

2017 Enrolment Application

Section 1: Personal details

Course:

Please fill you name as it appears on official documents (i.e. passport, marriage certificate, birth certificate)

Title Mr Mrs Ms Miss Dr Family Name:

Given Names:

Gender: Male Female Date of Birth: / / Former Surname:

Country of Birth: Town/City of Birth:

Home Phone: () Work Phone: ()

Mobile: Email:

Unique Student Identifier
If you do not have a USI, please visit usi.gov.au to create a USI

USI (10 Digits):

Residential Address: **Postal Address (if different from Residential Address):**

State: Post Code: State: Post Code:

Emergency Contact Details:

Name: Relationship:

Phone: () Mobile:

Section 2: Sponsorship information

Are you being sponsored? YES / NO

Name of Company or Organisation: PH:

Billing Address:

Section 3: Notifications

Do you authorise AMC to release your training and assessment results to AMSA? Yes No

Do you authorise AMC to release your training and assessment results to MAST? Yes No

Do you authorise AMC to release your results and progress to your sponsor? Yes No

Do you authorise AMC to utilise any suitable images of you for the promotion of AMC and its courses? Yes No

Section 4: Statistical information

Q1. What is your citizenship status during enrolment?

- Australian Citizen (including Australian citizens with dual citizenship), or
- New Zealand citizen (includes any such persons have Permanent Resident Status), or
- Australian permanent resident, or
- Temporary Australian entry permit (such as a student visa) holder or a diplomat or a dependant of a diplomat, or
- Not residing in Australia.

Q2. Are you of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Q3. Are you still attending school?

- No
- Yes

Q4. What is your highest COMPLETED school level (☒ one)

- Year 10 or equivalent
- Year 11 or equivalent
- Year 12 or equivalent
- Year 8 or below
- Year 9 or equivalent
- Never attended school

Q5. In which YEAR did you complete that school level?

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Q6. Of the following categories which BEST describes your current employment status? (☒ one)

- Employed - unpaid worker in a family business
- Employer
- Full-time employee
- Not employed - not seeking employment
- Part-time employee
- Self employed - not employing others
- Unemployed - seeking full-time work
- Unemployed - seeking part-time work

Q7. Do you speak a language other than English at home?

- No, English only
- Yes, (specify most often spoken) _____

Q8. How well do you speak English?

- Very well
- Well
- Not Well
- Not at all

Q9. Do you consider that you have a disability, impairment or long-term condition?

- No
- Yes

If yes, please indicate the areas of disability, impairment or long-term conditions (You may indicate more than one area)

- Acquired Brain Impairment
- Hearing/Deaf
- Intellectual
- Learning
- Medical Condition
- Mental Illness
- Other
- Physical
- Unspecified
- Vision

Q10. Have you SUCCESSFULLY completed any of the following qualifications?

- Yes (tick any applicable boxes)
- No (Go to question 11)
- Advanced Diploma or Associate Degree
- Bachelor Degree or Higher Degree
- Certificate I
- Certificate II
- Certificate III (or Trade Certificate)
- Certificate IV (or Advanced Certificate/Technician)
- Diploma (or Associate Diploma)
- Certificates other than the above

Q11. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (☒ one only)

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

Q12. Student support services may be able to assist you to obtain support to complete your studies. Do you require assistance with learning, literacy, numeracy or a disability?

- No
- Yes

Section 5: Medical Declaration

Some AMC courses involve activities which require the student to be physically capable of undertaking activities; for example; driving a boat under instruction, jumping from a height into a swimming pool, fighting fires etc. Student need to inform AMC of any known conditions. Please complete the following medical declaration

- | | | |
|--|------------------------------|-----------------------------|
| 1. During the last five years, have you suffered any significant illness or been in hospital? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you aware of any condition that could incapacitate you or could require expert medical attention? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have diabetes, hypertension, heart disease, or are you pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have any allergies or reactions to drugs that you know of? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you taking any medication UTAS need to know about? (e.g. heart medication) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "YES" to any of the above please give details:

Section 6: Recognition of Prior Learning/Credit Transfer

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you applying for Recognition of Prior Learning (RPL) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you applying for Credit Transfer (CT) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "YES" to the above please ensure that you send certified documents with this application.
Please do not send originals.

Section 7: Declaration

The University of Tasmania trading as Australian Maritime College collects, stores and uses information, including student images, for the purposes of administration of the student's enrolment and progress in their study, the provision of other services to the student by AMC and to comply with the *Higher Education Support Act 2003*, *ESOS Act 2000*, *Skilling Australia's Workforce Act 2005*, *Tasmanian Vocational Education and Training Act 1994* and related State, territory and Commonwealth Acts and Regulations.

Personal information is used by AMC for the planning, provision and reporting of educational and vocational training programs as authorised by the *Education Act 1994* and the *Skilling Australia's Workforce Act 2005* and related State and Commonwealth Acts and Regulations. Your personal information will be used for the primary purpose for which it is collected, and will be disclosed to The National Centre for Vocational Education Research (NCVER), government and other authorised agencies for the purposes stated above.

Student names and contact numbers may be provided to Skills Tasmania. Skills Tasmania may contact students to verify that services have been provided and to obtain views about the services provided.

All information and images are: collected and stored on a secure server; only accessed by AMC staff for the purposes for which it has been collected; and will only be used or disclosed in accordance with the University of Tasmania Privacy Policy at <http://www.utas.edu.au/policy> and as required or authorised by law.

Personal information will be managed in accordance with the *National Privacy Principles*. Students are entitled to access their personal information in accordance with the Freedom of Information Act 1991. Queries about the collection and use of this information can be directed to the student centre on 1800 030 277..

Students who do not consent to providing the personal information, including their photographic image, will not be able to enrol with the AMC as their identity for the purposes of managing their enrolment, examination, progression and related services could not be verified

Section 8: Student Declaration and Signature

I understand that:

1. I am responsible for ensuring my enrolment is correct for the duration of the academic year;
2. By enrolling in these units that I am accepting any credit which may have been granted or will change my enrolment accordingly;
3. I am responsible for the payment of all fees relevant to my course of study at the University of Tasmania within the specified timelines;
4. I will receive information and notices in relation to my course of study or general information concerning my enrolment via the eStudentCentre, that it is my responsibility to check my University account, and the University may contact me on occasion via other contact details provided by me;
5. I am required to abide by the Rule, Policies and Ordinances of the University of Tasmania and the conditions of use in the University's Information Technology facilities, and I accept responsibility to obtain and read the relevant documents;
6. I consent to the provision of details of my student record to other institutions involved in the delivery of my course of study and as required by law to certain government departments and statutory bodies;
7. I declare to the best of my knowledge the information given in this form is complete and true.

This Application for enrolment has been completed by: _____ on behalf of _____

Student Signature:

Date / /

Where to send your completed form

VET Administration
Locked Bag 1397
Launceston TAS 7250
Australia

Contact Information

Phone: 03 6324 9404 (Australia only)
Phone: +61 3 8676 7017 (International)
Email: amc.vet.admin@utas.edu.au