



Candidate Information Form

Identification Verification	
The course trainer is required to sight and check candidates Photo Identification. Please ensure you have the original documents (e.g. Drivers licence, Passport, Smart Rider) ready for the trainer to verify at the commencement of the course.	
TRAINER/ASSESSOR USE ONLY	I confirm that I have sighted the candidate's identification documentation and verify that it is a true document.
Trainer/Assessor Signature	

Personal Details			
Enter your full name			
Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI please write your name exactly as written in the identity document you choose to use.			
Title	First Given name	Second Given Name (Middle)	Family Name (Surname)
Date of Birth	Gender (Tick ONE box only)		
DD / MM / YYYY	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Enter your contact information			
Home Phone:		Email Address:	
Mobile:		Alternative Email Address (optional):	
Are you a member of a Surf Life Saving Club in WA?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes – please specify:		
Do you have any Language, Literacy or Numeracy Learning Needs?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes – please specify:		

Candidate Declaration			
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 on page 6.			
In making this application for enrolment, 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 Surf Life Saving WA.			
I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed, and NCVER policies, procedures and protocols published on NCVER's website at www.ncver.edu.au . I authorise Surf Life Saving WA to contact me for marketing purposes. I understand that I retain the right to withdraw my consent at any time.			
Candidate Signature		Date	DD / MM / YYYY
Parent/Guardian Name		Parental/guardian consent is required for all students under the age of 18.	
Parent/Guardian Signature		Date	DD / MM / YYYY

Unique Student Identifier									
From 1 January 2015, Surf Life Saving WA 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. 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)									
In providing my USI, I confirm Surf Life Saving WA is authorised to collect, use and disclose my student identifier for the purposes required under the <i>Student Identifiers Act 2014</i> .									
I understand that I will receive a notice regarding Surf Life Saving WA's use of this information to confirm my USI. I understand that Surf Life Saving WA's name included in the notice may be different to the name they are familiar with – the name of the organisation verifying my USI is Surf Life Saving Western Australia Inc.									



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What is the address of your usual residence?			
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 or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.			
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	

What is your postal address (if different from above?)			
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	

Enter contact information in case of emergency		
Emergency contact name	Relationship to you	Emergency contact number

Language and Cultural Diversity		
In which country were you born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other – please specify:	
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	<input type="checkbox"/> Yes – please specify:	
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>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander



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Employment	
<p>Of the following categories, which BEST describes your current employment status? 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). (Tick ONE box only)</p>	
<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"/> Self-employed – employing others	<input type="checkbox"/> Unemployed – not seeking employment

Occupation	
<p>Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only) If unemployed, go to the next question.</p>	
<input type="checkbox"/> Managers	<input type="checkbox"/> Sales Workers
<input type="checkbox"/> Professionals	<input type="checkbox"/> Machinery Operators and Drivers
<input type="checkbox"/> Technicians and Trade Workers	<input type="checkbox"/> Labourers
<input type="checkbox"/> Community and Personal Service Workers	<input type="checkbox"/> Other:
<input type="checkbox"/> Clerical and Administrative Workers	

Industry	
<p>Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only) If unemployed, go to the next question.</p>	
<input type="checkbox"/> Agriculture, Forestry and Fishing	<input type="checkbox"/> Financial and Insurance Services
<input type="checkbox"/> Mining	<input type="checkbox"/> Rental, Hiring and Real Estate Services
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific and Technical Services
<input type="checkbox"/> Electricity, Gas, Water and Waste Services	<input type="checkbox"/> Administrative and Support Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration and Safety
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Education and Training
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Health Care and Social Assistance
<input type="checkbox"/> Accommodation and Feed Services	<input type="checkbox"/> Arts and recreation Services
<input type="checkbox"/> Transport, Postal and Warehousing	<input type="checkbox"/> Other Services
<input type="checkbox"/> Information Media and telecommunications	

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Schooling	
What is your highest COMPLETED school level? If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9. (Tick ONE box only)	
<input type="checkbox"/> Completed Year 12	<input type="checkbox"/> Completed Year 9 or equivalent
<input type="checkbox"/> Completed Year 11	<input type="checkbox"/> Completed Year 8 or lower
<input type="checkbox"/> Completed Year 10	<input type="checkbox"/> Never attended school
Are you still enrolled in secondary or senior secondary education?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Disability		
Do you consider yourself to have a disability, impairment or long-term condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to the next section)	
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area) Please refer to the Disability supplement on the following page for an explanation of the following disabilities.		
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Learning	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Other:
If you answered YES to the above question do you require any assistance to participate in this course?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes (inform trainer now that you have ticked this box)	

Disability Supplement
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.



