



# Combined Team Services Student Enrolment Form

STUDENT NAME:

Please refer to your student handbook and the CTS website when completing this form. Contact us for course entry requirements prior to your enrolment. To lodge your form - mail or deliver your application to 6A/6B Victoria Street, Bunbury WA 6230 or sign, scan and email to [training@ctsconsult.com.au](mailto:training@ctsconsult.com.au) Ph: 08 9791 6611

Please select the Nationally Recognised Qualification and/or Skill Set you would like to enrol in. Once we receive your completed form we will contact you (if we have not had prior discussions regarding your enrolment) to discuss your unit selections, Recognition of Prior Learning opportunities, course costs, a payment plan if required, course entry requirements if any, funding if available and course dates/schedule.

If the qualification/skill set is not listed or you wish to enrol in individual units of competence tick "Other".

Code and Name	Tick to Select
Certificate III in Business (BSB30115)	
Certificate IV in Business (BSB40215)	
Certificate IV in Work Health & Safety (BSB41415)	
Diploma of Work Health & Safety (BSB51315)	
Certificate IV in Leadership & Management (BSB42015)	
Diploma of Leadership & Management (BSB51915)	
Certificate IV in Customer Engagement (BSB40315)	
Certificate II in Resource Processing (RII20515)	
Certificate III in Resource Processing (RII30415)	
Key Management Skill Set (BSBSS00043)	
Other	

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## Privacy Statement & Student Declaration

### Privacy Notice

Under the *Data Provision Requirements 2012*, Combined Team Services 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 Combined Team Services for statistical, regulatory and research purposes. Combined Team Services 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 agencies;
- 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)).

### Student Declaration and Consent

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 [or electronic acknowledgement]..... [DATE] .....

PARENT/GUARDIAN SIGNATURE [or electronic acknowledgment]\*..... [DATE] .....

*\*Parental/guardian consent is required for all students under the age of 18.*

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## Personal details

### 1. Enter your full name \*

Family name (surname) \_\_\_\_\_

Given names \_\_\_\_\_

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want [name of RTO] to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

### 2. Enter your birth date

Day/month/year | | | |

### 3. Gender (Tick ONE box only)

Male

Female

Other

### 4. Enter your contact details

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email address \_\_\_\_\_

Alternative email address (optional) \_\_\_\_\_

### 5. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal 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 \_\_\_\_\_

### 6. What is your postal address (if different from above)?

Building/property name \_\_\_\_\_

Flat/unit details \_\_\_\_\_

Street or lot number (e.g. 205 or Lot 118) \_\_\_\_\_

Street name \_\_\_\_\_

Postal delivery information (e.g. PO Box 254) \_\_\_\_\_

Suburb, locality or town \_\_\_\_\_

State/territory \_\_\_\_\_

Postcode \_\_\_\_\_

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## Language and cultural diversity

7. In which country were you born?

Australia  1101

Other – please specify

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8. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only   
1201

Yes, other – please specify

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9. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No

Yes, Aboriginal

Yes, Torres Strait Islander

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## Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

Yes  Y

No  N **No – Go to question 12**

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

(You may indicate more than one area)

Hearing/deaf  11

Physical  12

Intellectual  13

Learning  14

Mental illness  15

Acquired brain impairment  16

Vision  17

Medical condition  18

Other  19

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## Schooling

12. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent  12

Year 11 or equivalent  11

Year 10 or equivalent  10

Year 9 or equivalent  09

Year 8 or below  08

Never attended school  02

**Never completed any primary or secondary level education – go to question 14**

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13. Are you still enrolled in secondary or senior secondary education?

Yes  Y

No  N

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## Previous qualifications achieved

14. Have you **SUCCESSFULLY** completed any of the qualifications listed in question 15?

Yes	<input type="checkbox"/> Y	
No	<input type="checkbox"/> N	<b>No – go to question 16</b>

15. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/> 008
Advanced diploma or associate degree	<input type="checkbox"/> 410
Diploma (or associate diploma)	<input type="checkbox"/> 420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511
Certificate III (or trade certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/> 990

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## Employment

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

(Tick **ONE** box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/> 01
Part-time employee	<input type="checkbox"/> 02
Self employed – not employing others	<input type="checkbox"/> 03
Self employed – employing others	<input type="checkbox"/> 04
Employed – unpaid worker in a family business	<input type="checkbox"/> 05
Unemployed – seeking full-time work	<input type="checkbox"/> 06
Unemployed – seeking part-time work	<input type="checkbox"/> 07
Not employed – not seeking employment	<input type="checkbox"/> 08

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## Study reason

17. Of the following categories, select the one which **BEST** describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick **ONE** box only)

