

CFS01 International Student Re-Enrolment Form

This confidential International Student Re-Enrolment Form asks you for more details about the course/s studied beside the personal information to support you re-enrolling in the courses. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure the course/s you are re-enrolling in is the most suitable for your needs and circumstances. All staff at Collins Academy are required by law to protect the information provided on this Re-Enrolment Form.

| Application for Re- Enrolm | ent | | | | | |
|--|---------------------|---|---|----------------------------|--|--|
| Which course(s) would you | | ☐ BSB40920- | Certificate I | V in Project Manag | ement Practice | |
| like to re-enrol into? | Business | ☐ BSB50820- | Diploma of Project Management | | | |
| If re-enrolling as a whole | Dusiness | ☐ BSB50420- Diploma of Leadership and Management | | | | |
| training package, please tick | | ☐ BSB60420- | · Advanced [| Diploma of Leadersl | hip and Management | |
| all courses. | | BSB80120- Graduate Diploma in Management Learning | | | | |
| Intake/Start date: | | [Month/Intake/Year] (e.g.: Sep intake 2023) / | | | | |
| Intake, start date. If re-enrolling as a whole training package, pl | | se fill the [DD/MN | | YYYY] | | |
| intake/ start date of the first course | | | | | | |
| I I a service a service and the service and th | : - II: A I I | · 2 | □ Vas □ Na | | | |
| Have you ever studied with (| | | ☐ Yes ☐ | _l No | | |
| What is the main reason for | e-enrolling the cou | rse/s? | | | | |
| | | | | | | |
| | | | | | | |
| Do you wish to apply for Cre If YES, certified copies of train | | uic | Yes L | No - I'd like more info | ormation | |
| qualifications must be provide | | | iviaybe | - Tu like more ime | Jinadon | |
| Credit Transfer Form. | | | | ¬., | | |
| Do you wish to apply for Rec If you indicate YES, you will be | | | ☐ Yes ☐ No☐ Maybe - I'd like more information | | | |
| further. | | | | | | |
| Do you understand the requirements of Attend | | ince and | Yes No | | | |
| Academic to complete this course? Update your Personal Details | | | | | | |
| 1. Enter your full name* | | | | | | |
| | | | | | | |
| Surname: | | | | | | |
| Given names: | | | | | | |
| | | | | | le names. If you do not yet have a USI | |
| document you choose to use | | | • | | | |
| 2. Enter your birth date | dd/mm/yyyy) | | | | | |
| 3. Gender (Tick ONE box only) | | 1ale 🗌 Fema | le 🗌 Othe | er | | |
| 4. Enter your contact de | ails | | | | | |
| Home phone: | | | | Work phone: | | |
| Mobile: | | | | | | |
| Email address: | | | | | | |
| | | | | | | |
| Alternative email address (optional) | | | | | | |



