



Enrolment Form

This form is to be completed by a person apply to undertake a national accredited course with the Queensland Ambulance Service (QAS) RTO (RTO Code: 5285). Please follow the steps below:

1. Read **Section 1** below to understand why we collect your personal information.
2. Read through the **QAS RTO First Aid Student Handbook** which sets out the policies and guidelines associated with undertaking a course with the QAS RTO.
3. Complete Section 2 and Section 3, and additional section(s) (if applicable) of this enrolment form.

Section 1: Important Information About Undertaking your VET Course

Why the QAS RTO collects 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. 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 NCVER and other bodies handle your personal information

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.

NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), 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.

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

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



For more information about how 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.

DEWR 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 DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.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 the QAS RTO 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

QAS RTO can be contacted via email at firstaidtraining@ambulance.qld.gov.au telephone on 07 3873 3334.

Section 2: Complete your Personal Information

1. USI & personal details If you have not yet obtained a USI you can apply for it directly at www.usi.gov.au To check if you already have a USI, use the 'Forgotten USI' link on the USI website at www.usi.gov.au

USI										
In providing USI, you confirm QAS RTO is authorised to collect, use and disclose your student identifier for the purposes required under the <i>Student Identifiers Act 2014</i> . Please write your name exactly as used when you applied for your USI, including any middle names. If your personal details have changed since applying for your USI and need to be updated, please visit: www.usi.gov.au										
Please tick if you have one name only or a single name										<input type="checkbox"/>
Family name (surname)										
First Given name <i>Please write the names used in your USI.</i>										
Second given name (middle)										
Date of birth (day/month/year)		DD	MM	YYYY	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other				
Are you under 18 years of age? <i>If yes, please complete QAS RTO Parent/Guardian Consent Form below</i>						<input type="checkbox"/> No <input type="checkbox"/> Yes				
Home Phone		Work Phone			Mobile Phone					

Email address <i>Your Certificate(s) will be sent to this email address.</i>					
Secondary email (optional)					
Residential address <i>Please provide the physical address where you usually live.</i>					
Unit number		Building name			
Street number		Street name		State	
Suburb				Post code	
Post address (if different)					
Unit number		Building name			
Street number		Street name or PO Box		State	
Suburb				Post code	
2. Language and cultural diversity information					
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify _____					
Are you of Aboriginal and / 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? <i>(If more than one language, indicate the one that is spoken most often)</i> <input type="checkbox"/> No, English only <input type="checkbox"/> Yes - please specify _____					
3. Schooling					
Are you enrolled in secondary school education? <input type="checkbox"/> No <input type="checkbox"/> Yes					
What is your highest COMPLETED school level? (Tick ONE box only) <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 (or below) <input type="checkbox"/> Never attended school					
4. Disability <i>Information provided will help the QAS RTO best support you in the course. Please refer to the Appendix A Disability Supplement information for an explanation of the disabilities below.</i>					
Do you consider yourself to have a disability, impairment, or long-term condition? <input type="checkbox"/> Yes – please complete below. <input type="checkbox"/> No – please go to Question 5 Employment					
If you selected yes, please select the area/s in the following list: (You may indicate more than one area)					
<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	
5. Employment					
Which of the below BEST describes your current employment status. (Tick ONE box only)					
<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Self-employed – employing others			<input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment		

Employer details (optional). *If you are currently employed and your training is related to your work, you may choose to provide your employer's contact details. We may use this information to tailor the training to your workplace needs (where applicable); communicate with your employer about your progress (with your consent) and distribute employer satisfaction survey.*

Contact name & Position Title	Contact number	Email

6. Previous educational achievement

Have you successfully completed any of the qualification levels listed below?

