

Enrolment Form International Students

Select the course(s) you wish to enrol:

Select	Course Code	Course Name	Duration	Course Fee
	CHC43015	Certificate IV in Ageing Support	60 Weeks	\$13,750.00
	CHC52015	Diploma of Community Services	104 Weeks	\$24,750.00
	BSB50420	Diploma of Leadership and Management	52 Weeks	\$14,750.00
	BSB60420	Advanced Diploma of Leadership and Management	52 Weeks	\$14,750.00
	BSB80120	Graduate Diploma of Management (Learning)	52 Weeks	\$14,750.00

Note: The application fee of \$250 will be charges for every application.

Preferred start date: ☐ As soon as possible ☐ From://						
Have you ever studied with WMIT before?	☐ Yes ☐ No					
Do you wish to apply for Credit? If YES, certified copies of transcripts from poron, along with a Credit Application Form	☐ Yes ☐ No ☐ Maybe - I'd like more information					
Do you wish to apply for Recognition of Pr <i>If you indicate YES, you will be contacted to</i>		☐ Yes ☐ No ☐ Maybe - I'd like more information				
For international students: Are you apply Australian registered CRICOS provider)? Please note a Course Transfer form must as	☐ Yes ☐ No ☐ Maybe - I'd like more information					
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:	cates					

PRIVACY NOTICE

Under the Data Provision Requirements 2012, WMIT is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

- Your personal information (including the personal information contained on this enrolment form) may be used or disclosed by WMIT for statistical, administrative, regulatory and research purposes WMIT may disclose your personal information for these purposes to third parties, including: Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor or other authorised agencies You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

INTERNATIONAL STUDENT INFORMATION

WMIT is required to collect personal information and information about course enrolment and course progress for all international students which may be shared with the Australian Government including the Department of Home Affairs and the Tuition Protection Service as relevant for the purposes of:

promoting compliance with the ESOS Act and the National Code



- assisting with the regulation of providers
- promoting compliance with the conditions of a particular student visa or visas, or of student visas generally
- or facilitating the monitoring and control of immigration.

Please see the Student Handbook/website for WMIT's Privacy Policy

Ре	rsonal Details								
1.	Enter your full name								
	Surname:								
	Given names:								
	not yet have a USI and wan	you used when you applied for your Ur t WMIT to apply for a USI on your beh cument you choose to use for this purp	alf, you m	ust write your name, ir	ncludir	ng any middle na	ames, exactly		
2.	Enter your birth date	Day/month/year://							
3.	Gender (Tick ONE box only)	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other						
4.	Enter your contact details								
	Home phone:	()		Work phone:		()			
	Mobile:			1					
	Email address:								
	Alternative email address (optional)								
	you reside for training, work or o If you are from a rural area use address Building/property name is the ol	bur usual residence? Il address (street number and name not post office box) where you usually reside rather than any temporary address at which k or other purposes before returning to your home a use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street whe official place name or common usage name for an address site, including the name of a building, Aboriginal community, lex, agricultural property, park or unbounded address site							
	Building/ property name								
	Flat/unit details:	Street or Lot Number (eg 205 or Lot 118):							
	Street name:								
	Suburb, locality or town:								
	State/territory:			Postcode:					
6.	What is your postal addre	ss (if different from above)?							
	Building/ property name:								
	Flat/unit details:			Street or Lot Number	r (eg 2	205 or Lot 118):			
	Street name:								
	Suburb, locality or town:								
	State/Territory:			Postcode:					
La	Language and cultural diversity								
7.	In which country were you b	u born? □ Australia □ Other, please specify:							
8.	Do you speak a language of than one language, indicate the or	ther than English at home? If more that is spoken most often		nglish only other, please specify:					
9.	•	Torres Strait Islander origin? For Torres Strait Islander origin, mark both 'Yes' Yes, Aboriginal Yes, Torres Strait Islander							



