PROJECT:

HOST SAFETY AND TRAINING RTO 40772

DOCUMENT No:

HOST-ADM-FRM-002

DOCUMENT TITLE:

Training Enrolment Form

2A	28.10.2026	Revised in accordance with the VET Information Standard sample enrolment form. Issued for use.	B. Newman	I. Clover	C. Coupland
1	06.10.2026	Revised. Gender section amended. Issued for Use	I. Clover	C. Coupland	C. Coupland
1A	06.02.2026	Issued for Use	B. Newman		M. Keating
0	20.08.2025	Aligned to 2025 Standards	B. Newman	I. Clover	-
REVISION	**DATE**	**DESCRIPTION OF REVISION**	**ORIGINATOR**	**CHECKED**	**APPROVED**

Purpose:

The purpose of this form is to gather the required information to successfully manage a student's enrolment and advise students of HOST SAFETY AND TRAINING RTO (40772) Privacy guidelines.

Scope:

Applicable to students, prior to enrolment, for training with HOST SAFETY AND TRAINING RTO (40772)

Why we collect 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.

How we use your personal information:

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). 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 may disclose your personal information to the Australian Government Department of Employment and Workplace Relations (DEWR), other relevant Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes for which the legislation above permits.

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.

Commonwealth and State and Territory government authorities who deal with or have responsibility for VET also have contracted IT operators that design, build, test, operate, maintain and host a VET data system used to collect and/or store VET data. VET data system operators are subject to a range of strict privacy, security, and confidentiality obligations. Your personal information may be used by VET data system operators to fulfil their contractual obligations, including ensuring that the VET data system is operating properly. VET data system operators and their contractors will be required to abide by the Australian Privacy Principles.
Data submitted through a VET data system may undergo validation and quality assurance checks, which involve checking the submitted data against data held in other information systems, for example, the Unique Student Identifier Registry or the Australian Business Register.
For more information about how NCVER will handle your personal information please refer to NCVER's Privacy Policy at www.ncver.edu.au/privacy.
DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil its functions and activities, including:

- administration of VET, such as 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.

DEWR may be authorised by law to share "public sector data" with third parties, including under the *Data Availability and Transparency Act 2022* (Cth) (*DAT Act*). "Public sector data" is defined in the *DAT Act* to mean "data lawfully collected, created or held by or on behalf of a Commonwealth body…" and therefore includes any data collected by the department as part of performing VET related functions.
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/vet-activity-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 HOST SAFETY AND TRAINING RTO (40772) on info@hostsafetytraining.com.au 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.

COURSE ENROLMENT DETAILS *All fields in this section must be completed.*	
What are you enrolling in? *Select one option.*	☐ A single unit of competency ☐ Multiple units of competency ☐ A full qualification (for example, a Certificate III)
Course or unit code and title: *(Please list all units if enrolling in more than one)*	
Delivery Location:	
Start Date:	

PERSONAL DETAILS	
Preferred Title:	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
First Name:	
Middle Name/s:	
Surname:	
Gender:	☐ Male ☐ Female ☐ Non-binary ☐ Different term ☐ Prefer not to answer ☐Indeterminate / Intersex / Unspecified
Date of Birth:	/ /

CONTACT DETAILS	
Mobile Number:	
Work Number:	
Home Number:	
Email Address:	

RESIDENCE	
Permanent Residential Address:	
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	
Temporary address (if different from above):	
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	
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	
Postcode	

LANGUAGE AND CULTURAL DIVERSITY	
In which country were you born?	☐ Australia ☐ New Zealand ☐ Other: _____
Citizenship Status:	☐ Australian Citizen ☐ Aust. Permanent Resident ☐ NZ Citizen ☐ Visa: _____

Are you of Aboriginal or Torres Strait Islander origin?	☐ No	
	☐ Yes >	☐ Aboriginal ☐ Aboriginal and Torres Strait Islander ☐ Torres Strait Islander
Would you like to discuss any cultural background or support needs?	☐ No	
	☐ Yes >	Preferred method of communication: ☐ In-person ☐ Phone ☐ Email
Do you have any cultural or community obligations that may impact your study?	☐ No	
	☐ Yes >	If yes, please specify:
What language do you speak at home?	☐ English	
	☐ Other	Please specify:
	How well do you speak English:	☐ Very well ☐ Well ☐ Not well ☐ Not at all
Do you have any support needs that may affect your participation in this course (e.g. reading, writing, numeracy, digital skills, disability, or personal circumstances)?	☐ No	
	☐ Yes >	Please describe your needs so we can arrange appropriate support:

