



STUDENT APPLICATION FORM

Students are to complete the following 'student application form' and return to The Health Arts College Pty Ltd.
 Please Tick the Box for the State in which you are making this application Vic NSW

CONTACT DETAILS:

TITLE (Please Tick): Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
FIRST NAME/S:	MIDDLE Name:
LAST NAME:	PREFERRED NAME (Optional):
DATE OF BIRTH: ___ / ___ / _____	GENDER (Please Tick): Male <input type="checkbox"/> Female <input type="checkbox"/>
RESIDENTIAL STREET ADDRESS :	
SUBURB :	STATE:
POSTCODE:	
POSTAL ADDRESS SAME AS RESIDENTIAL ADDRESS: YES <input type="checkbox"/> NO <input type="checkbox"/> (If No, please fill the section below)	
POSTAL STREET ADDRESS:	
SUBURB:	STATE:
POSTCODE:	
TELEPHONE:	(H) (W) (M)
EMAIL ADDRESS:	
EMERGENCY CONTACT NAME:	EMERGENCY CONTACT NUMBER:
AUSTRALIAN RESIDENCY STATUS:	
AUSTRALIAN CITIZEN <input type="checkbox"/>	COUNTRY OF BIRTH:
AUSTRALIAN RESIDENT <input type="checkbox"/>	
HUMANITARIAN VISA <input type="checkbox"/>	IF NOT BORN IN AUSTRALIA, YEAR OF ARRIVAL:

1. Choose your Qualification:

Please place your initials next to the Course you are enrolling.

COURSE	DURATION (in weeks)	STUDENT INITIALS	Fees	
			VET Student Loan Covered Fees	Total Course Fee
SHB50115 Diploma of Beauty Therapy	52		\$10,000	\$10,000
BSB50215 Diploma of Business	52		\$5,000	\$5,000
BSB60215 Advanced Diploma of Business	78		\$5,000	\$5,000
CHC50113 Diploma of Early Childhood Education and Care	52		\$10,000	\$10,000
Preferable intake: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020				
TYPE OF ENROLMENT:		SELF FUNDED <input type="checkbox"/> VET Student Loan <input type="checkbox"/>		
ENTRY REQUIREMENTS:		<ul style="list-style-type: none"> 18 years of age or above A copy of your Australian Senior Secondary Certificate of Education (Year 12) OR Evidence of successful completion of an Australian Qualification Framework (AQF) Certificate IV or higher qualification (where the language of instruction is English) OR Undertake a literacy and numeracy assessment using an approved assessment tool and display competency at or above Exit Level 3 in the ACSF in both reading and numeracy. AND Assessment of prior skills & knowledge 		



2. Language and cultural diversity

In which country were you born? _____

Do you speak a language other than English at home? No Yes please specify _____

Are you of aboriginal or Torres Strait Islander descent No Yes, Aboriginal Yes, Torres Strait Islander

Disability

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

If yes please select the area/s: Hearing/deaf Physical Intellectual Learning Mental Illness
 Acquired brain Impairment Vision Medical condition Other _____

4. **Medical conditions: do you have any medical conditions? (Please Tick). This may include pregnancy**
NO YES

IF YES, PLEASE SPECIFY _____

Schooling

5. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year 9 or below Never attended school

Previous qualifications achieved

6. Have you SUCCESSFULLY completed any of the qualifications listed below

- No Yes (please tick below)
- | | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <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 IV (or advanced certificate/technician) |
| <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above) | |

Are you currently studying Yes No

If yes, which course are you currently studying? _____

7. Recognition of Prior Learning & Credit Transfer

I wish to apply for RPL: No Yes ----- I have attached my RPL Application Form

I wish to apply for Credit Transfer No Yes ----- I have attached my Credit Transfer Application Form

Study reason

8. Of the following categories, select the one which BEST describes the main reason you are undertaking this course

- To get a Job To develop my existing business To start my own business To try for a different career
 To get a better Job or Promotion It is a requirement of my current job I wanted extra skills for my job
 To get into another course of study For personal interest or self-development Other reasons

Please write what you hope to accomplish by undertaking this course.

Please describe how you best like to learn:

- Activist – ‘hands on’ learning and prefer to learn through trial and error
 Reflector – ‘tell me’ learning and prefer to be thoroughly briefed before proceeding



- Theorist – ‘convince me’ learning who wants reassurance that a project makes sense
- Pragmatist – ‘show me’ learning who wants a demonstration to aid learning

Employment

9. Of the following categories, which BEST describes your current employment status?

- 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

Unique Student Identifier (USI)

10. From 1 January 2015, we – The Health Arts College Pty Ltd, 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 NCVET. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as ‘other’ you will need to contact the USI Office for assistance.

