ENROLMENT FORM - ACCREDITED TRAINING

Participant – Personal Details

1. PARTICIPANT DETAILS

Australian Permanent Resident

Student Visa



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

Title	Mr	Mrs	Ms	Miss							
First Na	me			Middle Name/s							
				hown on the following do e of Registration by Desc				ence, Australian B	irth Certificate, Medicare Card, Visa		
Preferre	d Name	(if differen	t from	above)		Previous	Last Names (if	any – e.g maio	den name)		
Date of l	Birth (DI	D/MM/YYY	Y)			Gender	Male	Female	Other		
Were yo	u born i	n Australia	1?	Yes No	If no, in whicl	n country w	ere you born?				
•		Identifier (BLOCK LET		only)							
complete y	our cours USI you o	e if you do no	t have a	Unique Student Identifie	r (USI). In addition, w	e are required	l to include your U	SI in the data we s	tatement of attainment when you ubmit to NCVER. If you have not yet if you would like to specify your gender		
2. C	ONTA	CT DETA	ILS								
Home Pl	ione			Mobi	ile						
Persona	l Email				Work Email						
Home A	ddress (If you are a	an over	seas participant you	u need to supply	your overse	eas address in i	this section)			
City/Su	hurh			State		Country			Postcode		
		Please state	e 'as ab	ove' if same)	,	oound y			1 0010000		
City/Su	burb			State)	Country			Postcode		
3. CI	JLTUF	AL DIVE	ERSIT	Y AND CITIZE	NSHIP						
Do you i	dentify	yourself in	any of	the following ethni	c groups? (Tick a	ll that apply	<i>(</i>)				
Ab	original	Tor	res Str	ait Islander					Other (please specify)		
Select o	ne of th	e following	j to ide	ntify your citizensh	ip status						
Australian Citizen				Tem	nporary Resident	Visa	Other Visa (ple	ase specify)			
New Zealand Citizen				Visi	tor Visa						

Business Visa

Holiday Visa

What is your county of citizenship?



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 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

Diploma or Associate Diploma

Certificate II

certificates or overseas qualifications not listed above)

8. STUDY REASON

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/

To develop my existing business

I wanted extra skills for my job

voluntary work

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

If you indicted Yes for any item please refer to

the Disability Appendix for an explanation of each disability if required.

Hearing / Deafness

Learning

Vision

Physical

Mental Illness

Medical Condition

Other (please specify)

Intellectual Acquired Brain Impairment

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).

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:

Qualifications

AUR30316

Certificate III in Automotive Electrical Technology

AUR31216

Certificate III in Mobile Plant Technology

MFM30205

Certificate III in Engineering Mechanical Trade

MEM30305

Certificate III in Engineering Fabrication Trade

BSB30115

Certificate III in Business

R9R51918

Diploma of Leadership and Management

RII30815

Certificate III in Civil Construction Plant Operations

Short Courses

CPCCWHS1001

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

HLTAID00

Provide Cardiopulmonary Resuscitation (CPR Unit)

HLTAID003

Provide First Aid

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

RIIMP0318F

Conduct Civil Construction Skid Steer Loader Operations

RIIMP0319E

Conduct Backhoe/Loader Operations

RIIMP0320F

Conduct Civil Construction Excavator Operations

RIIMP0321F

Conduct Civil Construction Wheeled Front End Loader Operations

RIIMP0323E

Conduct Civil Construction Dozer Operations

RIIMP0324F

Conduct Civil Construction Grader Operations

RIIMP0337E

Conduct Articulated Haul Truck Operations

RIIMP0317E

Conduct Roller Operations

TLILIC0003

Licence to Operate a Forklift Truck

UEENEEE101A

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)

UETTDRRF06

Perform Rescue from a Live LV Panel (LVR Unit)

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
- 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)



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.