



# ENROLMENT FORM SA

**ALL fields MUST be completed**

Incomplete forms will be returned

RTO internal unique student ID

## Skills for All

An initiative of the  
Government of South Australia

This is a *Skills for All* enrolment?  YES  NO

If yes, please provide the 9 digit number if the student has a Skills for All number:

RETURN this form to other - see below

OR: HG Coffee School

POST: HG Coffee School  
PO BOX 3132 Newton SA 5076

FAX: 08 8232 8548 PHONE: 08 7070 2744

### ATTACHMENT CONFIRMATION

- Copy of Listed ID form  
(mandatory – See section 2)
- Signed Skills for All agreement  
(Mandatory for Skills for All enrolments)
- VISA Copy  
(Mandatory for Skills for All enrolments)
- Concession Card  
(Mandatory for Skills for All enrolments)

## SECTION 1 PARTICIPANT DETAILS – Personal and contact Information

Title:  Mr  Mrs  Miss  Ms  Other (specify) \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Country of Birth \_\_\_\_\_ Town/City of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_  
Opt out of marketing emails?  YES  NO

What is your preferred contact method?  
MOBILE/SMS  Select from the list

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State/Territory: select \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

State/Territory: SA \_\_\_\_\_ Post Code: \_\_\_\_\_

## PROGRAM/COURSE NAME

Name of Program enrolling into \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work \_\_\_\_\_ Mobile: \_\_\_\_\_ Home Ph: \_\_\_\_\_

**SECTION 2 UNIQUE STUDENT IDENTIFIER – and Identification**

All students in Australia must be issued with a Unique Student Identifier (USI). This number remains with you for life. Your USI will help keep your training records and results together in an online account controlled by you. Each time you enrol to study with us or another RTO, your USI will be used to store your training records and results.

If you do not already have a USI T.I.M.E. can apply for your USI on your behalf, or you can elect to apply for your own and provide the number to us. Please note that we will not be able to issue you a certificate or statement without a valid USI. Additional important information about the USI and your privacy is provided on page 6 of this enrolment form

**PLEASE SELECT your USI option form the list provided below:**

Option 1 - I already have a USI. My USI Number is

Option 3 - I elect to obtain my own USI and confirm that I will provide this to T.I.M. E. P/L as soon as I have obtained it (You will need to visit <http://www.usi.gov.au/Students/Pages/default.aspx> to create a USI)

**PROOF OF IDENTITY Document** – Please indicate which ID type you are providing with your enrolment (photocopy or scan)

- Driver's License  
  Medicare Card  
  Australian Passport  
  VISA & non Australian Passport  
 Australian Birth Certificate  
 Certificate of Registration by Descent  
 Citizenship Certificate  
 ImmiCard. *Note: If you do not have one of these forms of ID contact your T.I.M.E. representative.*

**HOW DID YOU HEAR ABOUT THIS TRAINING PROGRAM?**

- Employer  
 Website  
 Advertisement  
 Email  
 Flyer  
 Recommendation  
 Linked In  
 Twitter  
 Facebook  
 Google+

**SECTION 3 EMPLOYMENT DETAILS – If this enrolment relates to your employment**

Organisation Name:	ABN/ACN No:
Your job Title	Site name/location
Employer contact person	Contact person title
Employer Address	Contact person Phone
Suburb                      State select    Postcode	Contact person Email

**SECTION 4 PAYMENT DETAILS**

Who is responsible for program payment?  Self  Employer

Cost of Training Program FFS                      or    Other

Would you like to discuss a payment plan?  YES  NO

NOTE: Should the above specified person/entity not make payment within the agreed terms you (the student) will be responsible for the payment of any outstanding fees

