



TRAINING ENROLMENT FORM

HLTPAT005 Collect specimens for drugs of abuse testing

Thank you for deciding to enrol with Progressive Diagnostics.

Before proceeding with your enrolment please read our **Participant Handbook**. If you have already done this, complete the Training Enrolment Form below, making sure to complete every relevant field. When you have finished, forward the completed form to: info@progressivediagnostics.com.au.

If any additional information is required or you require assistance completing this form please contact our friendly Customer Service Team on 1300 711 116 or email: info@progressivediagnostics.com.au.

I Would Like to Enrol Into:

Select the training date and course location you would like to enrol into:

Training Date:

Course Location:

Perth

Other:

Personal Details

Family Name (surname)

Given Names

Date of Birth (Day/Month/Year)

/ /

Gender

Male

Female

Other:

Phone

Home:

Work:

Mobile

Email

Ver. 3.0



Emergency Contact Information

Contact Name

Relationship

Contact Telephone

Unique Student Identifier (USI)

All participants undergoing nationally recognised training from 1 January 2015, are required to have a verified Unique Participant Identifier as per the Federal Government requirement.

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.

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/faws/i-have-forgotten-my-usi/>

USI (if you already have one)

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Residential Street Address

Street Address

City / Town

State

Post Code

Postal Address

My postal address is the same as my street address

Postal Address

City / Town

State

Post Code

Payment Information

Please select your preferred payment method

Over the phone	<input type="checkbox"/>
Electronic Invoice (Credit Card or EFT)	<input type="checkbox"/>
Company Purchase Order	<input type="checkbox"/>

(Please provide full details or email a copy of the Purchase Order)

Invoice Information (If required - Company to be Invoiced)

Company Name

Contact Name

Email

Telephone

Purchase Order Number

Address

City / Town

State

Post Code

Language and Cultural Diversity

Country of Birth Australia Other – please specify:

City / Town of Birth

Country of Citizenship

Do you speak a language other than English at home? No, English only Yes, other – please specify:

Do you require Language, Literacy and Numeracy support? No Yes, please specify: _____

Are you of Aboriginal or Torres Strait Islander origin?	No	<input type="checkbox"/>
	Yes, Aboriginal	<input type="checkbox"/>
	Yes, Torres Strait Islander	<input type="checkbox"/>

Employment

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

Study Reason

What BEST describes your main reason for undertaking this course?	To get a job	<input type="checkbox"/>
	To develop my existing business	<input type="checkbox"/>
	To start my own business	<input type="checkbox"/>
	To try for a different career	<input type="checkbox"/>
	To get a better job or promotion	<input type="checkbox"/>
	It was a requirement of my job	<input type="checkbox"/>
	I wanted extra skills for my job	<input type="checkbox"/>
	To get into another course of study	<input type="checkbox"/>
	For personal interest or self-development	<input type="checkbox"/>
	To get skills for community/voluntary work	<input type="checkbox"/>
Other reasons	<input type="checkbox"/>	

Schooling

What is your highest COMPLETED school level? (Tick ONE box only)	Year 12 or equivalent	<input type="checkbox"/>
	Year 11 or equivalent	<input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>
	Year 9 or equivalent	<input type="checkbox"/>
	Year 8 or below	<input type="checkbox"/>
	Never attended school	<input type="checkbox"/>

In which year did you complete that school level? _____

Previous qualifications achieved:

Have you successfully completed any of the following qualifications?	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)	<input type="checkbox"/>

Disability

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

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s):	Hearing/deaf	<input type="checkbox"/>
	Physical	<input type="checkbox"/>
	Intellectual	<input type="checkbox"/>
	Learning	<input type="checkbox"/>
	Mental illness	<input type="checkbox"/>
	Acquired brain impairment	<input type="checkbox"/>
Please refer to the Disability Supplement for an explanation of the disabilities.	Vision	<input type="checkbox"/>
	Medical condition	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Privacy Notice

Under the *Data Provision Requirements 2012*, Progressive Diagnostics (PD) 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 PD for statistical, regulatory and research purposes. PD may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary participant undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting participant surveys; and

Personal information disclosed to NCVET may be used or disclosed for the following purposes:

- Issuing a VET Statement of attainment or VET 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 NCVET participant survey which may be administered by an NCVET employee, agent or third-party contractor. You may opt out of the survey at the time of being contacted.

NCVET will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVET policies and protocols (including those published on NCVET's website at www.ncvet.edu.au).

Participant Declaration and Consent

- I declare all information provided in this enrolment form to the best of my knowledge is true and correct
- I have read and understood the Progressive Diagnostics Participant Handbook, including the Refund Policy, Complaints and Appeals Policy, Recognition of Prior learning and Credit Transfer
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice as detailed above and in the Progressive Diagnostics Participant Handbook
- Progressive Diagnostics may contact you with information relevant to your course as stated in our Privacy Policy
- I understand that course fees are required to confirm my enrolment
- I authorise Progressive Diagnostics personnel to release personal and or medical information in the case of an emergency, in accordance with our privacy policy
- I understand that all materials, assessments and marketing material are copyright to Progressive Diagnostics and that Progressive Diagnostics reserves the right to prosecute if this Intellectual Property is misused, reproduced, duplicated, copied, sold, or exploited in any form, electronic or other
- I give permission for Progressive Diagnostics to provide my employer (if applicable) with a copy of my Statement of Attainment relating to this enrolment if requested and understand that I can notify Progressive Diagnostics prior to issuing if I wish to withdraw my permission

Name: _____

Signature: _____ Date: _____