



INSTITUTE OF SCIENCE
MANAGEMENT & TECHNOLOGY

ENROLMENT FORM

Institute of Science Management and Technology (ISMT)

This confidential Enrolment Form asks for personal information about you. 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 **Institute of Science Management and Technology (ISMT)** 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.

Application for Enrolment			
Which course would you like to enroll into?	<input type="checkbox"/> BSB50420 Diploma of Leadership and Management (CRICOS Code 104391D)		
	<input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management (CRICOS Code 105650D)		
	<input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning) (CRICOS Code 105562D)		
	<input type="checkbox"/> CHC33015 Certificate III in Individual Support (CRICOS Code 0101895) Specialisation Ageing Home and Community		
	<input type="checkbox"/> HLT33115 Certificate III in Health Services Assistance (CRICOS Code 105560F)		
	<input type="checkbox"/> HLT37215 Certificate III in Pathology Collection (CRICOS Code 105561E) Specialisation Acute Care		
	<input type="checkbox"/> CHC43015 Certificate IV in Ageing Support (CRICOS Code 0101897)		
	<input type="checkbox"/> CHC43115 Certificate IV in Disability (CRICOS Code 0101896)		
	<input type="checkbox"/> CHC52015 Diploma of Community Services (CRICOS Code 0101898)		
Intake Jan April July October Year 2022			
Have you ever studied with Institute of Science Management and Technology before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Enter Your Full name			
Family Name:		PHOTOGRAPH	
Given 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 and want to apply for a USI later, 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.			
Date of Birth: dd/mm/yyyy	____/____/____ (dd) (mm) (yyyy)	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Contact Details of Student (put country code and area code before overseas numbers)			
Email			
Home Phone		Work Phone	
Australian Mobile Number, if any		Overseas Mobile Number, if any	
What is 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 'rural property addressing' or 'numbering' system as your residential			



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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.]			
Residential Address			
Parent/Guardian' name			
Parent/Guardian's Residential/Street Address		State/Town/City	
Country		Parent/Guardian's Contact Number	
Emergency Contact Person in Australia			
These are people that Institute of Science Management and Technology 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 Institute of Science Management and Technology.			
Name:		Relationship to you:	
Address:			
Mobile:		Email:	
Language and Cultural Diversity			
In which country were you born?	<input type="checkbox"/> Australia [1101] <input type="checkbox"/> Other Country, Name: _____		
Do you speak a language other than English at home? If more than one language, indicate the one that is spoken most often.	<input type="checkbox"/> No, English Only [1201] <input type="checkbox"/> Other Language, Name: _____		
Are you of Aboriginal or Torres Strait Islander origin? For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		
Visa details			
Passport Number		Country of Issue	
Do you already have an Australian Visa that allows you to study here?	<input type="checkbox"/> Yes <input type="checkbox"/> No (then go to next section)		
Visa Type	<input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Bridging <input type="checkbox"/> Other ; Specify:	Visa Expiry Date	
Did you ever hold CoE from any Australian Education Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to next question)		
Write the name of the Provider, whose CoE you held lately			
Has your visa application been rejected ever?	<input type="checkbox"/> Yes (attach Visa Rejection Letter/s) <input type="checkbox"/> No (go to next question)		
Do you have Overseas Student Health Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Expiry Date:		
Qualification Details			



