

You MUST complete all sections on this form to be registered at TAFESA in your chosen course each semester

TAFE SA ID #: _____ Year of Intended Study: _____ Semester of Intended Study: 1 2

Program of Study: _____

Campus: _____

Personal Details

Unique Student Identifier (USI): _____ *TAFE SA cannot issue any official results without your USI.*

SACE ID: _____ CITB Number (if applicable): _____

Title: Mr Miss Ms Mrs Gender: Male Female Other Date of Birth: _____

You must provide your legal given name and family name, as all paperwork will be issued in this name including parchments.

Given Name(s): _____ Family Name: _____

Preferred Given Name: _____ Previous Family Name: _____

Residential Address

Property/Building Name: _____ Flat/Unit Number: _____

Lot/Street Number: _____ Street Name & Type: _____

Suburb: _____ State/Territory: _____ Postcode: _____

Postal Address Same As Above?

Property/Building Name: _____ Flat/Unit Number: _____

Lot/Street Number: _____ Street Name & Type: _____

Suburb: _____ State/Territory: _____ Postcode: _____

Telephone and Email Details

Home: _____ Work: _____ Mobile: _____

Email: _____ Fax: _____

Aboriginal/Torres Strait Islander Status

I am: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Neither

Residency Status

Australian Citizen New Zealand Citizen Permanent Resident Student VISA/Diplomat Visa Type:

Overseas Non-Citizen Perm. Humanitarian Visa Unknown Citizenship Pathway to Perm Res

Emergency Contact

Name: _____ Relationship to Student: _____

Telephone: _____

Guardianship of the Minister

Are you currently, or have you previously been under Guardianship of the Minister? Yes No

Under 18 and not independent

Are you under 18 and not independent? Yes No If yes, guardian details and signature (page 4) are required

Guardian Name: _____ Relationship to Student: _____

Email: _____ Telephone: _____

Nationality

Visa Sub-Class: _____ Passport Number: _____ Expiry: _____ Nation of Issue: _____

Were you born in Australia? Yes No If 'No', Country of Birth: _____ Year of Arrival: _____

Language Spoken at home: _____

Education

Are you still at school? Yes No If no, please do not complete this form

Name of school: _____

Highest School level completed so far: Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 N/A

Please enter the qualifications you have successfully completed and the year they were obtained below;

Qualification	Year	Qualification	Year
Certificate I (or other certificates)		Advanced Diploma or Associate Degree	
Certificate II		Bachelor or Higher Degree	
Certificate III (or Trade Certificate)		Graduate Diploma or Graduate Certificate	
Certificate IV (or Advanced Cert\Technician)		Master Degree	
Diploma (or Associate Diploma)		Doctoral Degree	
Other education (incl overseas qual not listed above)			

Would you like help with English in your studies? Yes No

How well do you speak English? Very Well Well Not Well Not At All

Other Information

What is your current employment status?

- | | | |
|---|--|--|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Self-employed & employing others (Employer) | <input type="checkbox"/> Unemployed – seeking part time work |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Self-employed & not employing others | <input type="checkbox"/> Unemployed – seeking full time work |
| <input type="checkbox"/> Employed, unpaid family worker | <input type="checkbox"/> Not employed – not seeking employment | |

If unemployed, are you registered with Centrelink? Yes No

What is your major reason for study? (tick one)

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

Disabilities

Do you consider yourself to have a disability, impairment, or long term chronic condition? Yes No

If 'Yes', then what type of disability, impairment, or long term chronic condition do you have?

- | | | | | |
|-----------------------------------|--|--|---|----------------------------------|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Neurological Condition | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Intellectual Impairment | <input type="checkbox"/> Learning Condition | <input type="checkbox"/> Other: |

If 'Yes', will you require any special assistance or consideration (where available)? Yes No

Medical Details

Name of Doctor: _____ Name of Clinic: _____

Medicare Number: _____ Number next to name on Medicare card: _____

Private Health Cover? Yes No Ambulance Cover? Yes No

Medical Condition (all information will remain private and confidential)

Please list any medical condition that you feel lecturing staff should be made aware of in case of an emergency, i.e. asthma, allergic reactions, diabetes, epilepsy, etc.