DISABILITY	
Do you consider yourself to have a disability, impairment, or long-term condition?	☐ Yes ☐ No (Go to SCHOOLING)
If yes, please indicate area: *(Please select all relevant options)* *(Please refer to the 'Disability Supplement' for an explanation of the following disabilities)*	☐Acquired brain injury ☐Autism ☐Deaf and hard of hearing ☐Deafblind (dual sensory) ☐Intellectual ☐Medical Condition ☐Neurological ☐Physical ☐Psychiatric/Mental health ☐Specific Learning

	☐Speech ☐Vision ☐Other ☐Prefer not to specify	
Do you require a reasonable adjustment to training or assessment?	☐ No	
	☐ Yes >	Please attach completed **HOST-ISS-FRM-001-Reasonable Adjustment Request Form** (emailed and found on our website) https://hostsafetytraining.com.au/

SCHOOLING	
What is your HIGHEST completed school level?	☐ Year 12 or equivalent ☐ Year 09 or equivalent ☐ Year 11 or equivalent ☐ Year 08 or below ☐ Year 10 or equivalent ☐ Did not attend school
Are you still enrolled in secondary or senior secondary education?	☐ Yes ☐ No

PREVIOUS QUALIFICATIONS ACHIEVED	
Have you SUCCESSFULLY completed any of the qualifications listed below	☐ No
Please select all relevant.	☐ Certificate I ☐ Diploma (or Associate Diploma) ☐ Certificate II ☐ Advanced Diploma or associate degree ☐ Certificate III (or trade certificate) ☐ Bachelor's degree or higher degree ☐ Certificate IV (or advanced certificate) ☐ Other education (including certificates or overseas qualifications not listed above)

PREVIOUS EXPERIENCE	
Do you have approximately 12 months of prior experience within specific resources, emergency, or allied industries?	☐ Yes ☐ No
If yes, please list the below: **1. Position title/s;** **2. Duration of position/s; and** **3. Responsibilities of position/s.**	1. 2. 3.

STUDY REASON	
What BEST describes your main reason for undertaking this training? *(please select the most appropriate)*	☐ To get a job ☐ It was a requirement of my job ☐ I wanted extra skills for my job ☐ To develop my existing business ☐ To start my own business ☐ To get into another course of study ☐ To get a better job or promotion ☐ To try a different career ☐ For personal interest or self-development ☐ To get skills for community/voluntary work ☐ Other reasons

CREDIT TRANSFER / RPL		
Have you previously completed any nationally recognised qualifications or units of competency that may be eligible for credit transfer?	☐ No	
	☐ Yes >	• Please attach completed **HOST-TRN-FRM-003 Credit Transfer Application** (emailed and found on our website https://hostsafetytraining.com.au/ • Please attach copies of your verifiable **USI transcript** and **Statements of Attainment**
Are you seeking Recognition of Prior Learning (RPL) for any skills, knowledge, or experience relevant to this course? **(RPL is an assessment process that evaluates your existing skills and knowledge—gained through work, volunteering, or life experience—against the learning outcomes of a unit or qualification.)*	☐ No	
	☐ Yes >	Please briefly describe your relevant experience or qualifications:

EMPLOYMENT	
Of the following categories, which BEST describes your current employment status? *(Tick ONE box only)*	☐ Full-time employee ☐ Part-time employee ☐ Self-employed (not employing others) ☐ Self-employed (employing others) ☐ Employed (unpaid worker in a family business) ☐ Unemployed (seeking full-time work) ☐ Unemployed (seeking part-time work) ☐ Not employed (not seeking employment)

If you are employed:	Industry of Employment:	
	Occupation Identifier:	

EMPLOYER / THIRD PARTY DETAILS *(if applicable)*			
Company Name:			
Main Contact Name:		**Email Address:**	
Address:			
Purchase Order Number:		**Billing Contact Name:**	
Email Address:			

COURSE FEES	
Who is responsible for payment of your course fees?	☐ I will pay myself ☐ My employer has agreed to pay ☐ My sponsor/Workforce Australia provider has agreed to pay

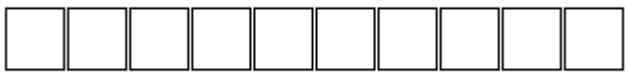
EMERGENCY CONTACT DETAILS	
Preferred Title:	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
Full Name:	
Relationship:	
Mobile Number:	

Unique Student Identifier (USI)

From 1 January 2015, HOST Safety and Training RTO (40772) 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). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI, you can apply for it directly at https://www.usi.gov.au/students/create-your-usi on computer or mobile device.

