

Student Application Form

Personal Details of Student (as per identification)				What is the highest COMPLETED School Level?			
Title: (Miss Ms Mr):				Completed	Completed	Completed Year 10,	
			Year 8,	Year 9,	Year		
Given Name(s):				Year	Year		
Preferred Name:				 Completed Year 11, 	 Completed Year 12, 		
Surname:				Year	Year		
Birth Date: / /			Are you still attendin	g yes	□ NO		
(dd-mm-yyyy)	dd-mm-yyyy)			secondary school?			
Are you known by any oth	ther If YES, what other names			Do you consider yourself to have a disability, impairment or long-term			
name? do you go by?			medical condition which is likely to affect your study? Disclosing a disability				
□ No □ Yes			is confidential.				
Mahila Numberi				YES NO If YES, what is your disability?			
Mobile Number:				n i Lo, wilat is your uisability?			
Home Number:							
Email:			Have you successfully completed any qualifications?				
Alternative Email:				Name of Qualificat	tion:		
Permanent Address (USUAL RESIDENTIAL ADDRESS, cannot be a PO Box)							
No. & Street:				Year Completed:			
Suburb:			Unique Student Identifiers – NOTE: The RTO CANNOT Issue a certificate without a USI.				
State:	State: Postco		2:	I do not have a USI Number and	I give the RTO permission to	 I already hold a USI number 	
Postal Address (If different from above)				authorise the RTO to apply for one on	search for my USI.		
No. & Street:				my behalf (you will		USI:	
Suburb:				need to provide your Driver's			
State: Postcode		2:	Licence or Medicare Card).				
Gender (tick): Male Female Unspecified				Signature:			
Vocational Education Training related details				1			
Country of Birth:				Course details			
City/Town of Birth:				Course Code:			
Country of Citizenship:				Course Title:			
Are you an Australian Citizen/Permanent Resident?				Course Duration:			
Citizenship/PR status (if you selected NO above)			RTO ID & Name: 52805 – Greenhouse Education Pty Ltd				
□ Visa Visa Nun		•	Delivery Location:				
Are you of Aboriginal or Torres Strait Islander origin?			Training Advisor:				
 Yes, Aboriginal Yes, Torres No Strait Islander 			Start Date (if applicable):				
Of the following categories, which BEST describes your current			Emergency Contacts:				
employment status? Of the following categories, Full-time Employed –			Name	Relationship	Phone		
which BEST describes your current employment status?			Employed – unpaid worker in a family business	INDILLE	neiationship		
			Unemployed – seeking full-time work	1.			

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 Self Emp not employ others Self Emp employing of 		-	 Unemployed – seeking part-time work 	2.				
			 Not employed – not seeking employment 	Guardian Details (If student under 18)				
Do you speak a language other than engish at home?			Name of Guardian:					
If YES, what language do you speak?				Mobile Number:				
				Email:				
Registered Job seeker:		YES		Address:				
If Yes, Provide your Job See			Of the following categories,	To get a jobTo develop my	 I wanted extra skills for my job To get a better job/promotion 			
Do you currently hold a Co Card?	Do you currently hold a Concession YES NO Card?		□ NO	which BEST describes your		existing business		
If Yes, What is your Expiry I	If Yes, What is your Expiry Date?//			- main reason for	another course of study	 It was a requirement for my job 		
Job Active Provider/Partic	erral Age	nt	undertaking this study. (Tick ONE box only)	 To start my own business To try for a different career 	 For personal interest or self- development To get skills for community/voluntary work Other reasons 			
Contact Name:				Third Party Disclo	sure and Declaration	n		
Contact Email:				The RTO may disclose y including:	our personal information	for these purposes to third parties,		
Date:				School — if you a	,	dertaking VET, including a school-		
Read the statements below carefully, tick the boxes if you agree				 based apprenticeship or traineeship Employer — if you are enrolled in training paid by your employer Commonwealth and State or Territory government departments and authorised agencies, NCVER; Organisations conducting student surveys Researchers Other Registered Training providers - for purpose of training verification of certification provided on application for credit transfer. Job Active providers and their referral agents if applicable. The Data Provision Requirements 2020 clarify what information must be provided to the Australian Skills Quality Authority (ASQA) and reduce duplication to help registered training organisations (RTOs) meet their existing obligations. https://www.dewr.gov.au/skills-and-training/announcements/data-provision-requirements-update. The Data Provision Requirements 2020 adds a requirement for RTOs to keep certain specified information up to date where there has been a change in circumstances. The National Centre for Vocational Education Research (NCVER) will collect, hold, 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 Website at www.ncver.edu.au/privacy. Personal information is collected from you for the purpose of obtaining and verifying student related details. It is used by government departments for the planning, provision and reporting of educational and vocational training programs as authorised by the Privacy Act 1988 and the Skilling Australia's Workforce Act 2005 and related State and Commonwealth Acts and Regulations. Personal information will be managed in accordance with the RTO's Privacy Policy and may be accessed by the individual to whom it is related, by a written request to enquiries@greenhouseeducation.com 				
I acknowledge that I have read and understand Privacy Statement, third party disclosure and declaration, agree to abide by the student Code of Conduct (provided at the time of enrolment) and the rules and regulations during my enrolment. I understand that any violations of the student code of conduct will lead to disciplinary measures being implemented. I confirm that the information provided is true and correct. I am aware that the classes may not be conducted if there are insufficient numbers of students enrolled. I have had the 'Student Handbook' made available to me. I am aware of my rights under the VET Quality Framework, including my rights to appeal, make a complaint, and receive a refund. I give Greenhouse Education permission to use photos and/or videos in public material and social media (including any photos and/or videos where I may be recognised) as may be useful. I authorise images of my participation in training to be used by Greenhouse Education for future marketing and business purposes. I understand that I retain the right to withdraw my consent at any time. Application Name: Signature: Date:								
Name:								
Signature:								
Corporate Declaration – Ackn	owledge all b	oxes if thi	s applies to your appli	cation				
 I agree to provide of approval. I as the authorised Employer r 	opportunities	for the sta		required online and wo	orkplace self-study and	commence immediately upon		
Organisation: Signature:				Date:				
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