<b>PAYMENT DETAILS (continued)</b>	
Payment Method:	<input type="radio"/> Invoice <input type="radio"/> Credit/Debit Card ( <i>complete the below section</i> ) <input type="radio"/> EFT payment –see <i>below</i>
Credit/Debit:	<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> AMEX ( <i>2% surcharge applies</i> )    Amount: \$
Cardholder Name:	Expiry Date ( <i>month/year</i> ): /
Card Number:	
<b>EFT Payment:</b>	To make a payment via EFT, Please use the following details. BSB: 085-375                                  Account Number: 11 384 4744 Quote ref number ( <i>up to first 7 letters of your surname followed by your first initial: EG: "smithp", "phillipm"</i> )

<b>ENROLMENT DETAILS</b> ( <i>for Nationally Accredited Training Programs only</i> )	
The Department of Further Education, Employment, Science and Technology (DFEEST) and your State or Territory Training Authority collect the required information on this form for use by the Department of Education. This information is collected for the purpose of auditing, monitoring and reporting of training outcomes, and statistical purposes. The information you provide may be accessed by officers of these Government departments and by the National Centre for Vocational Education Research (NCVER) for the above purposes.	
<b>Dietary requirements (if attending T.I.M.E. classes)</b>	
<b>Resident Type</b>	<input type="radio"/> Australian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Overseas student or non-Australian Resident / Citizen (if Visa holder specify below and include a copy with the enrolment form) Visa Type: SELECT from list Other: _____ Expiry date: _____
<b>Indigenous Status (if Aboriginal and Torres Strait Islander select both)</b>	<input type="radio"/> Aboriginal <input type="radio"/> Torres Strait Islander <input type="radio"/> Neither <input type="radio"/> Both
<b>Main language spoken at home</b>	<input type="radio"/> English <input type="radio"/> Other (please specify): _____
<b>English Proficiency</b>	<input type="radio"/> Very Well <input type="radio"/> Well <input type="radio"/> Not Well <input type="radio"/> Not at all
<b>Do you have a disability, impairment or long –term condition?</b>	<input type="radio"/> No <input type="radio"/> Yes – specify below <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Acquired Brain Disorder <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other (please specify): _____
<b>Are you at secondary school?</b>	<input type="radio"/> No <input type="radio"/> Yes, Last Year Completed    select from list (e.g. Year 10)
<b>If you are NOT at secondary school what is the highest COMPLETED school level? (select ONE only)</b>	<input type="radio"/> Year 12 or equivalent <input type="radio"/> Year 9 or equivalent <input type="radio"/> Year 11 or equivalent <input type="radio"/> Year 8 or equivalent <input type="radio"/> Year 10 or equivalent <input type="radio"/> _____
<b>Year school completed and location:</b>	Year (e.g. 1975) _____ Location (e.g. Town/city) _____
<b>If you ARE at secondary school what is this enrolment for?</b>	<input type="checkbox"/> School Based Contract of training <input type="checkbox"/> TGSS <input type="checkbox"/> School Exemption

