina Russo Institute website: www.sri.edu.au
- I give permission for Sarina Russo Institute to search for my USI or if I don't have a USI, to apply on my behalf if appropriate identification has been supplied.
- I have read the "Student handbook" for workforce students located on www.sri.edu.au to understand the requirements of being a student with Sarina Russo Institute.

SIGNATURE

Applicant's Signature:	
Date: / / (dd/mm/yy)	
For students under the age of 18, a parent/guardian signature is required.	
Parent / Guardian Signature:	
Date: / / (dd/mm/yy)	

PAYMENT DETAILS

If your application is successful, payments should be made to Sarina Russo Institute by bank draft, credit card or bank transfer to the following account:

Account Name: Sarina Russo Institute
Bank: The National Australia Bank
Bank Address: 223 Queen Street, Brisbane, QLD 4000
Branch Number: 084-009
Account Number: 52540-0103

Direct Deposit / Online Transfer

If paying by bank direct deposit or online transfer, please quote your FULL NAME as the Payment Reference.

Credit Card: Mastercard Visa

Card Number:	Card Holder Name:
Expiry Date: / /	Credit Card Security Code:
Amount: AU\$	
Signature of Card Holder:	

OR Please invoice as per company details provided on this application.

Otherwise, please contact Sarina Russo Institute to make alternative payment arrangements.

VET Student Loan is an Australian Government loan scheme that helps eligible students pay their tuition fees for higher level VET courses undertaken at approved VET Student Loan providers. If you are thinking of applying for this government loan to help fund your course cost, please provide Sarina Russo Institute the below additional information.

Note: this is not your loan application paperwork, this will be provided to you after enrolment into your course and prior to your first census date.

STUDENT DETAILS

Student Name: _____ DOB: / / (dd/mm/yy)

ELIGIBILITY CHECK

Australian Citizen or Holder of Permanent Humanitarian Visa

Please provide a certified copy of one of the follow items of evidence required for eligibility:

Copy of Australian Passport

Australian birth certificate / citizenship certificate

Copy of Permanent Humanitarian Visa

For full terms and conditions visit www.studyassist.gov.au

ADDITIONAL INFORMATION

Have you ever changed your name? Yes No

If 'Yes', what was your previous name?

EDUCATION HISTORY

Have you studied previously at a University? Yes No

If 'Yes', what was your last year enrolled?

If 'Yes', what was your student ID?

Have you ever applied for any educational loans previously? Yes No

If 'Yes', with which provider?

If 'Yes', please provide your CHESSN number:

AGREEMENT

- I have attached a certified copy of identification
- I have read and understood the full terms and conditions of VET Student Loan available at www.studyassist.gov.au
- I understand that the VET Student Loan program incurs an education debt to myself

SIGNATURE

Applicant's Signature: _____

Date: / / (dd/mm/yy)

For students under the age of 18, a parent/guardian signature is required.

Parent / Guardian Signature: _____

Date: / / (dd/mm/yy)

The Certificate 3 Guarantee Program is a key initiative under the Queensland Government that provides a government subsidy to support eligible individuals to complete their first post-school Certificate III qualification. Visit www.sri.edu.au for further information on this program including course costs, timelines, delivery mode and the student handbook for workforce students.

STUDENT DETAILS

Student Name: _____ DOB: / / _____

Existing Worker Job Seeker

EMPLOYER DETAILS (If applicable)

Company: _____
 Supervisor: _____ Position: _____
 Street Address: _____
 Postal Address: _____
 Phone: _____ Mobile: _____ Email: _____

ELIGIBILITY CHECK

- 15 years & above
- No longer at school
- Not currently enrolled in or previously completed a Cert III (or above) qualification. (Note: Certificate III qualifications completed at secondary school are not counted) -This will be checked and validated by Sarina Russo Institute against government training records.
- Queensland resident i.e. Australian citizen or Australian permanent resident residing in Queensland or New Zealand citizen permanently residing in Queensland.