Enter your USI IF YOU ALREADY HAVE ONE

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a First Aid Course or RSA (Responsible Service of Alcohol) course, getting a Construction White Card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/. If you have an existing USI, you hereby give permission to Host Safety and Training to search for it by signing this enrolment form.



Unique Student Identifier (USI) application through RTO

Application for Unique Student Identifier (USI) (if you do not already have one)

If you would like HOST Safety and Training to apply for a USI on your behalf you must authorise us to do so by completing the USI Application Authorisation below:

USI Application Authorisation

I, _____ (student full name), authorise HOST Safety and Training (RTO 40772) to apply, pursuant to subsection 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

☐ I have read and consent to the collection, use and disclosure of my personal information as outlined in the Student Identifiers Registrar's Privacy Notice:

https://www.usi.gov.au/about-us/privacy/privacy-notice-students

Town/City of Birth: _____

Please write the name of the Australian or overseas town or city where you were born.

Student Signature: _____

Date: _____

Please provide details for one of the forms of identity below

HOST Safety and Training will also need to verify your identify to create your USI – please provide details for **ONE** of the forms of identify below (numbered 1 to 8). Please ensure the name written in the 'Personal Details' section is written exactly the same as 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 the Medicare card): ……

Card colour (select which applies):

☐ Green Expiry date: ..... / ..... / ..... (format DD/MM/YY)

☐ Yellow / ☐ Blue Expiry date: ..... / ..... / ..... (format DD/MM/YY)

3. **Australian Birth Certificate**

State/Territory: .....

4. **Australian Passport**

Passport number: .....

5. **Non-Australian Passport**

Passport number: .....

6. **Immicard**

Immicard number: .....

7. **Citizenship Certificate**

Stock number: .....

Acquisition date: ..... / ..... / ..... (format DD/MM/YY)

8. **Certificate of Registration by Descent**

Acquisition date: ..... / ..... / ..... (format DD/MM/YY)

Please note: A copy of your photo ID is required to process this enrolment.

In accordance with section 11 of the Student Identifiers Act 2014, HOST Safety and Training will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

Student Rights and Responsibilities

As a student, you have the right to:

- Be treated fairly and respectfully
- Receive accurate course information and access support services
- Learn in a safe and inclusive environment
- Lodge complaints or appeals through a fair process

You are responsible for:

- Respecting staff and other students
- Participating in learning activities and meeting course requirements
- Following RTO policies and procedures
- Informing us of any support needs, requests for reasonable adjustments, or changes to your details
- Submitting required documents (e.g., ID, academic transcripts, qualifications, completed forms)

For full details, please refer to the **Student Handbook** available on our website https://hostsafetytraining.com.au/

☐ **I acknowledge that I have read and understood my rights and responsibilities as a student.**

Media Consent

As part of our training and promotional activities, we may take photos, videos, or collect testimonials during classes, events, or assessments.

Do you give consent for your image, voice, or written feedback to be used in marketing, publications, social media, or other training-related materials?

☐ Yes, I give consent for my image, voice, or feedback to be used for training and promotional purposes.

☐ No, I do not give consent. I prefer not to be included in any media.

Signature: _____ Date: _____

Your consent is voluntary and can be withdrawn at any time by contacting our office in writing. We respect your privacy and will not share any media without your permission if you have not consented.

Disability Supplement

The complete disability classification scheme, with detailed descriptions, is provided below.

- **Acquired brain injury**

Refers to changes in brain functioning resulting from an injury or condition occurring after birth. People with acquired brain injury may experience changes in areas such as thinking, memory, concentration, communication, sensory processing, movement, fatigue or emotional regulation. Experiences and support needs vary between individuals and may change over time.

- **Autism**

Autism is a lifelong neurodevelopmental difference. People with autism may experience and interact with the world in different ways, including differences in communication, social interaction, sensory processing, thinking and information processing. Every person with autism is different, with individual strengths, experiences and support needs.

- **Deaf and hard of hearing**

Refers to people who are deaf or hard of hearing. People have diverse identities, communication preferences and access requirements and may use Auslan or other sign languages, spoken communication, captioning, assistive technologies, amplification, cochlear implants, interpreters, or a combination of approaches. Individual experiences and access requirements vary and should not be assumed from the degree or onset of hearing loss.

- **Deafblind (dual sensory)**

Refers to a distinct disability arising from the interaction of hearing and vision differences. People who are Deafblind may experience different access requirements in relation to communication, information, mobility, orientation and participation. Communication and access approaches vary between individuals and may include tactile, visual, auditory and other communication methods and supports.