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<p>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.</p>		<input type="checkbox"/> Year 12 or Equivalent [12] <input type="checkbox"/> Year 11 or Equivalent [11] <input type="checkbox"/> Year 10 or Equivalent [10] <input type="checkbox"/> Year 09 or Equivalent [09] <input type="checkbox"/> Year 08 or Equivalent [08] <input type="checkbox"/> Never Attended School [02]
<p>Are You still enrolled in secondary/senior secondary school?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you have achieved any of the following qualifications, put tick beside it. You can put more than one tick marks. You must submit proof of this qualification/s. (for equivalency table, go to www.homeaffairs.gov.au)</p>		<input type="checkbox"/> Certificate I [524] <input type="checkbox"/> Certificate II [521] <input type="checkbox"/> Certificate III/Trade Certificate [514] <input type="checkbox"/> Certificate IV/Advance Certificate/Technician [511] <input type="checkbox"/> Diploma/Associate Diploma [420] <input type="checkbox"/> Advanced Diploma/Associate Degree [410] <input type="checkbox"/> Bachelors/Masters/PhD [008] <input type="checkbox"/> Certificate Other than Above [990]
<p>Are you CURRENTLY Studying with any educational institution inside Australia?</p>	<p>Write Institution's Name OR Write "No" & Go to next section. Name:</p>	
<p>What qualification you are studying?</p>		
<p>Month & Year you started this course</p>		
<p>Do you wish to apply for Credit or Recognition of Prior Learning? If YES, certified copies of transcripts/relevant documents from previous institutions/workplace must be provided with this form with Credit/RPL Application.</p>		<input type="checkbox"/> Credit <input type="checkbox"/> RPL <input type="checkbox"/> None <input type="checkbox"/> Maybe; I'd like more information
<p>English Proficiency</p>		
<p>Have you completed 5 years of primary/secondary schooling in an English-speaking country e.g. USA, UK?</p>		<input type="checkbox"/> Yes (provide proof) <input type="checkbox"/> No
<p>Have you completed a Certificate IV (or above) level course in <u>last TWO years</u> inside Australia?</p>		<input type="checkbox"/> Yes (provide proof) <input type="checkbox"/> No
<p>Which of these exams have you appeared in?</p>		<input type="checkbox"/> IELTS <input type="checkbox"/> PTE <input type="checkbox"/> TOEFL <input type="checkbox"/> Cambridge Eng <input type="checkbox"/> Other, Specify:
<p>Date of Result Published of English Test</p>		
<p>Is your OVERALL score in the test EQUIVALENT to IELTS Score of 5.5? To check, go to www.homeaffairs.gov.au</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you want to provide any other proof of proficiency in English? Describe.</p>		
<p>Employment</p>		
<p>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)</p>		
<input type="checkbox"/> Full-time Employee [01] <input type="checkbox"/> Part-time Employee [02] <input type="checkbox"/> Self Employed (Not employing Others) [03] <input type="checkbox"/> Self Employed (employing Others) [04]	<input type="checkbox"/> Employed as Unpaid worker in family business [05] <input type="checkbox"/> Unemployed, seeking full time work [06] <input type="checkbox"/> Unemployed, seeking part time work [07] <input type="checkbox"/> Unemployed, Not seeking work [08]	
<p>Disability</p>		



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Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <u>go to Next Section</u>	
If yes, please indicate the area of disability, impairment or long term condition (<i>tick as many as apply</i>)		
<input type="checkbox"/> Hearing/deaf [11]	<input type="checkbox"/> Intellectual [13]	<input type="checkbox"/> Mental illness [15]
<input type="checkbox"/> Physical [12]	<input type="checkbox"/> Learning [14]	<input type="checkbox"/> Medical condition [18]
<input type="checkbox"/> Acquired brain impairment [16]	<input type="checkbox"/> Vision [17]	<input type="checkbox"/> Other (Please specify): _____ [19]
Write Details, if you want:		

Study Reason	
Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)	
<input type="checkbox"/> To get a new job [01]	<input type="checkbox"/> It is a requirement of my job [06]
<input type="checkbox"/> To develop my existing business [02]	<input type="checkbox"/> I want an extra skill for my mob [07]
<input type="checkbox"/> To start my own business [03]	<input type="checkbox"/> To get into another course/study [08]
<input type="checkbox"/> To try a different career [04]	<input type="checkbox"/> For personal interest/Self-Development [12]
<input type="checkbox"/> To get a better job/promotion [05]	<input type="checkbox"/> Other Reason [11]

Unique Student Identifier Number	
ISMT 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.	
Enter your unique student identifier <i>If you already have one</i>	<input type="text"/>
If you do not have a USI, would you like us to apply for a USI on your behalf?	<input type="checkbox"/> Yes – please provide identification and indicate below <input type="checkbox"/> No, Go to Next Section
If you answered Yes to previous question, you must provide a copy of one of the acceptable forms of identification outlined below. Please attach a copy and indicate which form of ID has been provided.	
<input type="checkbox"/> Current Driver's License <input type="checkbox"/> Australian Passport <input type="checkbox"/> Certificate of Registration By Descent <input type="checkbox"/> Non-Australian Passport (with Australian Visa)	<input type="checkbox"/> Current Medicare Card <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> ImmiCard <input type="checkbox"/> Australian Birth Certificate
In accordance with section 11 of the <i>Student Identifiers Act 2014</i> , ISMT 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.	
I authorise ISMT to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf. 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	
Student Signature:	Date: / /

