

Training location: Canterbury Hurlstone Park RSL Club	
I WISH TO ENROL FOR THE FOLLOWING COURSES:	
Training Course:	Course Date:

IMPORTANT: Do you hold any of certificates listed below? Yes/no?				
RSA Interim Certificate/Competency Card	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RCG Interim Certificate/Competency Card	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
For any Unit within this training program	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If yes, you will need to provide evidence to us, - i.e., the Statement of Attainment or USI Transcript for a credit transfer/RPL

CLIENT DECLARATION:	
<p>I understand that by signing below I agree to the conditions of enrolment and payment as set out in CMNL Academy Student Handbook available at www.cmnlacademy.com.au/STUDENTINFORMATION and:</p> <ul style="list-style-type: none"> • I have read the Student Handbook and Course handbook and understand their contents • I have prepared my photo ID (Driver's License or Passport) for trainer to check before course commencement • I agree to notify CMNL Academy immediately of any changes to my personal or contact details • I have read and agree to the Privacy Statement • I have read and agree to the Refunds Policy and Complaints/Appeals Procedures • I have been advised that I may be contacted by Australian Skills Quality Authority (ASQA), and CMNL Academy, for feedback on the courses. • I have advised the RTO, and supplied evidence of, any current units of competency I have previously achieved, for the training in which I am enrolling. • I declare that all details provided in this form are true and correct 	
Student Signature: _____	Date: _____
Parent/Guardian Signature: _____ <i>(if student is under the age of 18)</i>	Date: _____

SMART AND SKILLED PRE-ENROLMENT FORM

First Name:			
Middle Name/s:			
Surname:(Family) Name:			
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Not specified <input type="checkbox"/>
Contact information	Ph:	Email:	
Date of Birth	___/___/_____	USI NUMBER: To create www.usi.gov.au	-----
Residential Address (at time of training)	Unit No:		
	Street No:		
	Street Name:		
	Suburb:		
	STATE:	POSTCODE:	
Postal Address <i>(if different to above)</i>	PO BOX: Suburb: Post Code:	Unit/Street No: Street Name: Suburb:	Postcode.
Are you an Australian citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Birth: Language spoken at home:	
Evidence of your Citizenship/Residency Status	Australian Citizen <input type="checkbox"/> <i>See attached appendix</i>	Australian Permanent Resident <input type="checkbox"/> <i>See attached appendix</i>	
	Humanitarian Visa <input type="checkbox"/> <i>See attached appendix</i>	New Zealand Citizen <input type="checkbox"/> <i>See attached appendix</i>	
	Other <input type="checkbox"/> - please provide details		
Are you Aboriginal or Torres Strait Islander?	Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/>	Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you still attending secondary school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	In what year did you complete your school?	___/___/_____
What is your highest completed school level	Yr 12 or equivalent <input type="checkbox"/> Yr 9 or equivalent <input type="checkbox"/>	Yr 11 or equivalent <input type="checkbox"/> Yr 8 or below <input type="checkbox"/>	Yr 10 or equivalent <input type="checkbox"/> Never attended school <input type="checkbox"/>

Have you achieved any qualifications since turning 17?	Yes, while at school <input type="checkbox"/>	Yes, after leaving school <input type="checkbox"/>	No <input type="checkbox"/>
What, if any, is the highest level of any POST SCHOOL qualification achieved?	<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician <input type="checkbox"/> Certificates other than above <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Advanced Diploma, Associate Degree, Bachelor Degree or Higher Degree		
Have you undertaken any Smart & Skilled funded QUALIFICATION this calendar year?	<input type="checkbox"/> Yes – please give details	<input type="checkbox"/> No	
Do you require assistance for Language, Literacy and Numeracy (LLN)?	<input type="checkbox"/> Yes – please give details	<input type="checkbox"/> No	
Do you have a disability?	<input type="checkbox"/> Yes - Recipient of a Disability Support Pension <input type="checkbox"/> Yes - Assessed by a specialist support professional as a student with a disability		<input type="checkbox"/> No
Are you a welfare recipient? If YES, See attached appendix	<input type="checkbox"/> Yes -please select TYPE from selection below		<input type="checkbox"/> No
	<input type="checkbox"/> Age Pension	<input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Wife Pension
	<input type="checkbox"/> Austudy	<input type="checkbox"/> Sickness Allowance	<input type="checkbox"/> Youth Allowance
	<input type="checkbox"/> Carer Payment	<input type="checkbox"/> Family Tax Benefit Part A (Maximum rate)	<input type="checkbox"/> Veterans' Affairs Pension
	<input type="checkbox"/> Farm Household Allowance	<input type="checkbox"/> Special Benefit	<input type="checkbox"/> Veterans' Children Education Scheme
	<input type="checkbox"/> Job Seeker Allowance	<input type="checkbox"/> Widow Allowance	
Are you with an Employment Service Provider? Were you referred by your Service Provided?	<input type="checkbox"/> Yes - Provider Name: <input type="checkbox"/> Yes - referral no:		<input type="checkbox"/> No <input type="checkbox"/> No

Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed?	No <input type="checkbox"/>	Yes - Full time <input type="checkbox"/>	Yes - Part time/Casual <input type="checkbox"/>	Yes - Self employed <input type="checkbox"/>

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES

I _____
(first, middle and last Name)

of _____
(current residential address)

(NSW) New South Wales

with date of birth _____

understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier (USI), date of birth, contact details, training outcomes and performance or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by **CMNL Academy** may be disclosed to the **Department of Education and Communities**

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with **CMNL Academy** for the purposes of evaluation and assessing my subsidised training.

PRINT FULL NAME OF STUDENT: _____

SIGNATURE OF STUDENT: _____ **DATE:** _____

Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required.

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** _____

Eligibility Requirement	***APPENDIX Evidence Required
Citizenship	<p>One of the following must be sighted or collected:</p> <ul style="list-style-type: none"> • Australian or New Zealand birth certificate or • Australian or New Zealand Passport or • Green Medicare Card or • Naturalisation Certificate
Permanent resident	<p>One of the following must be sighted or collected:</p> <ul style="list-style-type: none"> • Passport & use the Department of Immigration and Border Protection's Visa Entitlement Verification Online (VEVO) facility to confirm status as Australian permanent resident • Green Medicare Card
Humanitarian Visa holder (Refugee or Asylum Seeker)	<p>One of the following must be sighted or collected:</p> <ul style="list-style-type: none"> • Relevant visa documentation/VEVO Report or • ImmiCard (where appropriate) <p><i>*Note: If a Bridging Visa holder, the student must provide a document from the Department of Immigration and Border Protection acknowledging application for a humanitarian visa.</i></p>
Welfare recipient	<p>Any form of evidence that clearly shows your Centrelink reference Number (CRN) and the benefit/allowance category you receive such as:</p> <ul style="list-style-type: none"> • Current Concession Card or • Letter from Centrelink confirming receipt of the benefit or • Income Statement from Centrelink or • Approval letter from Centrelink that indicates the commencement date of your benefit (must be within two weeks of your enrolment)
Disability Support Pension:	<p>Any form of evidence that clearly shows your Centrelink reference Number (CRN) and clearly states the student is receiving the Disability Support Pension:</p> <ul style="list-style-type: none"> • Current Concession Card (with the letters DSP on the bottom of the card) or • Letter from Centrelink confirming receipt of the Disability Support Pension or • Income Statement from Centrelink
Disability Assessed <i>(If the Student is not receiving the disability support Pension please provide.)</i>	<p>A letter or statement supporting a clear additional need as a result of the student's disability from:</p> <ul style="list-style-type: none"> ➤ A medical practitioner ➤ An appropriate government agency (e.g. Veteran Affairs, TAFE NSW teacher consultant, School counsellor/special education coordinator, Centrelink, Disability Service Provider, Job Capacity Assessor, or ➤ Specialist allied health professional (Including: a rehabilitation counsellor, psychologist, speech pathologist or occupational therapist).
Dependent of Welfare recipient	<ul style="list-style-type: none"> • If the student is a dependent child, spouse or partner of a welfare recipient or Disability Support Pension or Social Housing with Commonwealth Welfare Recipient Status you will need to also provide evidence that Centrelink recognises the student as dependent.
Currently Employed	<ul style="list-style-type: none"> • Certain conditions apply. Please contact 02 9559 0025 for further details
Home Schooled Students	<ul style="list-style-type: none"> • Copy of current certificate of home-schooling registration, which clearly indicates the period for which the student will be home schooled