- **Intellectual**

Refers to lifelong differences in intellectual functioning and adaptive skills that emerge during the developmental period (before age 18). People with intellectual disability may require varying levels of support with learning, communication, decision-making, and everyday activities.

- **Medical condition**

Refers to a medical or health condition that may affect a person's access, participation or activities. The condition may be apparent or non-apparent, and its impacts may be permanent, temporary, episodic or fluctuating. Experiences and support requirements vary between individuals and may change over time.

- **Neurological**

Refers to conditions or differences that affect the function of the brain, spinal cord, or nervous system. These may influence areas such as movement, coordination, communication, cognition, memory, concentration, sensory processing, fatigue or other aspects of functioning. Experiences and support needs vary between individuals and may be permanent, episodic, progressive or fluctuating.

- **Physical**

Refers to disability or health-related impacts that may affect a person's mobility, movement, dexterity, stamina or ability to undertake physical activities. These impacts may be permanent, temporary, episodic or fluctuating, and may be apparent or non-apparent. People may experience different access and support needs depending on the activity or environment.

- **Psychiatric/Mental health**

Refers to mental health conditions or psychosocial disability that may affect a person's participation in learning or other aspects of daily life. Experiences and access requirements vary between individuals and may be ongoing, episodic or fluctuating.

- **Specific learning**

Refers to conditions or differences that affect how a person acquires, processes, organises, or applies information and skills. This may influence activities such as reading, writing, mathematics, attention, concentration, executive functioning, listening, speaking, or reasoning. People's support requirements vary depending on the individual and the environment.

- **Speech**

Refers to speech or communication differences that may influence how a person communicates or expresses themselves. This may include differences in speech production, fluency, voice or verbal communication. Communication preferences, experiences and access requirements vary between individuals and may also vary across environments and situations.

- **Vision**

Refers to blindness, low vision or other vision differences that affect access to visual information or environments. A vision disability may be present from birth or acquired later in life, and people's access and support requirements vary depending on the individual and the environment.

- **Other**

Refers to a disability, condition or access requirement that is not represented within the categories listed above, or where the available categories do not adequately reflect the person's experience.

Marketing and Recruitment Survey

I confirm that all information provided to me about this course before I enrolled was honest and accurate, including the course length, study requirements, payment terms, refund policy, and my rights and responsibilities as a student. I was given clear information about how the course would meet my needs, and I understood what was expected of me before signing up. I also confirm that I was not offered any incentives to enrol, was not promised or guaranteed a job on completion, and that I am aware of any other organisation that may have been involved in my enrolment.

☐ **Yes, I agree** ☐ **No, I do not agree** ☐ **I somewhat agree**

Acknowledgement and Consent

Employer Information Disclosure Consent (Optional)

☐ I authorise the RTO to disclose my enrolment details, attendance, training and assessment progress, assessment outcomes and completion status to the employer named below for the purpose of coordinating and monitoring my employer-supported training.

Employer name: _____

This consent excludes health, disability and other sensitive personal information. I may withdraw this consent for future disclosures by notifying the RTO in writing. Withdrawal does not affect information already disclosed or disclosures required or authorised by law.

Student Declaration

By signing below, I confirm the acknowledgements above. Employer disclosure consent applies only where I have selected the checkbox and named my employer.

Student Full Name: _____Signature: _____ Date: _____

Course Information Acknowledgement

I acknowledge that:

- I have received and understood information about my course, including entry requirements, course content, duration, delivery modes, assessment requirements, fees and charges, available support services, and my rights and responsibilities as a student.
- I have been provided with access to the RTO's policies and procedures, including complaints and appeals, refunds, credit transfer, and recognition of prior learning (RPL).
- I have had the opportunity to ask questions and clarify information before enrolling.

Privacy Acknowledgement

I acknowledge that:

- I have been provided with the RTO's Privacy Notice and access to its Privacy Policy, explaining how my personal information is collected, used, stored and disclosed in accordance with applicable privacy legislation, including the Privacy Act 1988 (Cth).
- The RTO is required or authorised by law to disclose relevant personal information to NCVER, government departments, regulators and other authorised bodies for training, reporting and regulatory purposes, as explained in the Privacy Notice.
- The RTO may contact me about my enrolment, training and assessment progress, support needs and quality assurance activities.

Student Full Name: _____

Student Signature: _____Date: _____

IF STUDENT IS UNDER 18:

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____Date: _____

STUDENT CHECKLIST		
Completed Enrolment Form submitted: info@hostsafetytraining.com.au	☐ YES	☐ NO
Copy of Valid Photo ID (Drivers Licence OR Passport) is included	☐ YES	☐ NO

-END-