

Smart and Skilled NSW & General Enrolment Form

Before completing this form, please ensure that you have read and understood the Student Handbook and the policies and procedures on our website at: www.bcci.edu.au
If you need any assistance completing this form, please contact us on: (02) 9793 8155 or info@bcci.edu.au



USI	www.usi.gov.au Register if you do not have one.		GENDER:	Please Tick [✓] <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	
FIRST NAME			MIDDLE NAME		
FAMILY NAME			DATE OF BIRTH		
RESIDENTIAL ADDRESS					
	SUBURB		STATE		POST CODE
POSTAL ADDRESS	<input type="checkbox"/> Please tick [✓] - if your postal address is the same as above, or provide your postal address below				
ADDRESS					
	SUBURB		STATE		POST CODE
EMAIL (1)			EMAIL (2)		
TELEPHONE			MOBILE		
EMERGENCY CONTACT DETAILS / GUARDIAN OR PARENT					
FULL NAME			RELATIONSHIP		
TELEPHONE / MOBILE			EMAIL		
In the event of an emergency do you give BCC Institute permission to organize emergency transport and treatment (for example, ambulance if necessary) and agree to pay all costs associated with your emergency treatment/transport?				Please tick [✓] <input type="checkbox"/> NO <input type="checkbox"/> YES	
COURSE / QUALIFICATION OF INTEREST					
CODE and TITLE	<input type="checkbox"/> ICT20120 Certificate II in Applied Digital Technology <input type="checkbox"/> FSK20119 Certificate II in Skills for Work and Vocational Pathways <input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care <input type="checkbox"/> BSB40920 Certificate IV in Project Management Practice <input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management <input type="checkbox"/> FNS40222 Certificate IV Accounting and Bookkeeping <input type="checkbox"/> FNS50222 Diploma of Accounting <input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> CHC43121 Certificate IV in Disability Support <input type="checkbox"/> CHC32015 Certificate III in Community Services <input type="checkbox"/> CHC52021 Diploma of Community Services <input type="checkbox"/> Entry Level Real Estate <input type="checkbox"/> CPP41419 Certificate IV in Real Estate Practice <input type="checkbox"/> CPP51122 Diploma of Property (Agency Management)				
LOCATION			START DATE		
How did you hear about this course?	<input type="checkbox"/> Previous Learner <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Facebook <input type="checkbox"/> Other (please specify)				
Recognition of Prior Learning (RPL) / Direct Credit Transfer (CT) - if applicable					
Do you wish to apply for RPL / CT for any of the units of competency offered by BCC Institute?					
Please Tick [✓] <input type="checkbox"/> NO <input type="checkbox"/> YES – If YES, you will be contacted by a trainer/assessor, who will provide further information					
Preferred Training Days					
Please Tick [✓] <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday					
REASON FOR STUDY — Which BEST describes your main reason for undertaking this course? Please tick [✓] only one					

<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons
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EMPLOYMENT STATUS — Which BEST describes your current employment status? Please tick [✓] only one

<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Self-employed – employing others <input type="checkbox"/> Unemployed – Seeking full-time work <input type="checkbox"/> Unemployed – Seeking part-time work <input type="checkbox"/> Not employed – Not seeking employment	<input type="checkbox"/> Apprenticeship / Traineeship – (if applicable please provide employer name and contact details below)
If Employed: Job Title Trainer and Assessor _____ Business Name _____ Address _____ Contact person _____ Phone _____		

LANGUAGE AND CULTURAL DIVERSITY — Please tick [✓] relevant boxes

Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal / Torres Strait Islander	In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Which language do you speak at home? Are you an Australian Citizen? <input type="checkbox"/> NO <input type="checkbox"/> YES Are you a Permanent Australian Resident? <input type="checkbox"/> NO <input type="checkbox"/> YES Are you a New Zealand Citizen? <input type="checkbox"/> NO <input type="checkbox"/> YES
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DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> NO <input type="checkbox"/> YES — If YES please tick [✓] the relevant boxes		
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness	<input type="checkbox"/> Acquired brain impairment. <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other (please specify) _____	

Funding Eligibility Criteria Applies

NSW Government subsidy may be available for eligible participants. Please call (02) 9793 8155 or email info@bcc.edu.au to assess your eligibility for subsidised fee. Please do not enrol online, you will need to contact our office.