To get a job	<input type="checkbox"/> 01
To develop my existing business	<input type="checkbox"/> 02
To start my own business	<input type="checkbox"/> 03
To try for a different career	<input type="checkbox"/> 04
To get a better job or promotion	<input type="checkbox"/> 05
It was a requirement of my job	<input type="checkbox"/> 06
I wanted extra skills for my job	<input type="checkbox"/> 07
To get into another course of study	<input type="checkbox"/> 08
For personal interest or self-development	<input type="checkbox"/> 12
Other reasons	<input type="checkbox"/> 11

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## Unique Student Identifier (USI)

From 1 January 2015, we Combined Team Services can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

### 18. Enter your Unique Student Identifier (USI) (if you already have one)

Unique Student Identifier (USI)

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## USI application through your RTO (if you do not already have one)

### Application for Unique Student Identifier (USI)

If you would like Combined Team Services to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] .....authorise  
Combined Team Services to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Town/City of Birth \_\_\_\_\_  
(please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

Please provide details for one of the forms of identity below (numbered 1 to 8).

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

#### 1. Australian Driver's Licence

State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

#### 2. Medicare Card

Medicare card number \_\_\_\_\_  
Individual reference number (next to your name on Medicare card): \_\_\_\_  
Card colour: (select which applies)  
Green  Expiry date \_\_\_\_/\_\_\_\_ (format MM/YYYY)  
(month/year)

Yellow  Blue  Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format DD/MM/YYYY)  
(day/month/year)

#### 3. Australian Passport

Passport number \_\_\_\_\_

#### 4. Non-Australian Passport (with Australian Visa)

Passport number \_\_\_\_\_ Country of issue \_\_\_\_\_

**5. Immicard**

Immicard Number \_\_\_\_\_

**6. Citizenship Certificate**

Stock number \_\_\_\_\_ Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_  
day/month/year)

**7. Certificate of Registration by Descent**

Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day/month/year)

**Please provide a brief description of your Work History to assist in determining that you have the required workplace language literacy and numeracy (LLN) levels to successfully participate in this program. You may be requested to complete an LLN test at your own cost if we are unable to make this determination based on the information provided in this section.**



You can attach your resume and relevant qualification along with this enrolment form.

<b>Business 1</b>		
Position		
From		To
<b>Business 2</b>		
Position		
From		To
<b>Business 3</b>		
Position		
From		To

**Relevant skills:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Qualifications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provide a brief description on what you would like to achieve within your employment by completing a qualification at Combined Team Services**

**Career objective:**

\_\_\_\_\_

\_\_\_\_\_

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## Withdrawal, Cancellation, Extensions and Confirmation of Registration

Course bookings are not confirmed until payment or purchase order has been received/accepted. Once confirmed bookings are subject to our cancellation policy.

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## Issue of Statements of Attainment/Certificates/Attendance

Statements of Attainment/Certificates/Attendance will not be issued until all accounts are paid in full unless other arrangements have been agreed to prior to completion of course. Students should verify fees for all courses at registration as fees are subject to change without notice.

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## Payment of Fees and Charges

Your registration will not be processed until CTS fees and charges are paid, a purchase order has been received, deferred payment arrangements have been made (payment plan) or fees and charges have been waived.

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## Course Fees and Refund Policy

Should Combined Team Services cancel any course, participants are entitled to a full refund or transfer of funds to a future course. We will refund in full any deposits received for any course that is cancelled. Combined Team Services will not be liable for any claims arising from course cancellation. Payment is required before commencement of course (unless prior arrangements are made with the Director).

- All Cancellations to course bookings must be received in writing
- Refunds for funded courses are subject to the Current WA VET Fees and Charges Policy
- Refunds for non funded courses are subject to our [refund policy](#) which is available on our website
- If you are enrolled in a course which has been specifically scheduled for you or your organisation, the conditions for refund may differ to the above, please refer to your quote or other correspondence from CTS.

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## Declaration of Receipt of Student Information

This is to certify that I have received and read the Combined Team Services (CTS) Student Handbook outlining the policies, practices and regulations which I agree to observe and follow during my period of study with CTS.

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### Student Declaration:

I understand that it is my responsibility to be familiar with the contents of the CTS Student Handbook and to ask questions on any matters I do not understand.

I understand this is just the preliminary enrolment and additional documents may be forwarded to me upon receipt of this form to complete the remaining necessary information for my enrolment. Enrolments are not confirmed until all details have been submitted and payment or payment arrangements have been made.

I understand that this declaration will be recorded in my student file.

### Declaration

<b>Student Name:</b>	<b>CTS Officer Name:</b>
<b>Student Signature:</b>	<b>CTS Officer Signature:</b>
<b>Date:</b>	<b>Date:</b>

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## OFFICE USE ONLY

LLN Test Required: Yes  No  CTS Staff Member Initial:

Date enrolment form received: \_\_\_/\_\_\_/\_\_\_ (format DD/MM/YYYY)

Student ID: \_\_\_\_\_