

St John Ambulance Australia

Enrolment Form

Course		Date										
1. Participant's details												
Title	First Name	Last name										
Date of Birth <u>DD / MM / YYYY</u>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female											
Unique student identifier	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> Must be 10 digits PRINT CLEARLY											
Volunteer number if applicable												
I give permission for my Employer/school/organisation to access a copy of my certificate (Statement of Attainment)		<input type="checkbox"/> YES <input type="checkbox"/> NO										
2. Contact details												
Work phone	Work mobile											
Work email												
Home phone	Home mobile											
Home email												
3. Residential address												
Building/property name	Flat/unit details											
Street or lot number	Street name											
Suburb, locality or town	State/territory	Postcode										
4. Postal address <input type="checkbox"/> AS ABOVE												
Building/property name	Flat/unit details											
Street or lot number	Street name											
Postal delivery information												
Suburb, locality or town	State/territory	Postcode										
5. Language and cultural diversity												
In which country were you born <input type="checkbox"/> Australia <input type="checkbox"/> Other? Please specify												
Are you Aboriginal or Torres Strait Islander origin <input type="checkbox"/> No <input type="checkbox"/> Yes. Aboriginal <input type="checkbox"/> Yes. Torres Strait Islander <input type="checkbox"/> Yes Aboriginal and Torres Strait Islander												
Do you speak a language other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes please specify												
How well do you speak English <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all												

6. Disability

Do you consider yourself to have a disability, impairment or long term condition? No Yes

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Learning | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Other |

7. Schooling

What is your highest COMPLETED school level?

- | | | |
|--|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Year 8 or below |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Never attended school |

In which Year did you complete that school level? DD / MM / YYYY

Are you still attending secondary school? Yes No

8. Previous qualifications achieved

Have you SUCCESSFULLY completed any of the following qualifications? Yes No

- | | |
|--|---|
| <input type="checkbox"/> Bachelor degree or higher degree | <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or associate diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Certificates other than the above |

9. Employment

Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

10. Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons |

Declaration

I declare that the information provided by me on this form is accurate and correct, and I understand that this information will be treated as private and confidential and will not be divulged by St John Ambulance Australia, except where St John is required to do so by law, under contractual arrangements with funding bodies or as stipulated in the Privacy Statement below.

Signature: Full Name

Date:

Privacy statement

Protecting your privacy is important to St John Ambulance Australia (St John) and it is important that you understand how the information we collect from you is used. You can freely obtain a copy of St John's Privacy Policy at www.stjohn.org.au/privacy-policy or by emailing finance@stjohn.org.au.

Why we collect information from you

We collect information from you to ensure compliance with relevant national and state/territory laws and for reporting to government departments, agencies or statutory bodies who collect information under those laws, to satisfy the requirements of government funding bodies, and for research, statistical, quality improvement and internal management purposes.

Who we provide information to

St John will not use or disclosure information about you unless:

- you consent for us to do so
- you would reasonably expect St John to use or disclose the information
- a permitted general situation exists in accordance with the Australian Privacy Principles (APP6, clause 6.2).

St John is required under the *National Vocational Education and Training Regulator Act 2011* (the Act) and/or our funding arrangements to provide your information to:

- Commonwealth and state/territory government departments, agencies or statutory bodies
- Vocational Education and Training Regulators and Admission Bodies.

We may, from time to time, provide information to other (Australian) St John entities for statistical, marketing and research purposes. Should this occur, we will take all necessary steps to ensure that your information is de-identified.

Disclosure to third parties

During your training, there may be circumstances that will require St John Ambulance Australia to discuss your progress with an appropriate third party, such as an employer. There may also be a need to examine workplace samples for the purposes of assessment. All discussions with any third party will be strictly confidential.

If you are under the age of 18 years or have special needs, St John may share information with your parent or legal guardian, or any other relevant legally appointed person.

How we collect information from you

We collect information in online formats and via paper-based enrolment forms. We aim to collect information directly from you and not from third parties, other than those parties stipulated under the *National Vocational Education and Training Regulator Act 2011*.

Security and storage of your information

We take all reasonable steps to ensure that the information we collect from you is stored securely. We endeavour to protect your information from misuse, interference, loss and unauthorised access.

Your information is stored on electronic student management systems or in hard copy format in line with the Act and the requirements of the *Standards for Registered Training Organisations 2015*. This information may be stored securely for an appropriate or state/territory legislated period then disposed of in a secure manner (including the use of externally contracted document disposal companies), entered into the online system, and/or stored in secure local servers.

St John may contract third party IT providers for information storage purposes, including JobReadyRTO.

Accessing, changing or updating your information

You have the right to view, change or update information we hold about you. St John aims to ensure that your information, as far as is reasonably practicable, is accurate, up to date and complete.

Should you wish to access, change or update your information, contact the National Privacy Officer at finance@stjohn.org.au, who will assist with your enquiry or direct you to the correct St John entity in which your personal record was created or is held. St John Ambulance Australia reserves the right to seek proof of identity from you before accessing, updating or changing your information. Please refer to the St John Ambulance Australia Privacy Policy for further information regarding accessing, changing or updating your information at www.stjohn.org.au/privacy-policy.

Making a complaint about a breach of privacy

Sometimes, St John might get things wrong. If you have a concern about your privacy, you have the right to make a complaint and we will do everything we reasonably can to rectify the situation. If you wish to make a complaint, contact us at finance@stjohn.org.au.

If you are not happy with the way St John handles your complaint, you can contact the Office of the Australian Information Commissioner by calling them on 1300 363 992, online at www.oaic.gov.au, via email at enquiries@oaic.gov.au, or writing to the Office of the Australian Information Commissioner, GPO Box 2999, Canberra ACT 2601.

Office use only

Superseded version	New version	New version date	Date to review	Changes
2.4	2.5	September 2015	September 2016	Amended permission clause and pg number. Adjusted layout.
2.3	2.4	August 2015	August 2016	Added copy/original SOA to employer. Adjusted layout.
2.2	2.3	July 2015	July 2016	Added boxes for USI, added permission for certificates to go directly to employer. Moved declaration to page 2.
2.1	2.2	December 2014	December 2015	Adjusted privacy statement making a complaint.
Version 2014 V2	2.1	December 2014	December 2015	Adjusted to meet Avetmiss 7 requirements, privacy ACT and USI
Version 2014 V1	Version 2014 V2	August 2014	October 2014	10. Study reason: 'To get into another course of study' was repeated 3 times; 2 were appropriately deleted.
	Version 2014 V1	October 2013	October 2014	New form