

# WORKSHOP APPLICATION

## VOCATIONAL EDUCATION



### 1. ENROLMENT DETAILS

Please ensure the short course you would like to study:

Course name:

Please indicate with a tick which workshop you'll be attending:

DALBY:	EMERALD:
<b>Dalby Leagues Club</b>	<b>CQU Emerald Campus</b>
Monday 12 <sup>th</sup> November 2018	Wednesday 14 <sup>th</sup> November 2018
9.30am-1.30pm	9.30am-1.30pm
Orpen Street, Dalby QLD 4405	Capricorn Highway, Emerald QLD 4720
BUNDABERG:	AYR:
<b>CQU Bundaberg Campus</b>	<b>Venue TBA</b>
Tuesday 13 <sup>th</sup> November 2018	Thursday 15 <sup>th</sup> November 2018
9.30am-1.30pm	9.30am-1.30pm
6 University Drive, Branyan QLD 4670	Address: TBA

### 2. PERSONAL DETAILS

Title: Mr Mrs Ms Miss Dr Other

Family Name:	Previous Family Name (see note 1)				
Given Names:					
Date of Birth	DD / MM / YYYY	Gender	Male	Female	X
Home address					
State			Postcode		
Mailing address (if different)					
State			Postcode		
Telephone number (day)			After hours phone		
Mobile			Email address		
<b>Emergency Contact Details</b>					
Contact Name			Relationship		
Telephone number (day)			After hours phone		
Mobile					

**Do you consider yourself to have a disability, impairment or long-term condition which may impact on your studies?** Yes No

If 'YES' please indicate area(s) of impairment

Hearing	Vision	Mobility
Neurodevelopmental	Acquired Brain Injury	Medical

	Learning	Physical	Mental Health Condition
	Other		
If 'YES' do you require information on disability support services:		Yes	No

**Do you have any dietary requirements?** **Yes** **No**

If 'YES' please detail below:

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### 3. RTO REPORTING

Please select your citizenship status

Australian Citizen	New Zealand Citizen	Permanent Resident of Australia	Permanent Humanitarian Visa Holder	Temporary Visa Holder
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In which country were you born?

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If not Australia, in which year did you arrive?

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Do you speak a language other than English at home? Yes **No**

If 'YES' what is the main non-English language spoken at home?

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Are you of Aboriginal or Torres Strait Islander origin? (select one)

Aboriginal	Torres Strait Islander	Both	None of these
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Please select your highest completed school level 12 11 10 9 8 Did not attend

### 4. ELIGIBILITY

Are you attending Secondary school? Yes **No** If 'YES' you are not eligible to participate in this workshop

Are you a current employee of CQUniversity Australia? Yes **No** If 'YES' you are not eligible to participate in this workshop

Are you a current employee of Queensland Farmers Federation (QFF)? Yes **No** If 'YES' you are not eligible to participate in this workshop

Are you employed by the Government? Yes **No** If 'YES' you are not eligible to participate in this workshop

Are you a current Apprentice or Trainee? Yes **No** If 'YES' you are not eligible to participate in this workshop

Are you a Queensland Resident? Yes **No** If 'NO' you are not eligible to participate in this workshop

### 5. DECLARATION

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 (see below).

I also acknowledge I can request access to complete the Basic Key Skills Builder (bksb) online assessment to identify support needs but I am confident I have the necessary literacy, numeracy, oral and technical skills needed to complete this course.

**Applicant's signature**

**Date** DD/MM/YYYY

Parental or guardian consent is required for all students under the age of 18.

Parent/guardian/s signature

Date DD/MM/YYYY

## 6. PRIVACY NOTICE

Under the Data Provision Requirements 2012, CQUniversity is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by CQUniversity for statistical, regulatory and research purposes. CQUniversity may disclose your personal information for these purposes to third parties, including:

- School - if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer - if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agents;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au))

## 7. NOTES

### 1. Previous family name

Applicants who have previously been enrolled at CQUniversity or its antecedents (UCQ, UCCQ or CIAE) under a different name to the one in which they are now applying, OR applicants whose supporting documents are not in the applicant's current name (as it appears on this application form) must include a certified copy of the relevant documentation validating the name change, e.g. marriage certificate, deed poll or decree nisi.

### 2. Learning Unique Identifier (LUI)

All Year 11 and 12 students in Queensland have a learning account so if you are currently attending school, check with your school administration office if you are unsure of your LUI number.

## 8. CHECKLIST

Complete **ALL** sections of the application form

Email form to: **Queensland Farmers Federation (QFF)** [diana@gff.org.au](mailto:diana@gff.org.au)