TAFESIS041 Subsidised School Registration

(to be used in conjunction with School Student VET Referral Form)

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 ☐ Mx **Date of Birth:**

Gender: ☐ Male/Man ☐ Female/Woman ☐ Non-Binary ☐ Different T erm ☐ Prefer not to answer

You must provide your legal given name and family name, as all official documentation will be issued in this name.
Upon successful completion of the course, you may be provided with a digital certificate via your personal email inbox (if provided) or your TAFE SA student email inbox. If you prefer a hardcopy certificate please change your preference on Self Service (accessed via MYTAFE SA) prior to completion of your course, or alternatively tick this box: ☐ **Hardcopy certificate preference**

Given Name(s): **Family Name:**

Preferred Given Name*: **Previous Family Name:**

**You may choose to provide a preferred given name, which will be used for informal and non-official communications. This includes classroom interactions, learning management systems, email correspondence and student-facing platforms.*

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 signatures (page 3 and 4) are required**

Guardian Name: **Relationship to Student:**

Email: **Telephone:**

Nationality

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

Language Spoken at home:

Current School Information

School Name: **School Year Level:**

Are you a Tailored Learning student? ☐ **Yes** ☐ **No**

Tailored Learning Case Manager Name: **Tailored Learning Case Manager Telephone:**

Tailored Learning Case Manager Email:

Additional/other support staff (e.g. AETSO, SSO etc)

Name: **Title:**

TAFESIS041 Subsidised School Registration

(to be used in conjunction with School Student VET Referral Form)

Telephone: **Email:**

Fee Concession

I, _____ *(full name)*, wish to apply for a fee concession on the ground that I am a person holding either a

- ☐ A - Health Care Card
- ☐ D - Pensioners' Concession Card
- ☐ V - Veterans Affairs Concession Card
- ☐ P - Prisoner of an SA Correctional Institution

Parent's Customer Reference Number (CRN): **Expiry Date:**

Student's Customer Reference Number (CRN): **Expiry Date:**

I authorise Centrelink to confirm with Skills SA/TAFE SA the current status of my Commonwealth Benefit and other details I have provided in relation to my commonwealth Benefit. This involves Centrelink providing electronic confirmation of information for the purpose of assessing my eligibility status.

Cardholder Signature: **Date:**

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?

- ☐ Vision
- ☐ Acquired Brain Injury
- ☐ Neurological Condition
- ☐ Mental Illness
- ☐ Medical
- ☐ Physical
- ☐ Hearing/Deaf
- ☐ Intellectual Impairment
- ☐ Learning Condition
- ☐ Other:

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

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 2025 *Standards for RTOs* as well as the *State Records Act 1997* to retain student records and completed assessment items in accordance with required disposal schedules.

TAFESIS041 Subsidised School Registration

(to be used in conjunction with School Student VET Referral Form)

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, in writing at https://www.tafesa.edu.au/about-tafesa/contact-us.
20. Regulatory requirements for course content, assessment and/or student absence may result in completion after SACE reporting deadlines - this may impact SACE and ATAR outcomes
21. 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.
22. 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

☐ **I checked that a Subsidised Training Declaration and Consent Form (Participant Agreement) has been collected - *if applicable.***

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:**

Participant Agreement Form

Collection and use of personal information

Government of South Australia
Department of State Development

Internal Use Only
To be completed by Training Providers.

Participant Number:

Participant details:

I, (first name):	(middle name):	(last name):
of: (current residential address):		
Date of birth:	acknowledge and agree that:	

1. I wish to participate in an activity funded by the Department of State Development through **Skills SA**;
2. I accept that the Minister for Education, Training and Skills (**Minister**) will allocate to me a **Participant Number**, to be used to record my participation in, and the results of, activities funded by Skills SA;
3. I accept that the assessment as to whether I am eligible to enrol in any specific activity funded by Skills SA will be undertaken by a training provider who has a Funded Activities Agreement (**FAA**) with the Minister. I accept that foundation skills training may be a condition of eligibility if identified as a requirement in the training provider's assessment;
4. I consent to the Minister, its employees, agents and contractors collecting from the training provider my results in all courses which I have been enrolled and using this information for the purpose of determining whether I am eligible to enrol in an activity funded by Skills SA. I consent to the Minister, its employees, agents and contractors using this information for the performance measurement and reporting activities;
5. I consent to the Minister, its employees, agents and contractors collecting and using any student identifier (as that term is defined in the ***Student Identifiers Act 2014***) assigned to or relating to me and using that student identifier to obtain transcripts and other information relating to me and using this information to determine my eligibility for an activity funded by Skills SA and to record and track my progress through the activities funded.
6. I accept and agree that the Minister, its employees, agents and contractors will be in receipt of my **Personal Information** and that they may be required to share my personal information with:
   - training providers who have a current FAA with the Minister;
   - other South Australian government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to funding, monitoring training and / or compliance;
   - Commonwealth government agencies (including regulators) responsible and / or involved in training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance; and
   - government agencies (including regulators) in other Australian states and territories responsible and / or involved in the training and education (whether accredited or not), including but not limited to policy, development, funding, monitoring and / or compliance.
7. By providing my Personal Information as outlined above, I am consenting to the Minister, its employees, agents and contractors contacting me during or after I have ceased my training or education for the purposes of:
   - statistical reporting and analysis in respect to training outcomes and the program;
   - undertaking an evaluation of the training;
   - promoting the training (or any other program run by the Minister which relates to training);
   - assessing quality of training;
   - recording the information about my training;
8. I agree to notify the Minister if the Personal Information outlined above changes;
9. Where required by the Minister, I agree to access my student profile maintained by the Minister and its employees, agents and contractors and advise if any of the Personal Information contained in my student profile is incorrect.

Participant Declaration

I, _____ , hereby consent to the collection and use of my Personal Information in the manner outlined above.

Applicant Signature: _____ Date: _____

If the student is under 18

Guardian Name: _____ Guardian Signature: _____

Date: _____