For accessible, confidential support completing this form, please call us on 1300 580 685.

Submit the completed form to support@wiseworkplacetraining.com.au

Application for Enroln	nent						
Select your preferred course. CPP30619 Certificate III Investigative Services PSP40416 Certificate IV in Government Investigations PSP50416 Diploma in Government Investigations BSB40520 Certificate IV in Leadership & Management BSB50420 Diploma Leadership & Management							
Preferred start date:	☐ As soon as possible ☐ From:/	/					
Have you ever studied	vith Wise Workplace Training before?	□ Yes □ No					
	Credit? of transcripts from previous qualifications his form, along with a Credit Application	☐ Yes ☐ No ☐ Maybe - I'd like more information					
Do you wish to apply for Recognition of Prior Learning? If you indicate YES, you will be contacted to discuss this further. Usually, you will be eligible for RPL if you have or have had a professional role which includes the skills or work tasks covered by the course. □ Yes □ No □ Maybe - I'd like more information							
	scuss my RPL or CT for this course with before I can commence	□ I agree					
Are you completing the licence?	course in order to obtain an investigation	☐ Yes, and I understand only the Certificate III is required for a licence. If yes, please indicate which State ——— Please indicate factual or					
		surveillance (if applicable)? F / S ☐ No ☐ Maybe - I'd like more information					
Personal Details							
1. Enter your full name							
Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.							
Single Name only	Tick this box if you have one name only 'Family name' section.	Tick this box if you have one name only. Write your single name in the					
Family name (surname)	:						
First given name:							



Personal Details										
Second given name (middle):										
2. Enter your birth date	Day/month/ye	Day/month/year: / /								
3. Gender										
Note: we collect this informative training regulator. We can preferred terms, and how you Please feel free to let us known communicate privately with	an only report of ou'd like to be re ow if you prefer	n the three i epresented i different pr	boxes below, but y in our reporting. onouns or gender	ou are we	elcome to tell us your					
☐ Male☐ Female☐ Other	Pronouns:				more details about how der information is d; □					
4. Enter your contact de	tails									
Home phone:	()		Work phone:		()					
Mobile:										
Email address:										
Alternative email address (optional):										
5. What is the address of Please provide the physical reside rather than any temporeturning to your home. If you are from a rural area of 'numbering' system as your Building/property name is that the name of a building, About unbounded address site.	address (street orary address a use the address residential stree ne official place	t number an at which you s from your et address. name or co	reside for training state's or territory's mmon usage name	, work or o s 'rural pro e for an ac	other purposes before operty addressing' or ddress site, including					
Building/ property name										
Flat/unit details:			Street or L Number (e Lot 118):							
Street name:										
Suburb, locality or town:										
State/territory:			Postcode:							
6. What is your postal a	ddress (if diffe	erent from a	above)?							
Building/ property name:										



1 orderial Botallo									
Flat/unit details:			Street or Lot Number (e.g. 205 or Lot 118):						
Street name:									
Suburb, locality or town:									
State/Territory:			Postc	ode:					
,			•						
Language and cultural dive	rsity								
7. In which country were	you born?	☐ Aust		se spec	cify:				
8. In what city were you b	orn?								
We need this information to v record and issue qualification	* *								
9. Country of citizenship?	?								
10. Residency Status?									
Provide your Australian residency status.									
11. Do you speak a langua	<u>~</u>	□ No,	English	only					
English at home? (If m language, indicate the or		☐ Yes, other, please specify:							
most often)									
	12. Are you of Aboriginal or Torres Strait			□ No					
Islander origin? (For po Aboriginal and Torres St		☐ Yes, Aboriginal							
mark both 'Yes' boxes)	•				☐ Yes, Torres Strait Islander				
Disability									
13. Do you consider yours impairment or long-term		y,	☐ Yes ☐ No – go to question 12						
14. If you indicated the protection the area(s) in the follow Disability supplement (at	ving list: (You may ind	icate mo	re than	one ar	ea) Pleas	se refer to the			
☐ Hearing/deaf	☐ Physical		☐ Intellectual						
☐ Learning	☐ Learning ☐ Mental Illness			☐ Acquired brain impairment					
□ Vision	☐ Medical Condition	n		□ Othe	er				
Would you like us to contact y	•			n provid	de?				
☐ Yes please ☐ I don't need or want any supports right now. If you change your mind in future, just contact us.									
n you onange your minu in tu	iar a, just contact us.								