PROOF OF IDENTITY

A statutory declaration can be used where substantive evidence cannot be obtained. You will need to prove your Date of Birth, Queensland Residency, Australian Citizenship or Australian Permanent Residency by providing **one** of each category:

Eligibility Requirements Evidence Guide - CHECKLIST (Items 1-7 only)								
Item Number	1	2	3	4	5	6	7	8
Category	Date of Birth	Queensland Residency	Australian Citizenship	New Zealand Citizenship	Australian Permanent Residency*	Australian Temporary residency	Concession Eligibility	Fee Free Training for Year 12 Graduates
Mandatory requirement for evidence	YES	YES	YES, for ONE of these categories			★	YES, if claimed	YES, if claimed
EVIDENCE LIST								
Driver's License	✓	✓✓						
18+ Card	✓							
Heavy Vehicle or Marine Licence	✓	✓✓						
Birth Certificate or Birth extract	✓		✓✓✓	✓✓✓				
Australian, New Zealand or International Passport	✓		✓✓✓	✓✓✓				
Certificate of Evidence of Residence Status (CERS)					✓			
Certificate of Evidence of New Zealand Citizens in Australia (CSNZA)				✓				
Dept of Veteran's Affairs / Pensioner Concession Card		✓✓					✓	
Health Care Card		✓✓					✓	
Commonwealth Seniors Health Card		✓✓					✓	
Medicare Card (GREEN ONLY)			✓	✓	✓	✓		
Blue Medicare Card						✓✓✓✓		
Senior Statement or Statement of Results								✓

★ Includes humanitarian permanent residency visas.

Legend

✓	Suitable evidence.
✓✓	Must show a Queensland residential address if used as evidence of Queensland residency.
✓✓✓	Must be an Australian or New Zealand Birth Certificate, Birth Extract or Passport if used as evidence of Australian or New Zealand Citizenship.
✓✓✓✓	Subclass 201 and 202 Humanitarian visa holders, with visa and work permits and commencement of application for permanent residency.

CONCESSION ELIGIBILITY

Health Care Card Number: _____

Reference Number: _____

Pensioner Concession Card Number: _____

Reference Number: _____

Aboriginal Torres Strait Islander

DECLARATION

- I declare that the information I have supplied on this form is true and correct
- I have been provided with or accessed the website to understand the Certificate 3 Guarantee course information on www.sri.edu.au
- I have read and understood the Student Handbook – Workforce located on the website
- I understand that by participating in this subsidised training and completing a Certificate III qualification I will not be eligible for another government subsidised training place under this Certificate 3 Guarantee Program
- I understand that I must complete a Training and Employment Survey within 3 months of finishing my training

Applicant's Signature: _____

Date: / /

Parent/Guardian Signature: _____

(For students under the age of 18, a parent or guardians' signature is required)

Date: / /

OFFICE USE ONLY

ID received and scanned by Sarina Russo Institute Representative:

Name: _____

Qualification: _____ Concessional \$ _____ Non-Concessional \$ _____

Student Co-Contribution Payment: Student Employer JSA P /Order _____ Other

Payment Details: _____

I confirm student has advised year school was completed on the application form.

Staff member initials: _____

STUDENT PROGRESS REPORT REQUIRED Yes No

JSA Provider Name: _____

Consultant Name: _____

Email: _____

Phone: _____

QLD User Choice Eligibility

Sarina Russo Institute is a Preferred Quality Supplier (PQS) with the QLD Government. This means we can provide training and assessment services for some apprenticeships and traineeships, at a reduced cost, under the department's User choice program.

