

Ph: 1300 955 097

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The information requested below ensures consistent and accurate reporting of student information in line with the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS). Please complete all fields using BLOCK lettering. Fields shaded **RED** are mandatory.

COURSE DETAILS					
Course Name:					Course Date:
COMPANY DETAILS					
Company Name:				Position:	
Contact Name:				Contact Email:	
PERSONAL DETAILS					
First Name:		Middle Name:		Last Name:	
USI Number:					
Street/Unit Number:		Street Name:			
Suburb:		State:		Post Code:	
Date of Birth: (DD/MM/YYYY)		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Mobile Number:		Email Address:			
EMERGENCY CONTACT DETAILS					
Contact Name:		Relationship:		Contact Number:	
LANGUAGE AND CULTURAL DIVERSITY					
Country of Birth:					
Do you speak a language other than English?	<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please specify _____				
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both				
Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you require any language, literacy and numeracy support such as reading, writing?	<input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, please indicate the areas of disability, impairment or long-term condition:					
<input type="checkbox"/> Hearing/Deaf		<input type="checkbox"/> Learning		<input type="checkbox"/> Vision	
<input type="checkbox"/> Physical		<input type="checkbox"/> Mental Illness		<input type="checkbox"/> Medical Condition	
<input type="checkbox"/> Intellectual		<input type="checkbox"/> Acquired Brain Impairment		<input type="checkbox"/> Other _____	
What is your highest completed school level?					
<input type="checkbox"/> Year 12		<input type="checkbox"/> Year 10		<input type="checkbox"/> Year 8	
<input type="checkbox"/> Year 11		<input type="checkbox"/> Year 9		<input type="checkbox"/> Never attended school	
Are you still enrolled in secondary or senior school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you successfully completed any of the following qualifications?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, please tick any applicable boxes:					
<input type="checkbox"/> Bachelor Degree or Higher Degree		<input type="checkbox"/> Certificate III (or Trade Qualification)			
<input type="checkbox"/> Advanced Diploma or Associate Degree		<input type="checkbox"/> Certificate II			
<input type="checkbox"/> Diploma (or Associate Diploma)		<input type="checkbox"/> Certificate I			
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)		<input type="checkbox"/> Other Education (including certificates or overseas qualifications not listed above)			
Which best describes your current employment status?			Which best describes your main reason for undertaking this course?		
<input type="checkbox"/> Full-time employee			<input type="checkbox"/> To get a job		
<input type="checkbox"/> Part-time employee			<input type="checkbox"/> To develop my existing business		
<input type="checkbox"/> Self-employed - not employing others			<input type="checkbox"/> To start my own business		
<input type="checkbox"/> Self-employed - employing others			<input type="checkbox"/> To try for a different career		
<input type="checkbox"/> Employed – unpaid worker in a family business			<input type="checkbox"/> To get a better job or promotion		
<input type="checkbox"/> Unemployed – seeking full time work			<input type="checkbox"/> It was a requirement of my job		
<input type="checkbox"/> Unemployed – seeking part time work			<input type="checkbox"/> I wanted extra skills for my job		
<input type="checkbox"/> Not employed – not seeking employment			<input type="checkbox"/> To get into another course of study		
			<input type="checkbox"/> For personal interest or self-development		
			<input type="checkbox"/> To get skills for community/voluntary work		
			<input type="checkbox"/> Other reasons		

<b>FITNESS TO PARTICIPATE ON A TRAINING COURSE – PLEASE SELECT ANY THAT APPLY</b>		
Claustrophobia (fear of tight or enclosed spaces).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acrophobia (fear of heights).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inability to wear a harness or lifeline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Poor general fitness, i.e., chest pain, palpitations, faintness, dizziness or undue shortness of breath on exertion.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any medical condition which might lead to sudden loss of consciousness or an inability to respond, e.g., obesity, epilepsy, diabetes, fainting/blackouts/panic attacks, lack of co-ordination and/or certain medications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any muscle, joint and/or spinal issues/problems which will impede you wearing Self-Contained Breathing Apparatus (SCBA) equipment, entering/exiting manholes, pipes and tight or enclosed spaces and climbing ladders, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inability to wear a Self-Contained Breathing Apparatus (SCBA) full face mask and to obtain an adequate seal, e.g. clean shaven.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inadequate communication capabilities (speech, hearing and vision) for a standby or rescue role.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Under the effects of alcohol and/or drugs (either illegal or prescribed medication) or suffering from fatigue.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other issues/special needs that may impair your participation on a course. (Please list below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PARTICIPANT ACCEPTANCE**

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

Safety Direct Solutions are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market. NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), Commonwealth authorities, state and territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy)

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at [www.dewr.gov.au/national-vet-data/vet-privacy-notice](http://www.dewr.gov.au/national-vet-data/vet-privacy-notice)

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

At any time, you may contact Safety Direct Solutions to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

The information provided upon registration may be used by SDS in the promotion of SDS services. If you do not wish to receive such information, please tick this box:

I hereby give SDS permission to send a copy of my certificate/not yet competent status to my employer.  Yes  No

I hereby give permission for SDS to discuss my competency in this course with my employer.  Yes  No

I have read and understood the course entry requirements and meet said requirements.  Yes  No

I acknowledge and understand that should I be deemed competent at the time and date of assessment; it is my responsibility to ensure my competency is maintained through continued professional development.  Yes  No

I declare I have an average level of fitness and have no physical disabilities that could endanger my health and safety or that of others  Yes  No

I agree to participate in each activity and practical exercise with a positive attitude and act responsible with regard to my safety and the safety of others;  Yes  No

I further acknowledge that SDS is not liable for any loss or damage to my personal property, or expense or personal injury I may suffer whilst participating in activities with SDS, providing SDS has fulfilled its Duty of Care.  Yes  No

I agree that any photographic images taken during the course of this training may be used by SDS in its documents including promotional activities.  Yes  No

I have read and understood the Participant Handbook and Terms and Conditions ([www.sdsaus.com.au](http://www.sdsaus.com.au))  Yes  No

<b>Participant Signature:</b>		<b>Date:</b>	
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**UNDER 18 YEARS OF AGE – Parental / guardian consent is required for all participants under the age of 18.**

<b>Parent / Guardian Signature:</b>		<b>Date:</b>	
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