The symptoms will appear as:

Action that needs to be taken by staff:

Medication to be administered with Permission only:

Registration Details Please attach additional registration details to this form

CRN	TAFE CODE	Description	Day	Date	Time	Fee
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

Payment Details

Options for payment of fees (tick one and complete required details)

Student to be invoiced for registration fees

Post invoice to:

Email invoice to:


Student registration fees to be paid by credit card

Pay your fees online using the myTAFESA website, selecting the "Pay Invoice Now" option.

School to be invoiced for registration fees

School:

VET Contact Person Name: _____ Telephone Number: _____

VET Contact Person Signature: 

Third Party to be invoiced for registration fees

Company Name: _____ ABN: _____

Contact Person Name: _____ Telephone Number: _____

Address or Email: _____

Declaration, Consent and Signature

By signing this declaration and consent I acknowledge and agree to the following terms and conditions:

1. I confirm that all information provided pursuant to my enrolment/registration is true and correct to the best of my knowledge. Any offer to a course, or any subsequent enrolment, made on the basis of untrue or incomplete information may be withdrawn or varied by SATAC or TAFE SA.
2. I agree to contact and advise TAFE SA as soon as practicable, if any of the information provided pursuant to my enrolment/registration changes.
3. I agree to ensure that my personal contact details and information is maintained online via myTAFE SA Self Service account. Note, that requests to make name changes may only be made in person at your local TAFE SA campus suitable proof of identity will be required.
4. I acknowledge and accept that TAFE SA reserves the right to refuse access to a funded training place in a particular qualification if I am not assessed as suitable to commence a course by the terms of external funding agreements. In these instances, TAFE SA will recommend alternative courses or full fee paying options.
5. I acknowledge and accept that TAFE SA reserves the right to review my current skills and experience, and enrol me at the most appropriate entry level for any course in which I may be offered a place.
6. I acknowledge and accept that if I fail to pay associated student fees, or have a third party pay fees on my behalf, or pay a required payment under an approved Fees-by-Instalment (FBI), FEE-HELP or VET Student Loans arrangement, within the timeframe nominated on my student invoice or that agreement, TAFE SA may enact any of the following courses of action:
 - 6.1 restrict my access to TAFE SA facilities
 - 6.2 restrict my attendance in class(es)
 - 6.3 pursue any outstanding fees as a debt. **NOTE: Debt recovery action will be taken by TAFE SA and/or TAFE SA's debt collection agency to recover any outstanding fees. Non-payment of outstanding fees will incur a recovery fee which will be charged back to you and may result in recovery, together with any associated costs, by TAFE SA in a court of competent jurisdiction.**
 - 6.4 withhold any results and/or qualifications due to me
 - 6.5 terminate my registration in a course(s) of study with TAFE SA
 - 6.6 refuse any further enrolment(s) in TAFE SA; and
 - 6.7 should I pay the outstanding amounts and be allowed to re-enrol, preclude me from entering into future Fees-By-Instalment/Financial Hardship Agreement or Payment Plan arrangements.
7. I acknowledge that any results (including Statements of Attainment) and qualifications due to me upon completion of a unit(s), will be withheld until any outstanding fees are paid and if applicable, my Unique Student Identifier (USI) is provided and verified. I acknowledge and accept that TAFE SA may use the 'Existing USI Search' to retrieve correct USI information relevant to my enrolment/registration.
8. I acknowledge and accept that if I do not attend or participate in units and am assessed as no longer active in my enrolled program, or if I formally withdraw, TAFE SA reserves the right to cancel my enrolment and terminate associated funding agreements.
9. I acknowledge and accept that TAFE SA courses are reviewed and updated regularly in response to industry requirements and I may be required to transition to a revised course during the course of my studies (TAFE SA will provide sufficient notice to students and employers (where the student is an apprentice/trainee) should an update be required).
10. I acknowledge and accept that TAFE SA may record group study sessions to aid student learning activities e.g. through video-conferencing, webinar or Skype for Business, and this may involve the collection of my personal information if my image or voice is captured during the activity. I permit TAFE SA, which holds the intellectual property in the recorded materials, to use or licence such recordings for future educational delivery by TAFE SA or a licensed educational institution.
11. I agree that if I am a participant in such educational delivery, and I choose to concurrently record the study session, I do not hold any licence to reproduce, transfer, distribute or display any of the recorded content in any public or commercial manner. I also confirm that I will destroy my recorded version, if applicable, at the end of the semester in which I am enrolled in the class.
12. I acknowledge and accept that TAFE SA is required by obligations under the *Standards for RTOs 2015* as well as the *State Records Act 1997* to retain student records and completed assessment items in accordance with required disposal schedules.
13. I will ensure that my password to access TAFE SA Information Technology systems is kept confidential and that I will not share any login details or confidential information with any other person.
14. I acknowledge and accept that TAFE SA reserves the right to cancel or change scheduled times, locations, mode of delivery and classes, having provided me with reasonable advance notice, wherever possible.
15. I acknowledge and accept that TAFE SA collects information provided pursuant to my enrolment and studies and may use this information for statistical purposes, including reporting to other bodies.
16. I acknowledge and accept that TAFE SA may communicate with me, and provide information relevant to my current enrolment and study, through email, phone and/or Short Message Service (SMS).
17. I acknowledge and accept that I am required to participate in certain data collection activities, including surveys that TAFE SA is required to conduct by, or on behalf of, the State or Federal governments.