TRAINEE/APPRENTICE DETAILS

Name:	
Date of Birth: / / (dd/mm/yy)	Start date of Employment: / / (dd/mm/yy)

EMPLOYER DETAILS

Company:	
Supervisor:	Position:
Street Address:	
Postal Address:	
Phone:	Mobile:
Email:	

OFFICE USE ONLY: Please complete the steps to assess correct funding stream with supporting evidence noted:

Step 1: DET AISS Check to be performed.		
A. Has the student undertaken prior funded traineeship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No = Go to Step 2
B. Is further funding available for the student? (refer to User Choice Policy for guidelines)	<input type="checkbox"/> Yes = Continue with below questions	<input type="checkbox"/> No = FFS applies

Step 2: Is the qualification a Priority 1 funded qualification?	<input type="checkbox"/> Yes = 100% User Choice funding applies	<input type="checkbox"/> No = Continue with below questions
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Step 3: Does the trainee/apprentice belong to one of the below PPG groups? (check answers from application form)			
1	Aboriginal or Torres Strait Islander person	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Evidence Sighted:
2	Australian South Sea Islander	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Evidence Sighted:
3	Person from a non-English speaking background	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Evidence Sighted:
4	Person with a disability	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Evidence Sighted:
Yes to one or more = 100% User Choice funding applies.		**Note – SRTO consultant must note above brief details of evidence sighted. Details of acceptable evidence on back. **	
No to all = 75% User Choice funding applies.			

FUNDING APPLICABLE = UC75 / UC100 / FFS

1. Employer Contribution Applies?	<input type="checkbox"/> Yes / <input type="checkbox"/> No (Refer to individual program fees)	Cost agreed to: \$
2. Student Contribution Fee Applies?	<input type="checkbox"/> Yes / <input type="checkbox"/> No (n/a for school based or FFS contracts)	
60% Discount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> HCC <input type="checkbox"/> U17 <input type="checkbox"/> ATSI
		Invoice to: <input type="checkbox"/> Employer <input type="checkbox"/> Trainee

Acceptable Evidence to Sight:

PRIORITY POPULATION GROUP	DEFINITION	EVIDENCE
Aboriginal & Torres Strait Islander People	<p>An Aboriginal and Torres Strait Islander person must meet the following three criteria:</p> <ol style="list-style-type: none"> 1. Must be of Aboriginal or Torres Strait Islander descent 2. Must identify as an Aboriginal or Torres Strait Islander person 3. Must be accepted as an Aboriginal or Torres Strait Islander person by the community in which they live 	<p>It is important to remember that only Aboriginal people can determine who is Aboriginal and who is not.</p> <p>Self-identification by the individual as stated on Training Contract (Question 22) and AVETMISS VET Enrolment Form</p>
Australian South Sea Islanders	<p>Australian South Sea Islanders are the Australian-born descendents of predominately Melanesian people who were brought to Queensland between 1863 and 1904 from eighty Pacific Islands, but primarily Vanuatu and the Solomon Islands</p>	<p>Self-identification by the individual</p>
Self-identification by the individual	<p>An individual who has migrated to Australia and whose first language is a language other than English, and the children of this individual</p>	<p>Self-identification by the individual as stated on Training Contract (Questions 23 & 24) and AVETMISS VET Enrolment Form Place of Birth & Language Sections completed</p>
People with a Disability	<p>‘Disability’, in relation to an individual, is a condition that:</p> <ol style="list-style-type: none"> a) Is attributable to medical, psychiatric, sensory, physical, cognitive and/or learning impairment; and b) Can reasonably be expected to be present for the duration of the Apprenticeship / Traineeship; and c) Impacts on the person’s ability to undertake training and work in the chosen Apprenticeship / Traineeship; and d) Would result in the person requiring additional training and/or work-related support services and/or modifications 	<p>An independent assessment and verification of the criteria a) to d) by a qualified third party such as:</p> <ul style="list-style-type: none"> • Doctor (GP) • Occupational therapist • Psychiatrist • Psychologist; and/or • Suitably qualified professional <p>(If response on Training Contract Question 25 and AVETMISS VET Enrolment Form Medical Condition / Disability Section is YES, please note that the above evidence is required to support response)</p> <p>This is the approach taken by the Department’s VET Disability Support Service (VDSS) and the Commonwealth’s Disabled New Apprentice Assistance Program</p>