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'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.

Previous Qualifications Achieved

Have you SUCCESSFULLY completed any of the qualifications listed below?

Yes

No

If YES, tick ANY applicable boxes.

Bachelor Degree or Higher Degree

Advanced Diploma or Associate Degree

Diploma (or Associate Diploma)

Certificate IV (or Advanced Certificate/Technician)

Certificate III (or Trade Certificate)

Certificate II

Certificate I

Certificates other than the above

Study Reason

Study Reason – Of the following categories, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only)

To get a job

I wanted extra skills for my job

To develop my existing business

To get into another course of study

To start my own business

For personal interest or self-development

To try for a different career

To get skills for community / voluntary work

To get a better job or promotion

Other reasons

It was a requirement of my job

Office Use Only: entered once student is enrolled in course, select action, view enrolment, study reason

I give permission for my statement of attainment to be sent to my workplace/school/club:

No

Contact Person:

Yes (please specify)

Organisation/School:

Candidate Signature:



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Privacy Notice & Applicant Declaration

Under the Data Provision Requirements 2012, Surf Life Saving WA is required by law 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) may be used or disclosed by Surf Life Saving WA for statistical, administrative, regulatory and research purposes. Surf Life Saving WA may disclose your personal information for these purposes to

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- Populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys and data linkage;
- Pre-populating RTO student enrolment forms;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent, third party contractor or other authorised agencies. Please note 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 National VET Data Policy and NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

Surf Life Saving WA retains a record of personal information about all individuals with whom we undertake any form of business activity. Surf Life Saving WA must collect, hold, use and disclose information from our clients and stakeholders for a range of purposes.

As a government registered training organisation, regulated by the Training Accreditation Council, Surf Life Saving WA is required to collect, hold, use and disclose a wide range of personal and sensitive information on Students in nationally recognised training programs. This information requirement is outlined in the *National Vocational Education and Training Regulator Act 2011* and associated legislative instruments.

Surf Life Saving WA must require and confirm identification however in services delivery to individuals for nationally recognised course programs. We are authorised by Australian law to deal only with individuals who have appropriately identified themselves. That is, it is a *Condition of Registration* for all RTOs under the *National Vocational Education and Training Regulator Act 2011* that we identify individuals and their specific individual needs on commencement of services delivery and collect and disclose Australian Vocational Education and Training Management of Information Statistical Standard (AVETMISS) data on all individuals enrolled in nationally recognised training programs. Other legal requirements, as noted earlier in this policy, also require considerable identification arrangements.

For information about how Surf Life Saving WA collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to Surf Life Saving WA privacy policy which can be found on the web at mybeach.com.au/RTO

This Privacy Policy contains information about how individuals may access and seek correction of the personal information held by us, and how to complain about a breach of privacy, and how we will deal with such a complaint.

In providing your personal information as requested and signing this notice, you are confirming your receipt of, and understanding of these details, and providing your consent for the collection, storage, use and disclosure of your personal information as outlined.

At the commencement of assessments, The Trainer/Assessor outlined the relevant information including the purpose and requirements of the different types of assessments including written/verbal and practical assessments. The SLSWA code of practice, appeals process was available to me at the course. I was provided feedback on the evidence I provided and an assessment decision was made by the trainer/assessor on my overall knowledge and performance. I have been informed of the assessment result and have had the opportunity to discuss the result with the trainer/assessor.

Course Evaluation (to be completed at the end of the course)			
Congratulations on completing your course. Surf Life Saving WA would greatly appreciate your feedback on the training undertaken. The information provided will help us to continually improve our training services.			
Trainer/Assessor's Name			
Course Name		Date of Course	DD / MM / YYYY

What did you find the most useful about the training?

What changes would you make to the course and why?

Any other comments?

For more information on courses provided by Surf Life Saving WA visit mybeach.com.au