Schooling							
15. What is your highest COMPI If you are currently enrolled in shighest school level you have a example, if you are currently in	secondary ed actually comp	ducation, the	e <i>Highe</i> not the l	es <i>t school</i> level you a	level completed refers to the are currently undertaking. For		
☐ Year 12 or equivalent	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent						
☐ Year 9 or equivalent	□ Year 8 o	or below			Never attended school Go to question 14		
16. Are you still enrolled in second education?	ondary or se	enior secon	ndary		□ Yes □ No		
17. What year did you complete	your secon	dary educa	ation?				
Previous qualifications achieved							
				□ Vaa	indicate halou Overtice 45		
18. Have you SUCCESSFULLY of qualifications listed in quest	•	iny of the		· -	indicate below Question 15 to Question 16		
19. If yes, tick ANY applicable b							
RTOs delivering in Victoria: Please	e indicate on	e of these F	Prior Ed	ucation Ac	chievement Recognition		
Identifiers any applicable qualificati				•			
International Note: If you have mu	•				-		
qualification, use the following prior 1. A – Australian	ity order to c	aeterriirie w	THEIT IGE	entiner to t			
Z. E– Australian equivalent							
3. I – International							
			Contifi	ooto III /or	trada aartifiaata)		
A/E/I Bachelor degree or higher	_	□ A/E/I	Certin	cate III (or	trade certificate)		
Advanced diploma or assume A/E/I degree	ociate	□ A/E/I	Certifi	cate II			
☐ A/E/I Diploma (or associate dip	loma)	□ A/E/I	Certifi	cate I			
☐ Certificate IV (or advance A/E/I certificate/technician)	d	□ A/E/I		other education (including certificates or verseas qualifications not listed above)			
TVE/1 Certificate/technician)			0,010	cas qualin	oations not listed above;		
Employment							
20. Of the following categories	, which BES	T describe	s your	current e	mployment status? (Tick		
one box only)	ا مامندا المامندا	46		ahawaf ba			
For casual, seasonal, contract and determine whether full time (35 ho					•		
week).	are or more	por moonly o	part		you (loco ulari oo riodio por		
☐ Full-time employee	□ Part-tim	ne employe	e		Self-employed – not employing others		
☐ Self-employed – employing others		red – unpaid r business	d worke		Not employed – seeking full- ime work		
☐ Not employed – seeking part- time work	☐ Not em employ	ployed - not ment	t seekir	ng			



You	ır position:									
Bus	siness address:									
Pho	one:	()			Email:					
Sup	pervisor:				Position:					
Stu	dy reason									
21.	Of the following ca undertaking this co	•					•	n reas	on for	
	To get a job				It was a re	equireme	ent of my job			
	To develop my existing	business			I wanted	extra skil	ls for my job			
	To start my own busine				_		r course of s	•		
	To try for a different ca				-		est or self-de	•		
	To get a better job or p	romotion			To get sk	ills for co	mmunity/vol	untary v	vork	
	Other reasons									
	torian Student Numb									
	ictorian Student Numb						•	-	_	-
	r first enrolment in a V	ictorian sch	ool from 20	09 or	their first e	enrolmen	t in a VET tra	aining p	rovider	from
201		0, 1, 1				T		1		
22.	Enter your Victoria (VSN)	n Student	Number							
23.	. Have you attended	any Victor	ian school	sinc	e 2009 or	done an	y training w	th a vo	cationa	al
	education and train		_		ing organi	sation o	r an Adult a	nd Con	nmunit	у
	Education provider									
	No - I have not attend		rian school s	since	2009 or a	TAFE or	other VET tr	aining p	orovider	since
_	the beginning of 2011		1			1 44				
	☐ Yes - I have attended a Most recent Victorian school attended:									
_	Victorian school since		List the ma	oot ro	oont trainir	a organi	actions with	which v	vou bov	
	Yes – I have participatraining at a TAFE or									
	training organisation		· · · · · · · · · · · · · · · · · · ·							
	beginning of 2011.		1	33)						
	5 5		2							
			3							
L			1							



Employer's legal name:

Unique Student Identifier (USI)

From 1 January 2015, Wise Workplace Training 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).

If you already have a USI: You may already have a USI if you have done any nationally recognised training, which could include any Certificates or Diplomas, training at work, completing a first aid course or similar course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI.

To check if you already have a USI, use the 'Forgotten USI' link on the USI website at https://www.usi.gov.au/faqs/find-your-usi

Applying for a USI: If you have not yet obtained a USI you can apply for it directly at https://www.usi.gov.au/your-usi/create-usi on computer or mobile device.

If required, WWT can obtain a USI on your behalf. You need to **provide this form** and **a copy of your drivers' licence.** If this is your preference, please tick this box and ensure you attach the required information to your application. \Box

Enter your unique student	t identifier							
Student Signature:				Da	ite:	/	/	
Student Name:								

Billing information		
Enter your entity name: (individual or company)		
Flat/unit details:		Street or Lot Number (e.g. 205 or Lot 118):
Street address:		
City:		State:
Country:		Postcode:
Billing contact:		
Billing email address:		
Alternative email address (optional):		

PRIVACY NOTICE

Under the Data Provision Requirements 2012, Wise Workplace Training 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 Wise Workplace Training for statistical, administrative, regulatory and research purposes Wise Workplace Training may disclose your personal information for these purposes to third parties, including: Commonwealth and State or Territory government departments and authorised agencies;
- 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).

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

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

Wise Workplace Training 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 Wise Workplace Training; 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, Wise Workplace Training'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 Wise Workplace Training's Privacy Officer in the first instance by writing to support@wiseworkplace.com.au

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 Conse	nt -
☐ I acknowledge that I have report to the collection, usNotice above.	stions are complete and legible and then complete the below (please tick all): ad the Victorian Government's VET Student Enrolment Privacy Notice. se and disclosure of my personal information in accordance with the Privacy I have provided to the best of my knowledge is true and correct.
Student Signature:	Date: / /
Student Name:	
	RTO ADMIN ONLY: All mandatory fields complete and legible? ☐ Yes ☐ No - comments: Date: Initial:



DISABILITY SUPPLEMENT

For accessible, confidential support completing this form, please call us on 1300 580 685.

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

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.

'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.

Wise Workplace Training

RTO ID: 5797
285 Drummond St, Carlton VIC 3053
1300 580 685
support@wiseworkplacetraining.com.au