LEARNER QUESTIONNAIRE



Note: Complete and return to BCC INSTITUTE or email to Info@bccci.edu.au

1. Are you 18 years or older? ☐ No ☐ Yes
2. Do you live in NSW? ☐ No ☐ Yes
3. Are you living in NSW social housing; or are you or your household on the NSW Housing Register? ☐ No ☐ Yes
4. Are you experiencing or have experienced any out of home care support? ☐ No ☐ Yes
5. Are you still at school? ☐ No ☐ Yes
6. Please indicate your residency status
☐ An Australian citizen ☐ Australian permanent resident ☐ Humanitarian visa holder ☐ NZ citizen
7. Have you undertaken any other Smart and Skilled qualifications this year? ☐ No ☐ Yes
8. Please indicate your highest level of qualification after leaving school.
☐ None ☐ Certificate I ☐ Certificate II ☐ Certificate III ☐ Certificate IV
☐ Diploma ☐ Advanced Diploma ☐ Bachelors / Masters
9. Are you applying for Recognition or Credit Transfer: ☐ No ☐ Yes If yes, please speak to our staff
10. Are you an Aboriginal and Torres Strait Islander? ☐ No ☐ Yes
11. Are you a recipient or dependent of disability support pension? ☐ No ☐ Yes
12. Do you receive any government benefits or allowance? e.g: Newstart/Youth Allowance/Carer/Disability ☐ No ☐ Yes If
yes, which benefit or allowance: _____
13. Are you experiencing or have experienced any domestic & family violence? ☐ No ☐ Yes (If yes,
you may be eligible for a fee exemption)
14. Are you unemployed? ☐ No ☐ Yes
If yes, how many weeks have you been unemployed continuously? _____ Weeks
15. Are you a client of an Employment Service Provider (ESP)?' or a Job Active (JA) ☐ No ☐ Yes If yes,
ESP Client ID: _____ ESP Name & Contact number _____
16. Training Location: _____ Training Postcode _____
17. Do you have any individual needs that we should be aware of, so we can plan your training?

Student Identification

You are required to provide photo identification evidence of your identity. Your trainer/coordinator/job service provider will explain what sort of evidence is acceptable, and we will note below that we have sighted this evidence.

BCCI Enrolment Officer: *I have sighted evidence of this student's identity and verified that their signature (below) is identical to the evidence*

BCCI Enrolment Officer Name: _____

Signature: _____

Evidence: Australian Citizenship (current passport, birth certificate, Australian Citizenship Certificate)

Driver's Licence – please list licence number and card number: _____ School Student Card –Please record number _____ Identity card – please record number/details _____

☐ Medicare card _____
Other: please explain and record numbers/details: _____

☐ _____

LEARNER CONSENT FORM



CONSENT FOR BCCI TO USE AND DISCLOSE PERSONAL INFORMATION TO THE NSW DEPARTMENT OF EDUCATION AND OTHER GOVERNMENT AGENCIES

Check ☒ all boxes if agreed.

- ☐ 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 have been made aware that this training is subsidised by the NSW Government.
- ☐ 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 **BCC Institute | RTO 90357** for the purposes of evaluating and assessing my subsidised training.
- ☐ 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 the manner outlined above.
- ☐ I also give consent to BCC Institute to record my photograph, videos, audio recordings related to my training and assessment. I understand these recordings are part of evidence gathering purposes to assess the competencies gained during my course study. Additionally, I understand BCC Institute may provide these recordings to the Department and/or other agencies for auditing and recording keeping purposes as part of the NSW Smart and Skilled Program contractual obligations.
- ☐ I have been given or been advised where I can locate the Student Handbook and relevant policies and procedures via BCCI website at www.bcci.edu.au, prior to my enrolment.
- ☐ I have been given specific information regarding my course, how it is structured, scheduled and assessed for competency in all units.
- ☐ I have read and understood my rights and responsibilities (as per the Student Handbook and BCCI Policies and Procedures) and agree to abide by these.
- ☐ I have been issued with relevant information regarding fees, charges, and information regarding Smart and Skilled and agree to the terms and conditions
- ☐ I consent to the use and disclosure of my personal information to government agencies as required to facilitate my application.
- ☐ I acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with BCC Institute for the purpose of evaluating and assessing my subsidised training.

Signature: _____ Date: _____

Note: if under 18 years of age at the time of given consent, then the consent of the guardian is required

PRINT FULL NAME OF GUARDIAN:

Signature of Guardian: _____ Date: _____

OFFICE USE ONLY

ID DOCUMENT SIGHTED Please Tick [✓]

COMMENTS /

Please Indicate:
Dated Sighted: _____
Name: _____