18. I acknowledge and accept that TAFE SA may use my personal contact information (or disclose this information to a Third Party to act on TAFE SA's behalf) to seek my participation in TAFE SA student surveys (other than those required by Government (as above)) or National Centre for Vocational Education Research (NCVER) student surveys, or in relation to undertaking pre- or post- training commencement assessment processes, further study opportunities, alumni information and/or newsletters related to TAFE SA events, unless I have withdrawn the acceptance for such purposes (see clause 19).
19. TAFE SA will only release any personal information provided by a student, in accordance with the South Australian Government Information Privacy Principles. I advise that if I do not wish for my personal information to be used as detailed in clause 18 (above) that I select 'I do not agree with information release' below.

I do not agree with information release (please tick box on left if applicable)

If I accept at the time of enrolment, but change my mind in the future I agree to advise TAFE SA Information Services, in writing at info@tafesa.edu.au.

20. I confirm that I have read and understood the abovementioned Terms and Conditions of Enrolment; as well as the TAFE SA Student Code of Behaviour; and related policies including, but not limited to, those policies listed on the TAFE SA website "Apply and Enrol > Before Starting > Policies and Responsibilities", and that I agree to act in accordance with them.
21. For co-signatories and guarantors of persons under the age of 18 at the time of enrolment only:
 As co-signatory and guarantor, I guarantee that the student will meet any fee payment obligations and should this not occur, I will pay all outstanding fees due and payable on the student's behalf.

I (tick all that apply):

- hereby consent to photos/video footage/other images of my child and/or his/her artistic works, being taken by TAFE SA for a variety of public relations, communications and promotional activities, including: publications, promotional material, websites and advertisements, for use over an indefinite period of time;
- acknowledge that any recording made by TAFE SA of any performance of my child in connection with promotional activities is an authorised use of his/her performance for the purposes of the Copyright Act 1968;
- understand that any photos/video footage/other images taken may be shown in a public environment (in South Australia, interstate and/or overseas);
- agree that my child's participation in promotional activities may be edited at the sole discretion of TAFE SA;
- acknowledge that TAFE SA is not obliged to include him/her/or my child's image in the promotional activities;
- release TAFE SA from any claim by my child or me or anyone on my child's behalf arising out of his/her appearance in promotional activities;
- acknowledge that no consideration will be paid for my child's participation.

I hereby consent to TAFE SA releasing or discussing my Results, Attendance Records, Records/Copy of AQF Certification or Financial account/fees to/with my Guardian and/or school in relation to the program of study this registration applies to and for the duration of the program.

Student Name: _____

Student Signature: 

Date: _____

Note: Applicants under 18 years of age who identify as independent can sign this registration form independently.

Guardian Name: _____

Guardian Signature: 

Date: _____

Note: If the student is under 18 years of age and identifies as being an independent minor at the time of giving consent, a Guardian signature is not required.

TAFE SA USE ONLY

Admission Details (to be completed by program, if applicable)

TAFE SA Program Code:	Coordinating Campus:	Signature:	Date:
Registration entered into SIS Banner 9			
School site code:	Student Rate Code:	Signature:	Date: