

## ENROLMENT FORM - ACCREDITED TRAINING

### Participant – Personal Details

**PLEASE PROVIDE AN ANSWER TO ALL QUESTIONS ON THIS FORM – PLEASE USE BLOCK LETTERS**

## 1. PARTICIPANT DETAILS

Title Mr Mrs Ms Miss

First Name Middle Name/s Last Name

(The name recorded above should be as shown on the following documents – Australian Passport, Australian Driver Licence, Australian Birth Certificate, Medicare Card, Visa (with Non-Australian Passport); (Certificate of Registration by Descent, Citizenship Certificate, ImmiCard).

Preferred Name (if different from above) Previous Last Names (if any – e.g maiden name)

Date of Birth (DD/MM/YYYY) Gender Male Female Other

Were you born in Australia? Yes No If no, in which country were you born?

Unique Student Identifier (USI)  
(Required) (use BLOCK LETTERS only)

From 1 January 2015, we Komatsu Training Academy 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). In addition, we are required to include your USI in the data we submit to NCVET. **If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/>** on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

## 2. CONTACT DETAILS

Home Phone Mobile Work Phone

Personal Email Work Email

Home Address (If you are an overseas participant you need to supply your overseas address in this section)

City/Suburb	State	Country	Postcode

Mail Address (Please state 'as above' if same)

City/Suburb	State	Country	Postcode

## 3. CULTURAL DIVERSITY AND CITIZENSHIP

Do you identify yourself in any of the following ethnic groups? (Tick all that apply)

Aboriginal Torres Strait Islander South Sea Islander Other (please specify)

Select one of the following to identify your citizenship status

Australian Citizen	Temporary Resident Visa	Other Visa (please specify)
New Zealand Citizen	Visitor Visa	
Australian Permanent Resident	Business Visa	What is your county of citizenship if entering Australia on a visa?
Student Visa	Holiday Visa	

## 4. EMPLOYMENT

**Employment Status – Of the following categories, which best describes your current employment status? (Tick ONE box only)**

- |   |  |
|---|--|
| 1. Full time employee                   | 5. Employed - unpaid worker in a family business |
| 2. Part time employee                   | 6. Unemployed – seeking full time work           |
| 3. Self-employed – not employing others | 7. Unemployed – seeking part time work           |
| 4. Self-employed – employing others     | 8. Not employed – not seeking employment         |

### Employer Details

Company Name		Company Contact	
Company Email			
Address		City / Suburb	
State	Postcode	Phone	Fax

## 5. LANGUAGE

**Do you speak other language/s at home apart from ENGLISH?**

No (go to question 6)      Yes      Please specify the main language spoken at home

**Where English is NOT the main language spoken at home, please clarify how well you speak English? (Tick the relevant box below).**

Very well      Well      Not well      Not at all

**Is English language assistance required?**      No      Yes (if assistance is required contact Komatsu to discuss your needs)

## 6. SCHOOLING

**What is your highest completed school level?**

Year 12      Year 11      Year 10      Year 9 or Equivalent      Year 8 or lower      Did not go to school

**In which year did you complete that school level? Are you still attending school?**      No      Yes

**If yes, provide grade and name of school**      Grade      Name of school

## 7. PREVIOUS QUALIFICATIONS ACHIEVED (Please read carefully)

**Have you successfully completed any of the following qualifications?**      No      Yes

Bachelor Degree or Higher Degree	Certificate IV or Advanced Certificate	Certificate I
Advanced Diploma or Associate Degree	Certificate III or Trade Certificate	Other education (including certificates or overseas qualifications not listed above)
Diploma or Associate Diploma	Certificate II	

## 8. STUDY REASON

**What Program / Course are you enrolling into?**

(refer overleaf for Course Codes and Titles)

**Of the following options listed below which BEST describes your main reason for undertaking this training? (Tick ONE box only).**

- |                                  |   |  |
|----------------------------------|---|--|
| To get a job                     | It was a requirement of my job            | To get skills for community/voluntary work |
| To develop my existing business  | I wanted extra skills for my job          |  |
| To start my own business         | To get into another course of study       |  |
| To try for a different career    | For personal interest or self-development |  |
| To get a better job or promotion | Other reasons                             |  |

## 9. DISCLOSURE

**Educational authorities** – such as Komatsu, research organisations contracted by Komatsu, conduct surveys of past and existing participants for customer satisfaction, improvement and marketing purposes. If you **agree** to being contacted and sent survey's, please tick here.

## 10. DISABILITIES *(Answering these questions will not affect your enrolment)*

**Do you consider yourself to have a disability, impairment or long-term condition?**

If yes, please indicate the areas of disability, impairment or long-term condition:

No (Go to Question 11)	Yes	Hearing / Deafness	Learning	Vision
If you indicated Yes for any item please refer to the Disability Appendix for an explanation of each disability if required.		Physical	Mental Illness	Medical Condition
		Intellectual	Acquired Brain Impairment	Other (please specify)

**Would you like to receive advice on support services, equipment and facilities which may assist (if applicable)?**

If you have indicated Yes then evidence may be required.

