



Enrollment Application Form

Thank you for considering Nomi College for your education journey. This application form must be completed in English only, and should you need any help, please feel free to contact us. Completed form can be submitted via email or in person at the respective campus. Please ensure all relevant document copies, as mentioned in the attached checklist are also provided."

This Enrolment Application Form requires you to provide your personal information and Nomi College regard this as confidential information. All information collected in this form is treated as per Nomi College privacy policy. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs.

All staff at Nomi College are required by law to protect the information provided on this Enrolment Form. More information about privacy is included in the notice at the end of this form. Please send the completed form to admission@nomicollege.com.au or contact Nomi College for any question.

Which campus would you like to enroll into?							
<input type="checkbox"/>	Sydney Campus (NSW)	<input type="checkbox"/>	Perth Campus (WA)	<input type="checkbox"/>	Adelaide Campus (SA)	<input type="checkbox"/>	Melbourne Campus (VIC)
Which course would you like to enroll into?							
Select	Faculty	CRICOS Code	Course Name	Weeks			

	Automotive	AUR30620	Certificate III Light Vehicle Mechanical Technology	78	
	Automotive	AUR30320	Certificate III Automotive Electrical Technology	78	
	Automotive	AUR40216	Certificate IV Automotive Mechanical Diagnosis	26	
	Project Management	BSB40920	Certificate IV in Project Management	52	
	Project Management	BSB50820	Diploma of Project Management	52	
	Project Management	BSB60720	Advance Diploma of Program Management	52	
	Leadership	BSB80320	Graduate Diploma of Strategic Leadership	104	
	Trade	CPC30220	Certificate III in Carpentry (Please notice the important pre-requisite for this course below)	104	
	Trade	SIT40521	Certificate IV in Kitchen Management	78	
	Trade	SIT50421	Diploma of Hospitality Management	26	

"For students enrolling in CPC30220-Certificate III In Carpentry are required to successfully complete the White Card course maximum by the first week of course commencement and provide a copy of the Statement of Attainment to the Nomi College admissions team. The student is responsible to enroll and pay for the white card course."

Please tick the box below to acknowledge your understanding and confirmation of the same.

I acknowledge and understand that I need to obtain white card before course commencement and share the details with college.

If you need any assistance in obtaining white card or any further information related to it, please contact your college administrative Team.

INTAKE

Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct
Nov	Dec	Next Available Intake	Year						

Have you ever studied with Nomi College before?	Yes	No
Do you wish to apply for Credit transfer ? If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form.	Yes	No
	Maybe - I'd like more information	
Do you wish to apply for Recognition of Prior Learning ? If you indicate YES, you will be contacted to discuss this further.	Yes	No
	Maybe - I'd like more information	

1. Personal Details	
1. Enter your full name*	
Surname:	
Given names:	
Enter your birth date	
Gender (Tick ONE box only)	Male Female Other
Country of Birth	Nationality
City of Birth	
2. Enter your contact details	
Home phone:	Work Phone:
Mobile:	
Email address:	
Alternative email address (optional)	
3. Australian address (If you are already living in Australia)	
House Number	
Street Name	
Suburb	
Post Code	
State	
4. Overseas address	
Building/ property name	
Flat/unit details:	
Suburb, locality, or town:	

State/territory:		Postcode:	
Country			
Phone Number with country and area code			
5. Passport and Visa Details			
Passport issued by (Country)			
Passport Number		Passport Expiry Date	
Do you have current Australian Visa	Yes No		
If yes, what is the visa type?	Visa Subclass:	Visa Expiry Date :	

6. Health Cover			
Do you have current Overseas Student Health Cover (OSHC)	Yes No		
If yes, please provide Name of the insurance company			
What is your membership number?		OSHC Expiry Date	
Do you want Nomi College to apply for your OSHC?	Yes No	Do you agree that Nomi College will charge the cost of OSHC to you in the final invoice?	Yes No
What type of OSHC will you require?	Single (Student only) Dual Family (Student plus spouse or children) Family Cover (Student plus spouse and children)		

7. English language level			
Provide details and documentation confirming your English language level:			
	I have taken a recognised English language test in the last two years (e.g. IELTS, PTE, TOFEL and/or Cambridge)		
	Name of the test	Score	Date of test
	I have successfully completed an English course in Australia (Please attach certificate)		
	English is my first language		
	Other (provide details)		

8. Academic record and Previous Qualification Achieved			
1. Are you currently enrolled in any course in Australia for which you received your current student visa, if yes, please answer question 2 and 3 in this section	Yes	No	
2. Are you doing this course as a concurrent course?	Yes	No	

<p>3. The student in concurrent course will need to comply with visa and institute requirements of all courses in which they are enrolled, such as maintaining satisfactory course progress and attendance. To agree, tick Yes</p>	<p>Yes</p>	<p>N/A</p>
<p>4. Are you transferring from another education provider in Australia?</p> <p>If yes, please provide details</p> <div style="background-color: #f4a460; height: 20px; width: 500px; margin-top: 10px;"></div>	<p>Yes</p>	<p>No</p>