☐ If Yes please select the highest COMPLETED level ☐ No – go to **Question 7. Emergency contact**

<input type="checkbox"/> Certificate I	<input type="checkbox"/> Diploma (or associate diploma)
<input type="checkbox"/> Certificate II	<input type="checkbox"/> Advanced diploma or associate degree
<input type="checkbox"/> Certificate III (or trade certificate)	<input type="checkbox"/> Bachelor's degree or higher-level qualification
<input type="checkbox"/> Certificate IV (or advanced certificate/ technician)	<input type="checkbox"/> Other (including certificates or overseas qualifications not listed)

7. Emergency contact information (optional)

Contact name	Relationship to you	Contact number

8. Individual support needs (optional) *If you have individual and/or additional support needs, the course trainer will chat with you privately to gain a clearer understanding of your needs and how best to support you in the course.*

Do you require support to assist you to complete your training? ☐ No ☐ Yes

If Yes, please choose the main area/s you require support:

☐ Reading ☐ Writing ☐ Speaking ☐ Working with numbers ☐ Using computers
☐ Physical activity participation ☐ Other: _____

9. Study reason

Which of the below BEST describes the main reason you are undertaking this course. (Tick ONE box only)

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

Section 3: Course Consent & Declaration

Please tick the course/unit(s) you are enrolling in			
<input type="checkbox"/> Provide cardiopulmonary resuscitation – 3.5 hours Includes: HLTAID009 Provide cardiopulmonary resuscitation.		<input type="checkbox"/> Provide basic emergency life support – 5 hours Includes: HLTAID009 Provide cardiopulmonary resuscitation HLTAID010 Provide basic emergency life support	
Course start date (DD/MM/YY)		Course start date (DD/MM/YY)	
<input type="checkbox"/> Provide First Aid – 1 Day Includes: HLTAID009 Provide cardiopulmonary resuscitation HLTAID010 Provide basic emergency life support HLTAID011 Provide first aid		<input type="checkbox"/> Provide First Aid – 2 Days Includes: HLTAID009 Provide cardiopulmonary resuscitation HLTAID010 Provide basic emergency life support HLTAID011 Provide first aid	
Course start date (DD/MM/YY)		Course start date (DD/MM/YY)	
<input type="checkbox"/> Provide first aid in an education and care setting – 1.5 days Includes: HLTAID009 Provide cardiopulmonary resuscitation HLTAID010 Provide basic emergency life support HLTAID011 Provide first aid HLTAID012 Provide first aid in an education and care setting		<input type="checkbox"/> Provide First Aid in Remote or Isolated Site – 2 days Includes: HLTAID009 Provide cardiopulmonary resuscitation HLTAID010 Provide basic emergency life support HLTAID011 Provide first aid HLTAID013 Provide first aid in remote or isolated site	
Course start date (DD/MM/YY)		Course start date (DD/MM/YY)	
<input type="checkbox"/> Provide advanced first aid – 2 days Includes: HLTAID009 Provide cardiopulmonary resuscitation HLTAID010 Provide basic emergency life support HLTAID011 Provide first aid HLTAID014 Provide advanced first aid		<input type="checkbox"/> Provide Advanced Resuscitation and Oxygen Therapy – 1 day Includes: HLTAID009 Provide cardiopulmonary resuscitation HLTAID015 Provide advanced resuscitation and oxygen therapy	
Course start date (DD/MM/YY)		Course start date (DD/MM/YY)	
<input type="checkbox"/> Provide pain management – 5 hours Includes: PUAEME008 Provide pain management			
Course start date (DD/MM/YY)			

Final information & Declaration

Student obligations

Please make sure you have read through the *QAS RTO First Aid Student Handbook* to understand your obligations and responsibilities.

Student declaration and consent

By signing and dating below, **I agree:**

- to the collection, use and disclosure of my personal information in accordance with relevant laws and regulations as described in Section 1 of this form.
- that I have read the *QAS RTO First Aid Student Handbook* and am informed about my obligations as a student.
- to abide by the policies and procedures as detailed in the *QAS RTO First Aid Student Handbook*.
- that I give the QAS RTO permission to contact the provider named on my AQF certification documentation to provide RTO verification for completion of mandatory pre-requisite unit/s and/or recognition application (Credit Transfer and/or RPL).