Disability								
10. Do you consider yourself to have a disa	ability, impairment or long-term cond	lition? ☐ Yes ☐ No — go to question 12						
11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: You may indicate more than one area) Please refer to the <u>Disability supplement</u> at the back of this form for an explanation of the following disabilities								
☐ Hearing/deaf	☐ Physical	☐ Intellectual						
□ Learning	☐ Mental Illness	☐ Acquired brain impairment						
□ Vision	☐ Medical Condition	□ Other						
Schooling								
12. What is your highest COMPLETED so If you are currently enrolled in secondary education not the level you are currently undertaking For	ation, the Highest school level completed ref	ers to the highest school level you have actually completed and lighest school level completed is Year 9						
☐ Year 12 or equivalent ☐	☐ Year 11 or equivalent	☐ Year 10 or equivalent						
☐ Year 9 or equivalent ☐	☐ Year 8 or below	☐ Never attended school Go to question 14						
13. Are you still enrolled in secondary or	senior secondary education?	☐ Yes ☐ No						
Previous qualifications achieved								
14. Have you SUCCESSFULLY completed question 15?	· · · · · · · · · · · · · · · · · · ·							
15. If yes, tick ANY applicable boxes								
	= ::	qualification level A – Australian E– Australian equivalent I –						
determine which identifier to use:	tion Achievement Recognition Identifiers for	any one qualification, use the following priority order to						
1. A – Australian								
E – Australian equivalent								
3. I – International □ A/E/I Bachelor degree or higher degree	□ A/E/I Certific	ate III (or trade certificate)						
□ A/E/I Bachelor degree or higher degree □ A/E/I Advanced diploma or associate de		,						
☐ A/E/I Diploma (or associate diploma)	□ A/E/I Certific	ate I						
☐ A/E/I Certificate IV (or advanced certificate	•	education (including certificates or overseas ations not listed above)						
Employment								
16. Of the following categories, which BE For casual, seasonal, contract and shift work, use the part-time employed (less than 35 hours per week)		nent status? (Tick one box only) to determine whether full time (35 hours or more per week) or						
☐ Full-time employee ☐ Self-employed – employing others	☐ Part-time employee ☐ Employed – unpaid worker in a fa	☐ Self-employed – not employing others ☐ Unemployed – seeking full-time work						
business ☐ Unemployed – seeking part-time work ☐ Not employed – not seeking employment								



Study	y reason											
17. Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)												
	get a job develop my existing business	<u> </u>			l It was			f my job r my job	[07]			
	start my own business							urse of s				
								or self-de				
□ Ot	☐ To get a better job or promotion ☐ To get skills for community/voluntary work ☐ Other reasons											
	rian Student Number To											
	rian Student Number (VSN) is allo r their first enrolment in a VET train			dents up	to 24 year	s of age i	upon theii	r first enro	Iment in	a Victorian	school fr	om
	Enter your Victorian Studen											
	Have you attended any Victoregistered training organisa										ining (V	ET)
	No - I have not attended a Vic	torian school since	2009 or	a TAFE	or other	VET tra	ining pro				of 2011	
	Yes - I have attended a Victor 2009	ian school since	Most re	ecent Vid	ctorian so	chool att	ended:					
	Yes – I have participated in tra	-				•	•		•	ou have p		ed in
	or other training organisation of beginning of 2011	since the	trainin 1	ig in vict	oria sinc	e 2011 (LIST UP 1	o 3 train	ing orga	nisations	5)	
			2									
			3									
Unia	ue Student Identifier (USI)											
	1 January 2015, Organisation>		from issu	uina vou	with a n	ationally	recogni	sed VET	qualific	ation or s	statemer	nt of
attainn	nent when you complete your	course if you do not	have a	Unique :	Student	Identifie	· (USI)					
20. E	have not yet obtained a USI yo Enter your unique student id		rectly at	nttp://w	wwusigo	vau/crea	ate-your-	-051/ on	compute	er or mod	lle devid	e
	<u>lf you already have one</u> you do not have a USI, woul	d you like us to	□ Y	es – <i>ple</i>	ase com	plete 'Ap	pplying c	your be	half', qu	estions a	and decla	aration
	oply for a USI on your behalf YING ON YOUR BEHALF De				to next s		f of stud	ents				
If you	would like WMIT to apply for a pation at https://www.usigovau/	USI on your behal	f you mu	ist autho	rise us t	o do so a	and decl		you hav	e read th	e privacy	/
You m	nust also provide some additio	nal information as n	oted at t	the end	of this fo	rm so th	at we ca					Please
docum	le your town/city of birth and el nent you provide below											
	ordance with section 11 of the luals solely for the purpose of											
inform	nation is no longer needed for t	hat purpose, unless	s we are	required								
	own/City of Birth (please writ verseas town or city where you		ustranar	1 Or								
23. W	e will also need to verify you	ur identity to creat	e your l	JSI <u>Plea</u>	se provide	e details f	or one of	the forms	of identit	y below		
4 4.	ustralian Driver's Licence						-	ort (with		an Visa)		
Sta	ate:				Cou	ntry of iss						
	cence Number:edicare Card				lmm							
	edicare card numberdividual reference number (next to	 your name on Medica	re card):			-	ertificate					
Card colour (circle one): Green / Yellow / Blue Acquisition date (day/month/year) Expiry date//(format DD/MM/YYYY)//												
3. Australian Passport				7. Cert	ificate of	Registra	tion by D					
	assport number				-			nonth/year)			
□ la	PPLICATION DECLARATION authorise WMIT to apply pursu	ant to sub-section 9										
□ Ih	nave read and I consent to the tp://www.usigovau/Training-Org	collection, use and	disclosu	ire of my	persona						detailed	at
	nt Signature:							Da	te:	/ /	1	
Studer	nt Name:											