<p><b>Have you SUCCESSFULLY completed any qualifications?</b></p>	<p><input type="radio"/> No</p> <p><input type="checkbox"/> Bachelor Degree or Higher</p> <p><input type="checkbox"/> Advanced. Diploma or</p> <p><input type="checkbox"/> Associate Degree</p> <p><input type="checkbox"/> Assoc. Diploma or Diploma</p> <p><input type="checkbox"/> Certificate IV</p>	<p><input type="radio"/> Yes (If yes, please indicate from the following):</p> <p><input type="checkbox"/> Certificate III</p> <p><input type="checkbox"/> Certificate II</p> <p><input type="checkbox"/> Certificate I</p> <p><input type="checkbox"/> Other (please specify below)</p>
<p><b>Which of the following BEST describes your current employment status? (tick ONE only)</b></p>	<p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Self-employed</p> <p><input type="checkbox"/> Employer</p>	<p><input type="checkbox"/> Unpaid employment</p> <p><input type="checkbox"/> Unemployed (seeking full-time work)</p> <p><input type="checkbox"/> Unemployed (seeking part-time work)</p> <p><input type="checkbox"/> Unemployed (not seeking work)</p>
<p><b>Are you registered with Centrelink for any Allowances?</b></p>	<p><input type="radio"/> NO</p> <p><input type="checkbox"/> Newstart Allowance</p> <p><input type="checkbox"/> Age Pension</p> <p><input type="checkbox"/> Youth Allowance</p>	<p><input type="radio"/> YES – if YES, which applies?- select from below option</p> <p><input type="checkbox"/> Youth Allowance</p> <p><input type="checkbox"/> Disability Support Pension</p> <p><input type="checkbox"/> Parenting Payment SINGLE</p> <p><input type="checkbox"/> Parenting Payment PARTNERED</p>
<p><b>If you are a concession holder and applying for a concession price you MUST complete this section and include a copy of your <u>current card</u></b></p>	<p><input type="checkbox"/> Health Care</p> <p><input type="checkbox"/> Veteran Affairs</p> <p>Concession Card Expiry Date _____</p> <p>Concession Card Number _____</p>	<p><input type="checkbox"/> Pensioners Concession</p> <p><input type="checkbox"/> None</p>
<p><b>What is your major reason for study? (tick ONE only)</b></p>	<p><input type="checkbox"/> To get a job</p> <p><input type="checkbox"/> Develop my existing business</p> <p><input type="checkbox"/> Start my own business</p> <p><input type="checkbox"/> To try a different career</p> <p><input type="checkbox"/> To get a better job or promotion</p>	<p><input type="checkbox"/> Requirement of my job</p> <p><input type="checkbox"/> Upgrade skills for my job</p> <p><input type="checkbox"/> Get into future courses</p> <p><input type="checkbox"/> Self development</p> <p><input type="checkbox"/> Other (please specify below): _____</p>
<p><b>Skills for all Applicants only</b></p>	<p>Are you a prisoner?</p> <p>Were or are you under the guardianship of the Minister?</p>	<p><input type="radio"/> YES – Call info line – 1800506266</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>

**TERMS AND CONDITIONS**

1. Terms and conditions are contained within the **Student Information Handbook** which can be viewed on our website. <http://www.time.net.au/index.php/student-information/downloads.html>
2. For Corporate Bookings, please refer to the terms and conditions within the proposal acceptance.

**DECLARATION (check each box to confirm acceptance)**

- I declare that all the information provided is true and accurate. I have read and understood the terms and conditions as contained within the Student Information Handbook or the Corporate Proposal.
- I agree to be bound by all T.I.M.E. Pty Ltd terms and conditions relating to enrolment in this course and the associated payment of fees.
- I understand T.I.M.E. Pty Ltd may give my Training Consultant/contracted trainer/assessor my contact phone and email details specifically for the purpose of organising training visits or contacting me regarding training matters. Furthermore, I understand and agree that the training consultant / contractor will provide T.I.M.E. Pty Ltd with information relevant and necessary for the maintenance of student records associated with this enrolment.
- I confirm I have read and accept the privacy statement on page 6 of this enrolment form.
- I give permission for HG Coffee School to use my photographic image on their website or promotional materials.
- I give permission for T.I.M.E. to contact my employer at the completion of training to verify my competence and survey my learning outcomes for continuous improvement.
- I give permission for HG Coffee School to contact me regarding future course offerings and schedules.
- Should the specified person / entity not make payment within the agreed terms you (the student) will be responsible for the payment of any outstanding fees prior to issuance of parchment

**Student Signature:**

**Date:**

**NOTE Regarding signatures**  
If you have an electronic signature available you can use it where indicated. If not you will need to save and print the completed form, sign it and scan/email or post back to HG Coffee School Pty Ltd

**If under 18 years old:**

**Parent/Guardian Name**

**Parent/Guardian Signature**

**Date:**

*Tentative bookings will be held for seven (7) days. Once your registration form has been received, a written confirmation will be sent within five (5) business days.*

*Course fees are payable as outlined within the Student Information Handbook.*

## **Privacy Notice**

If you do not already have a Unique Student Identifier (USI) and you have elected to permit Training, Innovation, Management and Enterprise Pty Ltd (T.I.M.E. Pty Ltd) to apply for a USI to the Student Identifiers Registrar (Registrar) on your behalf, T.I.M.E. Pty Ltd will provide to the Registrar the following items of personal information about you:

- your name, including first or given name(s), middle name(s) and surname or family name as they appear in an identification document;
- your date of birth, as it appears, if shown, in the chosen document of identity;
- your city or town of birth;
- your country of birth;
- your gender; and
- your contact details.