9. Language and cultural diversity		
1. In which country were you born?	Australia [1101] Other, please specify:	
2. 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>	No, English only [1201] Yes, other, please specify:	
3. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	No Yes, Aboriginal Yes, Torres Strait Islander	
10. Support Services		
1. Do you consider yourself to have a disability, impairment or long-term condition which may affect your studies?	Yes No – <u>go to question 11</u>	
2. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: <i>(You may indicate more than one area)</i>		
Hearing/deaf [11]	Physical [12]	Intellectual [13]
Learning [14]	Mental Illness [15]	Acquired brain impairment [16]
Vision [17]	Medical Condition [18]	Other [19]
11. Schooling		
1. What is your highest COMPLETED school level <i>(tick one box only)</i> If you are currently enrolled in secondary education, the <i>Highest school level completed</i> refers to the highest school level you have completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the <i>Highest school level completed</i> is Year 9.		
Year 12 or equivalent [12]	Year 11 or equivalent [11]	Year 10 or equivalent [10]
Year 9 or equivalent [09]	Year 8 or below [08]	Never attended school [02]
2. Are you still enrolled in secondary or senior secondary education?		Yes No

12. Previous qualification achieved

1. Have you SUCCESSFULLY completed any of the qualifications listed in question 11?	Yes – <u>indicate below by ticking the relevant options</u> No – <u>Go to Question 20</u>
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2. If yes, tick ANY applicable boxes

Bachelor's degree or Higher Degree	Advanced Diploma or Associate Degree	Diploma
Certificate – IV	Certificate – III	Certificate – II or Certificate – I

13. Employment

1. Of the following categories, which BEST describes your current employment status? (Tick one box only)
For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee [01]	Part-time employee [02]	Self-employed – not employing others [03]
Self-employed – employing Others [04]	Employed – unpaid worker in a family business [05]	Unemployed – seeking full-time work [06]
Unemployed – seeking part-time work [07]	Not employed – not seeking employment [08]	

14. Study reason

1. Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)

To get a job [01]	It was a requirement of my job [06]
To develop my existing business [02]	I wanted extra skills for my job [07]
To start my own business [03]	To get into another course of study [08]
To try for a different career [04]	For personal interest or self-development [12]
To get a better job or promotion [05]	Other reasons [11]

2. Answer the following questions

a. Why do you want to enroll in this course?

b. What are your future career/study goals?

c. Do you have any existing skills and knowledge that relate to this course?

15. Next of kin/emergency contact

These are people that Nomi College may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Nomi College.

Name:		Relationship to you:	
Address:			
Home phone:		Work:	
Mobile:		Email:	

16. Unique Student Identifier (USI)

From 1 January 2015, Organisation> 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). 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.

1. Enter your unique student identifier

If you already have one

2. If you do not have a USI, would you like us to apply for a USI on your behalf?

Yes – please complete 'Applying on your behalf', questions and declaration.

No – skip to next section

APPLYING ON YOUR BEHALF Delete highlighted if you do not apply for USIs on behalf of students.

If you would like Nomi College 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 <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf> 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. Please provide your town/city of birth and ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

In accordance with section 11 of the *Student Identifiers Act 2014*, Nomi College will securely destroy personal

information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

15.3. Town/City of Birth (please write the name of the Australian or overseas town or city where you were born)	
15.4. We will also need to verify your identity to create your USI. Please provide details for one of the forms of identity below (numbered 1 to 8).	
<p>1. Australian Driver's Licence State:</p> <p>Licence Number:</p> <p>2. Medicare Card Medicare card number Individual reference number (next to your name on Medicare card): Card colour (Tick below): Green Yellow Blue</p> <p>Expiry date (format DD/MM/YYYY)</p> <p>3. Australian Passport Passport number:</p>	<p>4. Non-Australian Passport (with Australian Visa) Passport number Country of issue</p> <p>5. Immicard Immicard Number</p> <p>6. Citizenship Certificate Acquisition date (day/month/year)</p> <p>7. Certificate of Registration by Descent Acquisition date (day/month/year)</p>
<p>USI APPLICATION DECLARATION</p> <p>I authorise Nomi College to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.</p> <p>I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx</p>	
Student Signature:	Date:
Student Name:	

17. Agent Details: (Please complete this section if you are using education agent or representative)

Agent name	
Agent email	
Agent telephone number	

18. Document Check list

Have you completed all sections of this application	Attached copies of your qualifications
Copy of visa (if available)	Attached copies of your English proficiency (if available)
Copy of passport	Read and signed the declaration

19. PRIVACY NOTICE

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. If you do not provide this information, we will be unable to process your enrolment.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy

If you would like to seek access to or correct your information, in the first instance, please contact us using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>

Surveys

You may receive a student survey which may be run by a government department or an NCVET employee, agent, third-party contractor, or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact Nomi College to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Please contact us using the contact details provided at the beginning of this Handbook. If you would like to view a copy of our privacy policy and associated procedures, let us know and we will provide this to you.

20. DISABILITY SUPPLEMENT

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

Other

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

21. Student Declaration and Consent, please tick all

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Student Signature:		Date:	
Student Name:			