



ENROLMENT FORM AND AGREEMENT

DOMESTIC STUDENTS

Personal details

1. Enter your full name * (Block Letters)

Family name (surname)

Given names

2. Enter your birth date

Day/month/year | | | |

3. Gender (Tick ONE box only)

Male

Female

Other

4. Enter your contact details (Block Letters)

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.

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	_____

Language and cultural diversity

7. In which country were you born?

Australia	<input type="checkbox"/> 1101	_____
Other – please specify		_____

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	<input type="checkbox"/> 1201	_____
Yes, other – please specify		_____

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	<input type="checkbox"/> 4	_____
Yes, Aboriginal	<input type="checkbox"/> 1	_____
Yes, Torres Strait Islander	<input type="checkbox"/> 2	_____ 3 (yes to both)

Disability

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

Yes	<input type="checkbox"/> Y	_____
No	<input type="checkbox"/> N	No – Go to question 12

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) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/> 11	_____
Physical	<input type="checkbox"/> 12	_____
Intellectual	<input type="checkbox"/> 13	_____
Learning	<input type="checkbox"/> 14	_____
Mental illness	<input type="checkbox"/> 15	_____
Acquired brain impairment	<input type="checkbox"/> 16	_____
Vision	<input type="checkbox"/> 17	_____
Medical condition	<input type="checkbox"/> 18	_____
Other	<input type="checkbox"/> 19	_____





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	<input type="checkbox"/> 12	
Year 11 or equivalent	<input type="checkbox"/> 11	
Year 10 or equivalent	<input type="checkbox"/> 10	
Year 9 or equivalent	<input type="checkbox"/> 09	
Year 8 or below	<input type="checkbox"/> 08	
Never attended school	<input type="checkbox"/> 02	Never completed any primary or secondary level education – go to question 14

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

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

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	No – go to question 16

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

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

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
To get skills for community/voluntary work	<input type="checkbox"/> 13
Other reasons	<input type="checkbox"/> 11

STUDENT DECLARATION

Please read this document carefully before signing.

Privacy Notice

Under the *Data Provision Requirements 2012*, Davies Institute Pty Ltd T/A Bella College Australia 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 Bella College Australia for statistical, regulatory and research purposes. Bella College Australia 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 <https://www.ncver.edu.au/>).

1. 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
2. I understand that Bella College Australia reserves the right to withdraw the Offer or terminate my enrolment where false or misleading information has been provided.
3. I understand that Bella College Australia may ask me to undertake a Language, Literacy and Numeracy (LLN) test prior to confirming my enrolment.
4. I confirm that I have received, read and accept the course details and assessment information related to the course for which I have enrolled at Bella College Australia. I agree to comply with the terms and conditions related to the course and the Bella College policies.
5. I give permission to Bella College Australia to use, for official marketing and promotional purposes, any official photos, images, recordings and testimonials taken during my participation in Bella College Australia programs.
6. I understand that *'this written agreement, and the right to make complaints and seek appeals of decisions and action under various processes, does not affect the right of the student to take action under the Australian Consumer Law if the Australian Consumer Law applies'*.

SIGNATURES

STUDENT TO COMPLETE

STUDENT SIGNATURE: _____ **DATE:** _____

For students under 18 years of age (if applicable):

PARENT/ LEGAL GUARDIAN NAME _____

PARENT/ LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

SIGNED ON BEHALF OF DAVIES INSTITUTE PTY LTD T/A BELLA COLLEGE AUSTRALIA

CHIEF EXECUTIVE OFFICER FULL NAME: DILJIT SINGH BUTTAR

CEO SIGNATURE: _____ **DATE:** _____