| reside for training, work or other purposes before re property addressing' or 'numbering' system as your | I residence? and name not post office box) where you usually reside rather than any temporary address at which you eturning to your home. If you are from a rural area use the address from your state's or territory's 'rural residential street address. Building/property name is the official place name or common usage name for an ignial community, homestead, building complex, agricultural property, park or unbounded address site. | | |
|--|---|--|--|
| Building/ property name | | | |
| Flat/unit details: | Street or Lot Number | | |
| | (e.g. 205 or Lot 118): | | |
| Street name: | | | |
| Suburb, locality or town: | State/territory: | | |
| Postcode: | Country: | | |
| 6. What is your postal address? (if d | ifferent from above) | | |
| Building/ property name: | | | |
| Flat/unit details: | Street or Lot Number | | |
| | (e.g. 205 or Lot 118): | | |
| Street name: | | | |
| Suburb, locality or town: | State/Territory: | | |
| Postcode: | Country: | | |
| Update your Passport and Visa Details | | | |
| 7. Passport Number | 8. Expiry Date | | |
| 9. Country of Passport | | | |
| 10. What type of visa are you currently *If currently enrolled with any other that you are holding with your applications. | education provider, please provide a copy of your current student visa and all eCoEs | | |
| *Student Visa, Subclass | Work and Travel Visa | | |
| ☐ Visitor Visa | Other, please specify | | |
| ☐ Working Holiday Visa | | | |
| Visa Expiry Date: | / | | |
| 11. What type of visa will you re-apply | to study at the Institute? | | |
| Student Visa | ☐ Work and Travel Visa | | |
| ☐ Visitor Visa | Other, please specify | | |
| ☐ Working Holiday Visa | | | |
| Update your Employment | | | |
| | th BEST describes your current employment status? (Tick one box only) ne current number of hours worked per week to determine whether full time (35 hours or more per week) or | | |
| Full-time employee Self-employed - employing others | ☐ Part-time employee ☐ Self-employed - not employing others ☐ Imployed - unpaid worker in a family business ☐ Unemployed - seeking full-time work | | |
| Unemployed - seeking part-time work | Not employed - not seeking employment | | |
| | following categories best describe your occupation? (Tick one box only) | | |
| ☐ Managers ☐ Community and Personal Services ☐ Machinery Operators and Drivers | ☐ Professionals ☐ Technicians and Trade Workers ☐ Sales Workers ☐ Other | | |



| 14. Which best describes the industry of your employment? (Tick one box only) | | | | |
|---|--|-----------------|------------------------------|---|
| ☐ Electricity, Gas, \ ☐ Retail Trade ☐ Info Media and ☐ Scientific and Te | orestry and Fishing Mining Manufacturing 5, Water and Waste Construction Wholesale Trade Transport, Postal and Warehousing Accommodation and Food d Telecommunications Financial and Insurance Rental, Hiring and Real Estate Technical Administrative and Support Arts and Recreational stration and Safety Education and Training Healthcare and Social | | | |
| Update your Uniqu | ıe Student Identifier (U | SI) | | |
| 15. Enter your un | ique student identifier | (if you alread | ly have one) | |
| Update your Next | of kin/emergency conta | act | | |
| | ple named are aware tha | | | ring your participation in training. Please rgency contacts and agree to their details |
| Name: | • | | Relationship to you: | |
| Address: | | | | |
| Home phone: | | | Work: | |
| Mobile: | | | Email: | |
| Update your Educa | ntion Agent Contact De | tails | | |
| Company name: | | | | |
| Contact person: | | | | |
| Phone: | | | Email: | |
| Application Check Provide a copy of the Please tick those that | following documents with y | our applicatior | n (you will need to bring th | ne originals to your orientation day for verification): |
| Completed all s | ections of this application | n form | | |
| | Proof of English Language Proficiency | | | |
| _ | Certified copy of your passport | | | |
| Copy of your visa (if you are currently in Australia or have a valid one) | | | | |
| Certified copies of your highest qualification (overseas and in Australia) | | | | |
| Credit Transfer Application | | | | |
| Any other documents to support your application | | | | |
| A release letter from your current education provider, current and future COEs from current provider (if applicable and | | | | |
| applying for transfer of providers) | | | | |
| Official Use Only | | | | |
| Admission Approva | l: ∐ Yes ∐ No | | | |
| Comment: | | | | |
| | | | | |
| | | | | |
| | | | | |



PRIVACY NOTICE

Why we collect your personal information

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. If the personal information is not collected, you will not be able to enrol as a student with Collins Academy.

How we use your personal information

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.

How we disclose your personal information

We 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.

How the NCVER and other bodies handle your personal information

The 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.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), 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.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at 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

DESE 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 the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at https://www.dese.gov.au/national-vet-data/vet-privacy-notice.

Surveys

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.