Enter your Unique Student Identifier (USI) (if you already have one)

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If you do not have a USI, you can apply at www.usi.gov.au The Health Arts College Pty Ltd can apply to the Student Identifiers registrar on your behalf for a USI. You will be required to complete Unique Student Identifier Application Form

VICTORIAN STUDENT NUMBER

If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number:

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Are you new to the Victorian Education system or do not have your Victorian Student Number?

- Yes, I am new to the Victorian Education System. I have never attended a Victorian school, TAFE or other training provider

STUDENT DECLARATION:

In signing The Health Arts College Pty Ltd. Application Form:

- I declare that the information contained in this application is to the best of my knowledge true, correct and complete at the time of my Application.
- I acknowledge that providing false information and /or failing to disclose any information relevant to my application for enrolment may result in the withdrawal of any offer, and /or cancellation of enrolment at the discretion of The Health Arts College Pty Ltd.
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorize The Health Arts College Pty Ltd. to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for VET Student Loan.
- I can view, current policies and procedures online at www.thacollege.edu.au and I can contact The Health Arts College Pty Ltd. to access a copy.
- I understand that I will be contacted by The Health Arts College if my application is successful.
- I understand that the Health Arts College has access to my personal information for the purpose of verifying the USI number.
- I understand that I must wait at least 2 business days after enrolling into a unit to request for Commonwealth assistance (eCAF), known as the “Cooling off” period.
- I understand that if I enrol into a unit less than 2 business days before the census date, I will not be able to receive VET



Student Loan assistance for the unit.

- I understand that if I am applying for VET Student Loan I will be required to meet the VET Student Loan student entry procedure.
- I understand that The Health Arts College Pty Ltd will be accessing HEIMS to determine my FEE-HELP balance. In case where there are insufficient balance, I will be liable to pay the full or part of the course I wish to enrol under VET Student Loan.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: ___/___/_____

PRIVACY STATEMENT:

Under the *Data Provision Requirements 2012*, The Health Arts College Pty Ltd 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 The Health Arts College Pty Ltd for statistical, regulatory and research purposes. The Health Arts College Pty Ltd may disclose your personal information for these purposes to third parties, including:

- 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 www.ncver.edu.au).

I understand that:

THA College is required to comply with Federal and State/Territory privacy regimes. As part of this requirement, information provided by you on this form may be provided to Federal and State/Territory Government agencies in compliance with Privacy Legislation. A condition of your application and enrolment is that you consent to release this information to Government agencies.

The Education and Training Reform Act 2006 requires THA College to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register. For students eligible for VET Student Loan, the following privacy statement also applies:

THA College is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me.

THA College will disclose this information to the Department of Industry for those purposes. Department of Industry will store the information securely in the Higher Education Information Management System. Department of Industry may disclose the information to the Australian Taxation Office. THA College and Department of Industry will not otherwise disclose the information without my consent unless required or authorised by law. For more information in relation to how student information may be used or disclosed please contact us on study@thacollege.edu.au. In addition you may be required to complete a survey which will be sent to you by the National Centre For Vocational Education Research.



USE AND DISCLOSURE.

- The Health Arts College may engage third party service providers to perform audits, assessments, training delivery consultation, and the provision of statistical data information to industry training bodies, therefore disclosures of information may be necessary. All personal information we provide to them is kept secure, is only used to perform the task for which we have engaged them and is handled in accordance with THA's Privacy and Personal Information Policy and the National Privacy Principles.
- Information will only be used or disclosed for the purpose for which it was collected (the primary purpose) or for a secondary purpose that an individual would reasonable expect.

Information can also be disclosed if required or authorised under law.

For more information in relation to how student information may be used or disclosed please contact The Health Arts College Pty Ltd. on 1300 658 326 or study@thacollege.edu.au.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: ___/___/____

OFFICE USE ONLY

Documents Attached:

Certified copy Australian Birth Certificate/
Australian Passport/Australian Citizenship Certificate YES NO

Copy of a Senior Secondary Certificate of Education
that has been awarded to the student by an agency or
authority of a State or Territory for the student's completion
Of year 12 **OR** YES NO

Evidence of successful completion of an
AQF Cert IV or higher qualification
(where the language of instruction is English) **OR** YES NO

LLN Assessment Completed? YES NO

Assessment of Prior Skills & Knowledge Completed YES NO

Enrolment Type SELF FUNDED VET STUDENT LOAN

STAFF SIGNATURE: _____

Student ID _____