By signing and dating below, **I declare that:**

- I have been informed about the course(s) I have selected for enrolment, including skill level and physical ability requirements.
- I understand that, where any of my core skills results do not meet the level required, I may require additional support during the course.
- The information I have provided in this form is true and correct to the best of my knowledge.
- I have been informed that my assessment results will not appear on my VET transcript or be available to me through the USI system if I have not provided a verifiable USI matching the personal details on this enrolment form.
- I have been informed that I will not receive a statement of attainment until the QAS RTO has been supplied:
 - full payment of the course fee (if applicable); and
 - verifiable Unique Student identifier (USI) or a letter issued by the Student Identifiers Registrar confirming the student does not need a USI to receive their qualification or statement of attainment.

Student full name			
Student Signature		Date	

Parent/Guardian consent

To be completed if student attending course is **under** 18 years of age

Parent/Guardian full name			
Parent/Guardian Signature		Date	

(Office use only) Completion by State Processing Centre					
VETtrak code:		VETtrak user:		Date processed:	
Evidence from the Student Identifiers Registrar confirming exemption from the USI. Parent/guardian consent form Evidence of verified Prerequisite unit				<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Comments:					

Appendix A: Disability Supplement

Important note
This information can assist with answering the disability support question. Disability, in this content, does not include short-term disabling health conditions such as, for example a fractured leg, influenza (the flu), or corrected physical conditions, such as impaired vision being managed by prescription glasses.
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 illness
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 because 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 health condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

Appendix B: Payment Details Form

Please disregard this page if you have paid or have already provided these details, or not subject to course payment.

If you have not yet paid for your course, or your employer is paying, a tax invoice will be issued after course completion. Select the appropriate invoicing option below and complete all requested details.

OPTION 1: I am paying my enrolment and require a tax invoice <input type="checkbox"/>				
Full name				
Residential address <i>Please provide the physical address where you usually live.</i>	Unit / Building / No & Street			
	Suburb		Post code	
Postal address (if different)	Unit / Building / No & Street / PO Box			
	Suburb		Post code	
Mobile number				
Home phone number		Work phone number		
Billing email address				

OPTION 2: My employer is paying my enrolment and requires a tax invoice <input type="checkbox"/>				
Employer name				
ABN / ACN				
Business address <i>Please provide the physical address where you work</i>	Unit / Building / No & Street			
	Suburb		Post code	
Postal address (if different)	Unit / Building / No & Street / PO Box			
	Suburb		Post code	
Contact person name				
Mobile number				
Work phone number				
Email address				
Billing email address (if different)				

I confirm that I have the authority to request that a tax invoice be issued on behalf of the above-named party.			
Student name			
Student Signature		Date	

Appendix C: Parent/Guardian Consent Form

Please disregard this page if student attending course is over 18 years of age.

Students under the age of 18 must complete this Consent Form by their parent or guardian to proceed with the enrolment. This ensures that parent(s) are aware of the training and support being provided and agree to the child's participation in the program.

Please note, some courses may have a minimum age requirement as part of the entry criteria. Please refer to the course information brochure or webpage for details.

Your child's information							
First name				Last name			
Date of Birth				Gender (Optional)	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		
Parent/Guardian information							
First name				Last name			
Mobile							
Email							
Residential address				Postal address			
State		Post Code		State		Post Code	
Parent/Guardian consent							
Please tick the check boxes below to indicate your consent.							
<input type="checkbox"/> I declare that the information I have provided about my child to the best of my knowledge is true and correct.				<input type="checkbox"/> I have read the QAS RTO Student Handbook, and the Course Information and I am informed about the course content, requirements, and expectations of my child as a QAS RTO student.			
Parent/Guardian Signature				Date			

Office use only:

Completion by State Processing Centre					
VETtrak entry	Course code:				
Entry by		Initialed		Date	