

Student Application for Enrolment

This form collects information required under the Privacy Act 1988, the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument, AVETMISS, and USI requirements. Please ask NECC staff for assistance if you require help completing this form.

Qualification/Course Name:	Course Code:
Delivery Location:	Start Date:

Full Name:						
Gender:	Male	Female	Non-Binary	Other: _____	Prefer not to say	Date of Birth:
Address:						
Suburb:			State:		Postcode:	
Postal Address: (if different from above)						
Primary Contact Number:						
Email Address:						
Country of Birth:			City of Birth:			

Unique Student Identifier (USI):									
<u>Please note: NECC cannot issue a certificate without a current USI</u>									
Are you Aboriginal or Torres Strait Islander?	No	Aboriginal	Torres Strait Islander	Aboriginal and Torres Strait Islander					
What is your Citizenship Status?	Australian Citizen								
	New Zealand Citizen								
	Permanent Resident								
	Asylum or Humanitarian Visa Holder								
	Other (please specify):								
What language do you speak at home?									
How well do you speak English?	Very Well	Well	Not Well	Not at All					
How well do you read English?	Very Well	Well	Not Well	Not at All					

What is your Highest Completed School Level?	Year 12	Year 11	Year 10	Year 9	Year 8 or below	Still at School	Never Attended
Have you undertaken any further education?	Bachelor Degree or Higher	Advanced Diploma	Diploma	Certificate IV	Certificate III	Certificate II	Certificate I

Which best describes your current Employment Status?	Full-time			Part-time/Casual	
	Unemployed – seeking Full-time			Unemployed – seeking Part-time	
	Not employed, not seeking			Employed – unpaid, in family business	
	Self-employed – not employing others			Self-employed – employing others	
	Not specified				
Reason for undertaking training. (please select one)	To get a job	To get a better job or promotion	I want extra skills for my job	A requirement of my job	To try a different career
	To start my own business	To develop my existing business	To get into another course of study	For personal interest or self-development	Other

Do you consider yourself to have a disability, impairment or long-term condition?	No	
	Yes (you may specify if you wish):	
	Hearing/Deaf	Medical Condition
	Physical	Vision
	Intellectual	Learning
	Mental Illness	Acquired Brain Impairment
	Other:	

Do you need learning support?	No	Yes	Unsure
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Do you receive any of the following Commonwealth Government Benefits, or are you the dependent child or spouse of someone who does? (Please circle all that apply)						
Age Pension	Austudy	Carer Payment	Disability Support Pension	Family Tax Benefit Part A	Farm Household Allowance	JobSeeker Payment
	Parenting Payment	Special Benefit	Veteran's Affairs Pension	Veteran's Children Education Scheme	Widow Allowance	Youth Allowance

Who will be responsible for payment? (please tick one)							
Student	<input type="checkbox"/>	Company	<input type="checkbox"/>	Job Agency	<input type="checkbox"/>	Other	<input type="checkbox"/>
If payment is to be made by an organisation other than the student, please complete this section.							
Organisation Name:							
Contact Person:							
Email:							
Phone:							

Enrolment Conditions

By enrolling with the New England Community College (NECC),

- I confirm that the information provided in this enrolment form is true and correct to the best of my knowledge.
- I understand that enrolment is subject to meeting course eligibility requirements and active participation in training and assessment activities.
- I understand that course fees must be paid prior to commencement, or within 14 days of the invoice date unless otherwise arranged with NECC.
- I agree to attend scheduled training sessions and notify NECC if I am unable to attend.
- I understand that I must complete all required assessment tasks to be eligible for a Statement of Attainment or Qualification.
- I understand that NECC may conduct language, literacy and numeracy checks to ensure appropriate support is provided where needed.
- I understand that support services are available and I am encouraged to discuss any learning, access, or wellbeing needs with NECC staff, before commencing the course.
- I understand that my personal information will be collected, used and stored in accordance with NECC's Privacy Policy and relevant legislation.
- I agree to comply with NECC's Policies and Procedures and understand that inappropriate behaviour may result in disciplinary action in accordance with NECC policies and procedures.
- I have received or am aware of the NECC Student Handbook, and that it is available online and at all NECC campuses.
- I understand that refunds and withdrawals are subject to NECC's Fees and Refunds Policy.
- I authorise NECC to check and/or apply for a USI on my behalf if required

Student Signature: _____

Date: _____

Parent/Guardian Signature*: _____

Date: _____

Required for students under 18 years

Photo and Video Consent (Optional)

☐ I consent to photographs or video recordings being taken of me during training activities. I understand these may be used by NECC for promotional, marketing or reporting purposes.

☐ I do not consent.

Identification Verification (Please provide one of the below forms of identity)

Australian Drivers' License	State:		License #:		Card #:	
Medicare Card	Card #:		Expiry:			
	Card Colour:		Individual Reference Number:			
Australian Birth Certificate	State/Territory		Birth Certificate Number			
Australian Passport	Passport Number:					
Non-Australian Passport	Passport Number:		Australian Visa Number:			