

QAS RTO Student Enrolment Form

This form is to be completed by a person undertaking a course with the Queensland Ambulance Service (QAS) RTO. Please follow the steps below:

1. Read **Section 1** below to understand why we collect your personal information.
2. Read through the **QAS RTO 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 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 fristaidtraining@ambulance.qld.gov.au or telephone on 07 3873 3334.

Section 2: Complete your personal information

1. USI & personal details A qualification or statement of attainment certificate can only be issued to students with a valid USI number which is linked to their full, legal name. (For more information or to apply for a USI visit: www.usi.gov.au)										
USI										
Completing your name: Please complete your name exactly as written when you applied for your USI, including any middle names.										
Family name (surname)										
Given names Please write the names used in your USI.								Please tick if you have one name only		<input type="checkbox"/>
Date of birth (dd/mm/year)		DD	MM	YYYY	Gender		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			
Are you under 18 years of age?		<input type="checkbox"/> No <input type="checkbox"/> Yes								
Mobile number										
Home phone number		Work phone number								
Email address										
Secondary email (if applicable)										
Residential address Please provide the physical address where you usually live.		Unit / Building / No & Street								
		Suburb		Post code						
Postal address (if different)		Unit / Building / No & Street / PO Box								
		Suburb		Post code						

2. Language and cultural diversity information	
1. In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify _____	
3. Do you speak a language other and English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, please specify _____	
2. 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	

3. Individual support needs 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.	
1. Do you require support to assist you to complete your training? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2. If Yes, please choose the main area/s you require support: <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speaking <input type="checkbox"/> Working with numbers <input type="checkbox"/> Using computers <input type="checkbox"/> Physical activity participation <input type="checkbox"/> Other: _____	

4. Disability support needs Information provided will help the QAS RTO best support you in the course. For more information about the support areas below, see the Disability Supplement information on the final page of this document.		
1. Do you consider yourself to have a disability, impairment, or long-term condition? <input type="checkbox"/> Yes – please complete question 2 below. <input type="checkbox"/> No – please go on to the next section: 5. Schooling		
2. If you selected yes to the presence of a disability, impairment, or long-term condition, please select the area/s below:		
<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. Schooling	
1. What is your highest COMPLETED school level?	<input type="checkbox"/> Yr 12 <input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 10 <input type="checkbox"/> Yr 9 <input type="checkbox"/> Yr 8 (or below) <input type="checkbox"/> Never attended school
2. Are you still enrolled in secondary school education?	<input type="checkbox"/> No <input type="checkbox"/> Yes

6. Previous educational achievement	
Have you successfully completed any of the qualification levels listed below? <input type="checkbox"/> No <input type="checkbox"/> Yes – please tick below	
<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or trade certificate) <input type="checkbox"/> Certificate IV (or advanced certificate/ technician)	<input type="checkbox"/> Diploma (or associate diploma) <input type="checkbox"/> Advanced diploma or associate degree <input type="checkbox"/> Bachelor degree or higher level qualification <input type="checkbox"/> Other (including certificates or overseas qualifications not listed)

7. 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	<input type="checkbox"/> Unemployed -seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment

8. 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 develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To get skills for community/ voluntary work	<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"/> Other _____	<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

Section 3: Enrolment, self-review & declaration

1. Please tick the unit(s) you are enrolling in		
<input type="checkbox"/> HLTAID009 Provide cardiopulmonary resuscitation <input type="checkbox"/> HLTAID010 Provide basic emergency life support <input type="checkbox"/> HLTAID011 Provide First Aid <input type="checkbox"/> HLTAID012 Provide First Aid in an education and care setting	<input type="checkbox"/> HLTAID013 Provide First Aid in remote or isolated site <input type="checkbox"/> HLTAID014 Provide Advanced First Aid <input type="checkbox"/> HLTAID015 Provide advanced resuscitation and oxygen therapy <input type="checkbox"/> PUAEME008 Provide pain management	<input type="checkbox"/> Low Voltage Rescue (<i>non-accredited</i>) <input type="checkbox"/> First aid awareness (<i>non-accredited</i>)
Course start date (DD/MM/YY)		

2. Skills and levels of performance self-review				
<p>It is important that the QAS RTO can determine if you need additional support to complete your course. Please talk to your trainer if you require further explanation.</p> <p>Please rate your ability to perform the following skills in the table below.</p> <p style="text-align: center;"><u>Rating explanation:</u></p> <p style="text-align: center;">Well = This is a strong skill I have</p> <p style="text-align: center;">Fair = I can do this but may need some help</p> <p style="text-align: center;">Poor = I don't feel confident with this skill</p>		<p>Rate your ability to do the following:</p> <p><i>How well can you do this?</i></p>		
Skill level description		Well	Fair	Poor
<i>Learning</i>	Can you identify and demonstrate the main steps required to complete a practical task e.g. steps to change a light bulb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Can you follow basic social rules for interacting with others, e.g., take turns speaking or sharing a work resource with a partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reading</i>	Can you follow simple written instructions e.g. to change a battery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Writing</i>	Can you complete documents with short question and hand-written answer sections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Oral (Speaking)</i>	Can you follow verbal instructions to complete a task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Numeracy</i>	Can you identify and complete steps in order e.g. steps that come first, second, and third in making a cup of tea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Final information & Declaration
Student obligations
Please make sure you have read through the <i>QAS RTO Student Handbook</i> to understand your obligations and responsibilities.
Student support note
<p>In accordance with the <i>Standards for Registered Training Organisations (RTOs) 2015</i>, education and support services may include, but are not limited to:</p> <ul style="list-style-type: none"> a) pre-enrolment materials b) learning and assessment programs contextualised to the workplace c) study support and or additional skills practice sessions d) flexible scheduling and delivery of training and assessment including reasonable adjustments where possible e) learning materials in alternative formats, for example, in large print f) equipment, resources and/or programs to increase access for students with disabilities and other students in accordance with access and equity g) facilitating access to other additional support services, for example, language, literacy and/or numeracy support, information and communications technology (ICT) support, or relevant counselling services support, mediation services or referrals to these services h) any other services that the RTO considers necessary to support students to achieve competency.

Student declaration and consent			
<p>By signing and dating below, I agree:</p> <ul style="list-style-type: none"> 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 <i>QAS RTO Student Handbook</i> and am informed about my obligations as a student. to abide by the policies and procedures as detailed in the <i>QAS RTO Student Handbook</i>. 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. <p>By signing and dating below, I declare that:</p> <ul style="list-style-type: none"> 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. 			
Student full name			
Student Signature		Date	

Parent/Guardian consent			
To be completed if student attending course is <i>under 18 years of age</i>			
Parent/Guardian full name			
Parent/Guardian Signature		Date	

(Office use only)			
Completion by State Processing Centre			
<i>VETtrak code:</i>			
<i>VETtrak user:</i>		<i>Date processed:</i>	
<i>Comments</i>			

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 as a result 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.