No Yes

## 11. EMERGENCY CONTACT *(Person you want us to contact in an emergency)*

**First Name** **Last Name** **Relationship to participant** (e.g. Parent, Friend)

**Home Phone** **Mobile** **Work Phone**

**Email**

## 12. PRIVACY STATEMENT

Under the Data Provision Requirements 2012, Komatsu Training Academy 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 Komatsu Training Academy for statistical, administrative, regulatory and research purposes. Komatsu Training Academy may disclose your personal information for these purposes to:

- 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 by NCVER 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 a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](https://www.ncver.edu.au)).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

## 13. COURSE DETAILS

Please tick the course you wish to enrol in from the following list:

**Course Date**  
(DD/MM/YYYY)

### Qualifications

**AUR30316**

Certificate III in Automotive Electrical Technology

**MEM30205**

Certificate III in Engineering Mechanical Trade

**MEM30305**

Certificate III in Engineering Fabrication Trade

**BSB30115**

Certificate III in Business

**RII30815**

Certificate III in Civil Construction Plant Operations

**BSB51918**

Diploma of Leadership and Management

**RIISAM301E**

Test Operational Functions of Vehicles and Equipment

**RIIHAN308F**

Load and Unload Plant

**RIIWHS202D**

Enter and Work in Confined Spaces

**RIIWHS204D**

Work Safely at Heights

**RIIMPO318F**

Conduct Civil Construction Skid Steer Loader Operations

**RIIMPO319E**

Conduct Backhoe/Loader Operations

**RIIMPO320F**

Conduct Civil Construction Excavator Operations

**RIIMPO321F**

Conduct Civil Construction Wheeled Front End Loader Operations

**RIIMPO323E**

Conduct Civil Construction Dozer Operations

**RIIMPO324F**

Conduct Civil Construction Grader Operations

**RIIMPO337E**

Conduct Articulated Haul Truck Operations

**RIIMPO317E**

Conduct Roller Operations

**TLILIC0003**

Licence to Operate a Forklift Truck

**UEENEE101A**

Apply Occupational Health and Safety Regulations, Codes and Practices in the Workplace (REL Pre-Requisite Unit \*You must tick this unit if you are enrolling into the UEENEEP022A)

**UEENEEP022A**

Disconnect and Reconnect 3.3 kV Electric Propulsion Components of Self-Propelled Earth Moving Vehicles (REL Course)

**UETDRRF06B**

Perform Rescue from a Live LV Panel (LVR Unit)

### Short Courses

**CPCCWHS1001**

Prepare to Work Safely in the Construction Industry (White Card Unit)

**HLTAID001**

Provide Cardiopulmonary Resuscitation (CPR Unit)

**HLTAID003**

Provide First Aid

## 14. PARTICIPANT DECLARATION *(Please read carefully)*

- I agree to abide by Komatsu's rules, regulations and policies and acknowledge that facilities made available for my use will be used only in accordance with the principles of proper use and relevant rules. I understand that random drug and alcohol testing may be conducted onsite whilst I am attending KTEC facility.
- I confirm the accuracy of the information contained within this form and where necessary identification documents provided.
- I have sought information and understand my eligibility for any fee subsidy (if applicable). I also understand that I must provide evidence of subsidy and/or concession eligibility at the time of enrolment, and that subsequent evidence will not be accepted.
- I have supplied my USI  Yes  No For assistance or to create your USI go online to [www.usi.gov.au](http://www.usi.gov.au)
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Statement in Section 12.

Komatsu Training Academy may on occasion take photos of onsite training sessions. These images may be used in internal or external marketing material advertising Komatsu Australia's products and services. **If you consent for your image to be used in any Komatsu marketing material please tick the box.**

I have read and understood the policies and procedures in the participant handbook.

I consent to Komatsu Training Academy providing a copy of my Statement of Attainment/ Qualification to my Employer upon the completion of my Nationally Accredited Training and Assessment for the purpose of internal record keeping.

If under the age of 18 years, this form **MUST BE** signed by a parent/guardian to complete this enrolment. This includes consent for the participant to have access to the Internet through Komatsu.

Participant's Signature

*\*Required*

Parent/Guardian's Signature

(if participant is under 18 years)

**Date**

(DD/MM/YYYY)

**Date**

(DD/MM/YYYY)

Issues may arise beyond Komatsu's control which affect its ability to deliver programs. Whilst every effort will be made to conduct all programs as advertised, Komatsu reserves the right to change or otherwise revise any program-related issues including programs offered, class timetables, class locations and trainer allocations. Komatsu will make every reasonable attempt to advise participants of any changes made to their selected program. The details in this document are correct at the time of printing.

## 15. APPENDIX: DISABILITY SUPPLEMENT

### Introduction

The purpose of the Disability Supplement is to provide additional information to assist with answering the Section 10: 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.

#### 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.

#### 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.

#### 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.

#### 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.

#### 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.

#### 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.

#### 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.

#### 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.

#### 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.