Application Checklist
Provide a Certified Copy of the following documents with your application. Please tick those that you are providing.
<input type="checkbox"/> Valid Passport Copy
<input type="checkbox"/> Valid Visa page/document (if you have one)
<input type="checkbox"/> High School (Australian Year 12 equivalent) certificate or other relevant educational certificates
<input type="checkbox"/> Proof of English Language Proficiency
<input type="checkbox"/> Proof of Work experience, if any
<input type="checkbox"/> Course Entry Interview Form/SoP (if already completed)
<input type="checkbox"/> Proof of Overseas Student Health Cover, if any



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- Release letter from previous institution or Cancelled CoE, if any
 Any other relevant documents to support your application e.g. resume

Under the Data Provision Requirements 2012, ISMT 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 ISMT for statistical, regulatory and research purposes. ISMT may disclose your personal information for these purposes to third parties, including:

- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER 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 program administration, regulation, monitoring and evaluation.

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

Student Declaration and Consent

NCVER will collect, hold, use and disclose my personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). I declare that the information I have provided is true and correct, to the best of my knowledge and that it is my responsibility to update ISMT if this information changes during my 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 ISMT.

I understand that ISMT is required to submit data sourced from this Enrolment Form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my Enrolment Form may be used by the following third parties for administrative, regulatory and/or research purposes:

- Government departments and authorised agencies
- Researchers.

I declare that I have read the terms and conditions given in next section and understood their consequences. 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.

The Enrolment Application may incur A\$250 of fee which is payable in advance and **Non-Refundable**. I am responsible to keep the proof of this and subsequent payments, if any.

Amount I am willing to pay as first Installment of Tuition Fee:	\$
Number of Family Members accompanying Me	
Student Signature:	Date: / /
Printed Name:	

Terms and Conditions

This course is a Nationally Recognised Training and AQF-Compliant. ISMT is authorised to offer courses to overseas student, but does not guarantee success in this application, or course, and in any employment or migration outcome. ISMT will inform whether student needs to take work-based training in its offer letter and agreement. We have our own admission criteria including age limit, minimum English proficiency level, formal qualification level, and admission test. Claiming credit or RPL may affect duration of student visa. ISMT has a Privacy Policy that guides the collection, storage, use and disclosure of information. Our Privacy Policy is provided on our website at www.ISMT.edu.au and in our Student Handbook. This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to allocate appropriate resources for your learning and assessment needs. All staff at ISMT are required by law to protect the information provided on this Enrolment Form. These are people that ISMT 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 ISMT. ISMT is required to collect personal information and information about course enrolment and course progress for all international students which may be shared with the Australian Government for the purposes of:

- promoting compliance with the ESOS Act and the National Code
- assisting with the regulation of providers
- promoting compliance with the conditions of a particular student visa or visas, or of student visas generally
- or facilitating the monitoring and control of immigration.

Please let us know if any of your details change by providing updated information to our office. This is particularly important if you change phone numbers, move home address, or move employers. In most circumstances, you can access a copy of the records we hold about you.



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Please contact our office to arrange this. If you have any concerns about the confidentiality of this information please contact Student Support Manager at our office. You may be contacted by either the National Centre for Vocational Education Research (NCVER) or ISMT's registering body, Australian Skills Quality Authority (ASQA), to participate in a survey about your experience as a student of ISMT, course quality and/or vocational outcomes related to your course. If you participate, you may choose to keep your responses confidential. Please read ISMT's Refund; Deferral, Cancellation and Suspension; Complaints & Appeals Policies, Course Progress and Attendance policies, Student Code of Conduct from our website before submission of application. ISMT reserves the right to decline this application if you don't pass our admission criteria or on any other reasonable ground. This application, and the right to make complaints and seek appeals of decisions and action under various processes, does not affect the rights of the student to take action under the Australian Consumer Law if the Australian Consumer Law applies.

DISABILITY SUPPLEMENT

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.

'11 — 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.

'12 — 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.

'13 — 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.

'14 — 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.

'15 — 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.

'16 — 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.

'17 — 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.

'18 — 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.

'19 — 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.

For Official Use Only:

Considerations:

Application Approved/Declined by: _____

Date: _____