Agent's Details if applying through agent								
Please provide the details of the agent if you are applying through any education agents. To see the list of WMIT approved agents, please visit								
https://wmit.edu.au/age	<u> </u>							
Agency Name		Representative Name						
Agency Address:								
Mobile:		Email:						

Next of kin/emergency contact								
		T may need to contact in an emergency during as emergency contacts and agree to their details.		Plea	se ensure that the people named are aware that			
Name:	Relationship to you:							
Address:								
Home phone:		()	Work:	()				
Mobile:			Email:					

VICTORIAN GOVERNMENT VET STUDENT ENROLMENT PRIVACY NOTICE

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

COLLECTION OF YOUR DATA

WMIT is required to provide the Department with student and training activity data. This includes personal information collected in the WMIT enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

WMIT provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx.

USE OF YOUR DATA

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning.

A student's USI may be used for specific VET purposes including the verification of student data provided by WMIT; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

DISCLOSURE OF YOUR DATA

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

LEGAL AND REGULATORY

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

SURVEY PARTICIPATION

You may be contacted to participate in a survey conducted by NCVER, WMIT's registering body, Australian Skills Quality Authority (ASQA) or a Department-endorsed project, audit or review relating to your training. If you participate you may choose to keep your responses confidential. This provides valuable feedback on the delivery of VET programs in Victoria.

Please note you may opt out of the NCVER survey at the time of being contacted.

CONSEQUENCES OF NOT PROVIDING YOUR INFORMATION

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

ACCESS, CORRECTION AND COMPLAINTS

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact WMIT's Privacy Officer in the first instance by writing to <RTO Email>.

FURTHER INFORMATION



For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to http://www.education.vic.gov.au/Pages/privacypolicy.aspx.

For further information about Unique Student Identifiers, including access, correction and complaints, go to http://www.usi.gov.au/Students/Pages/student-privacy.aspx.

STUDENT DECLARATION AND CONSENT							
☐ I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice. Insert a "tick box" to confirm acknowledgement of the privacy notice as a prerequisite for online enrolments.							
Student Signature:		Date:	/ /				
Parent/Guardian Signature*: Date:							
*Parental/guardian consent is requir	ed for all students under the age of 18.						

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 classes or lenses

'11 — 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

'12 - 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

'13 - 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

'14 — 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

'15 — 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

'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