When we apply for a USI on your behalf the Registrar will verify your identity. The Registrar will do so through the Document Verification Service (DVS) managed by the Attorney-General's Department which is built into the USI online application process and by using the identification document provided to us.

In accordance with section 11 of the Student Identifiers Act 2014 Cth (SI Act), we will securely destroy personal information which we collect from you, solely for the purpose of applying for a USI on your behalf, as soon as practicable after the USI application has been made or the information is no longer needed for that purpose, unless we are required by or under any law to retain it. The personal information about you that we provide to the Registrar, including your identity information, is protected by the Privacy Act 1988 Cth (Privacy Act). The collection, use and disclosure of your USI are protected by the SI Act.

When we make an application for a student identifier on your behalf, we will have to declare that T.I.M.E Pty Ltd has complied with certain terms and conditions to be able to access the online student identifier portal and submit this application, including a declaration that we have given you the following privacy notice:

*You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI is collected by the Registrar for the purposes of applying for, verifying and giving a USI; resolving problems with a USI; and creating authenticated vocational education and training (VET) transcripts, as for the VET purposes described on page 3 of this enrolment form.*

*We will not otherwise disclose your personal information without your consent unless authorised or required by or under law. By signing the declaration section on the previous page of this enrolment form you are accepting the terms and conditions specified in this privacy statement.*

**OFFICE USE ONLY.** This section MUST be completed by the T.I.M.E. P/L representative prior to submission to the Q&C department for processing

**1 – BD and Referral**

Business Development/referring person name \_\_\_\_\_

Is the employer new or existing to TIME  NEW  EXISTING

Is the student new or existing to TIME  NEW  EXISTING

**2 – Program Details**

Qualification Code \_\_\_\_\_

Program Name \_\_\_\_\_

Start Date \_\_\_\_\_

NOTE: If the enrolment is not for a schedule public or client program you MUST complete section 3 – Facilitator Appointment

Delivery Location \_\_\_\_\_

**3 – Facilitator appointment (on job/distance learning/mentoring enrolments)**

Name of appointed facilitator \_\_\_\_\_

Approved by **Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**4 - Program Charge – Cost of Training \$ \_\_\_\_\_**

Is the fee a standard price as per price list or a custom fee  STD  CUSTOM

If custom this section must be signed by the person authorised to approve this custom fee

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**5 Payment Schedule if applicable**

Payment on Enrolment \$ \_\_\_\_\_

Payment @ \_\_\_\_\_ days \$ \_\_\_\_\_

Payment @ \_\_\_\_\_ days \$ \_\_\_\_\_

Payment @ \_\_\_\_\_ days \$ \_\_\_\_\_

Payment @ \_\_\_\_\_ days \$ \_\_\_\_\_

Payment @ \_\_\_\_\_ days \$ \_\_\_\_\_

Payment @ completion \$ \_\_\_\_\_

**5 Contract of Training** Is this enrolment a COT  YES  NO

If Yes the name of TC \_\_\_\_\_ AAC \_\_\_\_\_

**6. Quality check** Prior to submitting this enrolment form please ensure you have completed the following and add any additional notes necessary in the space below.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> confirmed all fields are complete | <input type="checkbox"/> obtained all necessary attachments (USI identify, S4A agreement, Concession card, VISA copy as applic) | <input type="checkbox"/> Obtained authorisation signatures for pricing and Facilitator appointment as may be applicable |
| <input type="checkbox"/> Fully completed this page         |   |   |

**Additional notes**