Contact information

At any time, you may contact Collins Academy 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

You may contact Collins Academy via email: <u>info@paragon.edu.au</u> or Whatsapp (Mobile) (+61) 466 454 939. Please refer to Collins Academy's *Privacy Policy* for more details: <u>https://paragon.edu.au/forms-and-polices/</u>

| Student Declaration and Consent please tick all | | | | |
|---|--|-------|--|--|
| I declare that the information I have provided to the best of my knowledge is true and correct. | | | | |
| I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above. | | | | |
| Student Signature: | | Date: | | |
| Student Name: | | | | |

DISABILITY SUPPLEMENT

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 illnes

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.



Annexure: Unique Student Identifier (USI) Details

Unique Student Identifier Information Sheet

From 1 January 2015, you will need to obtain a USI in order for Collins Academy to issue you a qualification or statement of attainment. If you do not already hold a USI, you can: obtain one at www.usi.gov.au; or request that we obtain one on your behalf.

If you request that Collins Academy obtain a USI on your behalf:

You must provide us with all the requested information. If the information requested is not provided, or is inaccurate, it may affect our ability to obtain a USI on your behalf. The personal information that Collins Academy must provide to the Student Identifiers Registrar to obtain a USI is:

- your name;
- your date of birth;
- your city or town of birth;
- your country of birth;
- your gender; and
- your contact details

Collins Academy will securely destroy personal information which we collect from you solely for the purpose of applying for a USI on your behalf as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

Personal Information and Privacy

The personal information that we collect from you and provide to the Student Identifiers Registrar is protected by the Privacy Act 1988. The collection, use and disclosure of your USI is protected by the *Student Identifiers Act 2014*.

Please refer to the Student Identifiers Registrar's Privacy Policy (www.usi.gov.au/Pages/privacypolicy.aspx), which contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the Privacy Act 1988, which includes the following:

- misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs; and
- a failure by us to destroy personal information collected by you only for the purpose of applying for a USI on your behalf.

Additional information required to generate a USI

| Name: (including first or given name(s), middle name(s) and surname or family name as they appear in an identification document) | | | | | | |
|--|-------------|---|--|------|--|--|
| Date of Birth: (as it appears, if shown, in the chosen document of identity) | | | | | | |
| City or Town of Birth: | | | | | | |
| Country of Birth: | | | | | | |
| Gender: | | | | | | |
| | Phone: | | | | | |
| Contact Details: | Email: | Email: | | | | |
| Contact Details. | Mailing | Mailing | | | | |
| | Address: | Address: | | | | |
| Please tick the preferred m | ethod of co | ontact: | | | | |
| Phone | Email | | | Post | | |
| Please provide one valid form of ID from the list below and tick the corresponding box: | | | | | | |
| Drivers Licence | | Birth Certificate (Australian) | | | | |
| Medicare Card | | Certificate of Registration by Descent | | | | |
| Australian Passport | | Citizenship Certificate | | | | |
| Visa (with Non-Australian | | ImmiCard | | | | |

Privacy Declaration

I agree that: I have been provided with the Collins Academy USI Information Sheet; and understand and consent that the personal information I have provided in connection with an application for a USI:

- 1. is collected by the Student Identifiers Registrar for the purposes of:
 - applying for, verifying and giving a USI;
 - 1.2. resolving problems with a USI; and
 - 1.3. creating authenticated vocational education and training (VET) transcripts;
- 2. may be disclosed to:
 - 2.1. Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
 - 2.1.1. the purposes of administering and auditing VET, VET providers and VET programs;
 - 2.1.2. education related policy and research purposes; and
 - 2.1.3. to assist in determining eligibility for training subsidies;
 - 2.2. VET Regulators to enable them to perform their VET regulatory functions;
 - VET Admission Bodies for the purposes of administering VET and VET programs;
 - 2.4. current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
 - 2.5. schools for the purposes of delivering VET courses to the individual and reporting on these courses;
 - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
 - researchers for education and training related research purposes; any other
 person or agency that may be authorised or required by law to access the
 information;
 - any entity contractually engaged by the Student Identifiers Registrar to
 assist in the performance of his or her functions in the administration of the
 USI system; and
- will not otherwise be disclosed without their consent unless authorised or required by or under law.

| Signature: | |
|------------|--|
| Date: | |