

Personal Details				
Surname:		Title: Mr/Mrs/Miss/Ms/Dr	Date of birth:	
First name:		Middle name/s:		
Home phone:	( )	Work:	( )	
Mobile:		Email:		
<b>Unique Student Identifier (USI) if known:</b> <i>If you do not yet have a USI and want GEMS School of Management to apply for a USI on your behalf, complete the declaration at the end of the form.</i>				
<b>What is the address of your usual residence?</b> <i>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. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i>				
<b>What is your postal address</b>				
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:		
Enrolment Details				
Qualification/ Course:				
Preferred start date:				
Delivery mode:	RPL/Face to Face			
General Information				
1. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
2. Have you ever studied with GSM before?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other, please specify: _____		
4. City of Birth				
5. Do you speak a language other than English at home? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only - Go to question 6 <input type="checkbox"/> Yes, other, please specify: _____			
6. How well do you speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all			
7. Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
8. Do you consider yourself to have a disability, impairment or long-term condition? If yes, please indicate the area of disability, impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No - go to question 9 <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental illness			

or long term condition. (tick as many as apply)	<input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Acquired brain injury <input type="checkbox"/> Medical condition <input type="checkbox"/> Other:
9. What is your highest COMPLETED school level (tick one box only)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Never attended school – Go to question 11
10. In which YEAR did you complete that school level?	
11. Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Previous qualifications

12. Have you SUCCESSFULLY completed any of the following qualifications?	<input type="checkbox"/> Yes – indicate below <input type="checkbox"/> No – Go to Question 13
<i>If YES, then tick ANY applicable boxes (you may indicate more than one)</i>	
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <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 Cert/Technician) <input type="checkbox"/> Certificates other than these	
13. Do you wish to apply for National Recognition or Credit Transfers? If YES, certified copies of transcripts from previous qualifications must be provided with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you wish to apply for Recognition of Prior Learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Employment

Of the following categories, which BEST describes your current employment status? (tick one box only)

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – not seeking employment

### Study reason

Of the following categories, which BEST describes your main reason for undertaking this course?

<input type="checkbox"/> To get a job	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To get into another course of study

### Employment Details

Employer's legal name:			
Your position:			
Business address:			
		Postcode:	
Phone:	( )	Fax:	( )
Email:			



## Enrolment Form

Supervisor:		Position:	
-------------	--	-----------	--

Next of kin/emergency contact			
Name:		Relationship to you:	
Address:			
		Postcode:	
Mobile:		Email:	

Privacy Statement and Student Declaration
<p>I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by GEMS School of Management.</p> <p>I understand that my RTO [GEMS School of Management] is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:</p> <ul style="list-style-type: none"> <li>• Government departments and agencies and authorised VET related bodies.</li> <li>• VET regulators.</li> </ul> <p>If you would like us [GEMS School of Management] to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <a href="http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx">http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</a>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.</p> <p>I, _____ authorise</p> <p>GEMS School of Management to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.</p> <ul style="list-style-type: none"> <li>• I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <a href="http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx">http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</a></li> <li>• I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.</li> </ul>

Student Signature:		Date:	/ /
Printed Name:			
If the student is under 18 years of age:			
Parent/Guardian Name:			
Contact Details:			
Signature:		Date:	/ /