



Student Information Form

Privacy Statement & Student Declaration

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

I understand that my RTO Epiphany Learning t/a Australian Institute of Clinical Hypnosis (AICH) is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.
- Researchers.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. Please note you may opt out of the survey at the time of being contacted.

[STUDENT SIGNATURE] [DATE]

[PARENT/GUARDIAN SIGNATURE*] [DATE]

**Parental/guardian consent is required for all students under the age of 18.*

NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Personal details

1. Enter your full name *

Family name (surname) _____

Given names _____

Name for encryption

* 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 and want Epiphany Learning to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Provide your full name & title as you wish it to appear on your Certificate: _____

2. Enter your birth date

Day/month/year | | |

Date of birth

3. Gender (Tick ONE box only)

Male ☐
Female ☐
Other ☐

Gender

4. Enter your contact details

Home phone _____ Work phone _____



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Mobile _____ Email address _____

Alternative email address (optional) _____

Telephone number [home]
Telephone number [work]
Telephone number [mobile]
Email address
Email address [alternative]

5. 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 _____

Address building/property name
Address flat/unit details
Address street number
Address street name
Address – suburb, locality or town
State identifier
Postcode

6. 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 _____
Postal delivery information (e.g. PO Box 254) _____
Suburb, locality or town _____
State/territory _____
Postcode _____

Address building/property name
Address flat/unit details
Address street number
Address street name
Address postal delivery box
Address – suburb, locality or town
State identifier
Postcode

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Language and cultural diversity

7. In which country were you born?

Australia ☐ 1101

Other – please specify _____

Country identifier

8. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only ☐
1201

Yes, other – please specify _____

Language identifier

9. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No ☐

Yes, Aboriginal ☐

Yes, Torres Strait Islander ☐

Indigenous status identifier

Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

Yes ☐ Y

No ☐ N **No – Go to question 12**

Disability flag

11. 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 for an explanation of the following disabilities.

Hearing/deaf ☐ 11

Physical ☐ 12

Intellectual ☐ 13

Learning ☐ 14

Mental illness* ☐ 15

Acquired brain impairment ☐ 16

Vision ☐ 17

Medical condition ☐ 18

Other ☐ 19

Disability type identifier

*If you have ever been diagnosed with a mental health condition (previous or current), you must alert Epiphany Learning at the point of enrolment.

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Schooling

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

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.

Year 12 or equivalent	<input type="checkbox"/> 12	
Year 11 or equivalent	<input type="checkbox"/> 11	
Year 10 or equivalent	<input type="checkbox"/> 10	
Year 9 or equivalent	<input type="checkbox"/> 09	
Year 8 or below	<input type="checkbox"/> 08	
Never attended school	<input type="checkbox"/> 02	Never completed any primary or secondary level education – go to question 14

Highest school level completed identifier

13. Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

At school flag

Previous qualifications achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?

Yes	<input type="checkbox"/> Y	
No	<input type="checkbox"/> N	No – go to question 16

Prior educational achievement flag

15. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/> 008
Advanced diploma or associate degree	<input type="checkbox"/> 410
Diploma (or associate diploma)	<input type="checkbox"/> 420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511
Certificate III (or trade certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/> 990

Prior educational achievement identifier

Employment

16. 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	<input type="checkbox"/> 01
Part-time employee	<input type="checkbox"/> 02
Self employed – not employing others	<input type="checkbox"/> 03
Self employed – employing others	<input type="checkbox"/> 04
Employed – unpaid worker in a family business	<input type="checkbox"/> 05



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Unemployed – seeking full-time work	<input type="checkbox"/> 06
Unemployed – seeking part-time work	<input type="checkbox"/> 07
Not employed – not seeking employment	<input type="checkbox"/> 08

Labour force status identifier

Study reason

17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

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

Study reason identifier

Unique Student Identifier (USI)

From 1 January 2015, we Epiphany Learning t/a Australian Institute of Clinical Hypnosis (AICH) 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.

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

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Unique Student Identifier (USI):

Unique student identifier USI application through your RTO (if you do not already have one)

If you are having additional issues with obtaining a USI via the government website, mobile device and have called the USI Office for support, please contact our office on 9977 7989 for further assistance.

Unique Student Identifier (USI)

Model Release Form

19. This form must be signed before any photography is undertaken

Company: Epiphany Learning t/a AICH

Description: Diploma of Clinical Hypnosis & Strategic Psychotherapy

Course Dates: _____



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I permit Epiphany Learning to use the photograph(s), video, and any testimonials I provide for all uses including publicity and/or editorial purposes for the purposes of promoting the Australian Institute of Clinical Hypnosis.

I understand that I do not have any interest in the copyright to the photograph(s) or video.

I am over 18 years old. (Models who are under 18 years of age must provide evidence of consent by a parent or guardian to this model release).

Name of Model (capital letters):

Address of Model:

Signature of Model

Date:/...../.....

Signature of Parent or Guardian

Date:/...../.....

(if student is under the age of 18)

Model Release
