

boss

THE DIGITAL ORTHODONTIC COLLEGE

PROVIDE CPR ENROLMENT

HLTAID001



Head Office:

856 Military Road
MOSMAN NSW 2088

Phone: 8001 6522

Email: info: info@breakthroughwithboss.com

Web: www.breakthroughwithboss.com

RTO ID: 45506



Participant Enrolment Agreement

HLTAID001 Provide Cardiopulmonary Resuscitation Release 5

Participant Details

Participant's Full Name: _____ Male Female
(Family or Surname) (Given Names)

Ten Digit Alphanumerical Unique Student Identifier (USI) (if known): _____
(If USI is not known, follow instructions located at the rear of this form)

Usual Address: _____
(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's or territory's 'rural property addressing' or 'numbering' system as your residential street address.)

(Suburb) State P/Code

Details of Previous First Aid Training: (include details of Training organisation, date of training and copy of certificate)

Your Postal Address if different from above:

Postal Address: _____

(Suburb) State P/Code

Phone: (Home) _____ (Mob) _____ Date of Birth: ____/____/____

Email Address: _____

Emergency Contact: _____ Tel No. _____ Relationship: _____

ID Verified by: (Record D/L or Passport # etc.): _____

Course Start Date: _____

Employment Status

Of the following categories, which BEST describes your current employment status?

- | | |
|---|--|
| <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"/> Employer |
| <input type="checkbox"/> Self Employed – not employing others | <input type="checkbox"/> Unemployed – seeking full time work |
| <input type="checkbox"/> Unemployed – seeking part-time work | <input type="checkbox"/> Not employed – not seeking employment |

Employer Details (If applicable)

Business Name: _____

ABN: _____

Address: _____

Contact Name: _____ Email Address: _____

Phone: _____ Fax: _____

Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin? Yes No

Were you born in Australia? Yes No

If no, what is your Country of Birth: _____

Do you speak a language OTHER THAN English at home? Yes No

If YES, which language do you usually speak? _____

How well do you speak English? Very Well Well Not Well Not at All

Do you require any language, literacy or numeracy assistance? Yes No

Education

What is your highest COMPLETED school level?

- Never attended school Year 8 or below Year 9 or equiv Year 10 or equiv
- Year 11 or equiv Year 12 or equiv

In which YEAR did you complete that school level? _____

Are you still attending secondary school: Yes_ or No

Since leaving school, have you COMPLETED any of the following qualifications?

- Trade Certificate Advanced/Technician Certificate
- Other Certificate Associate Diploma
- Undergraduate Diploma Degree or Postgraduate Diploma

If YES, what was the name of the qualification(s)? _____

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

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)

- Hearing/Deaf Physical Intellectual
- Learning Mental illness Acquired Brain Impairment
- Vision Medical Condition Other

If you require assistance for a disability, please advise how we may assist you: _____

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)

- To get a job It was a requirement of the job
- To develop my existing business I wanted extra skills for my job
- To start my own business To get into another course of study
- To try for a different career For personal interest or self development
- To get a better job or promotion Other reasons

Recognition of Prior Learning

RPL is available for this training and assessment program.

The information you have provided will remain private and confidential.

I have read and accepted the terms and conditions of the fees and refund policy as described in the Participant Handbook.

Privacy Statement and Participant Declaration.

Under the Data Provision Requirements 2012, **the Digital Orthodontic College** (DOC) 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 DOC for statistical, regulatory and research purposes. DOC may disclose your personal information for these purposes to third parties, including:

- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting Participant surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or 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 programme administration, regulation, monitoring and evaluation.

You may receive an NCVER Participant 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.

NCVER will collect, hold, use and disclose your 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).

The information you have provided will remain private and confidential. I have read and accepted the terms and conditions of the fees and refund policy as described in the Participant Handbook.

I give permission for the **Digital Orthodontic College** to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats.

Participant Declaration and Consent

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.

Participant Signature [DATE]

Office Use only:

Authorised by – CEO Issue Date – 25th July, 2018 The Digital Orthodontic College P/L RTO ID: 455	Doc Name – Participant Enrolment Agreement CPR V1.0 Page 4 of 8
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- Evidence of prior first aid training sighted
- Details of that training (Record Date, RTO Number and qualification)
 - Date Trained:.....
 - Qualification Issued:.....
 - Issuing RTO:.....

Accepted into course? Yes/No Circle one

If No, who **respectfully** advised applicant:

**Training Agreement
(to be completed by the participant at enrolment)**

I _____ (insert full legal name) agree to undertake training with The Digital Orthodontic College, in the following course:

HLTAID001 Provide Cardiopulmonary Resuscitation Release 5

During the course of this program, I understand and acknowledge that:

My rights and obligations, as defined in the Participant Handbook include:

1. My obligation at all times to conduct myself safely and in adherence to all relevant legislation.
2. I will actively attempt all training and assessment tasks with serious effort.
3. That I will comply with all safe and lawful requests
4. I will arrive on time and will return on time from all breaks.
5. That I will not bully, abuse, vilify or fail to treat all people participating, associated with, or in the vicinity of The Digital Orthodontic College training venues with the utmost respect and courtesy.

The Digital Orthodontic College’s rights and obligations include:

6. To provide quality training and assessment services, compliant to the RTO Standards 2015, in a competent manner through the provision of quality resources and staff resulting in the issuance of AQF statement of attainment.
7. Assessment be performed by qualified assessors with the required knowledge and currency in the needs of industry.
8. Guaranteeing to provide assessment services to customers who have met their obligations with regard to completion of enrolment details, and financial payments
9. Guaranteeing that in the event that The Digital Orthodontic College cannot deliver a course, a full refund of all monies paid to The Digital Orthodontic College will be refunded to the purchaser.
10. Committing that training will not be offered to participants who fail to wear PPE or fail to pay for the course.
11. Choosing to terminate a customer’s training if they fail to uphold these standards
12. Keeping participants informed of any changes in the service delivery including trainers, our ownership, the engagement of third parties or any other aspect of the participants training experience.

Agreed to and accepted by Participant:

Signed Date

Agreed to and accepted by The Digital Orthodontic College Representative:

Signed Date

Print Name:.....

Authorised by – CEO Issue Date – 25th July, 2018 The Digital Orthodontic College P/L RTO ID: 455	Doc Name – Participant Enrolment Agreement CPR V1.0 Page 6 of 8
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Instructions for obtaining your own Unique Student Identifier

As from 1st January, 2015, students, wishing to graduate from a Vocational Education and Training course (a VET Course) are required to obtain a Unique Student Identifier (USI).

As from 1st January, 2015, a RTO cannot issue a qualification to a Participant unless that Participant provides the RTO with their USI. The USI will allow the Government to permanently record the awarding of this qualification to the individual.

Thus from 1st January, 2015, unless exemptions apply, all training successfully delivered will be recorded by the Government.

To obtain your USI, you will need to:

1. Obtain it yourself from www.usi.gov.au by providing information about yourself similar in content to that on your driver's licence, or

2. Authorise a third party such as this RTO to obtain it on your behalf. To enable us to generate your USI, you will need to:

1. Accurately complete this enrolment form, ensuring that the details you provide match your ID.

2. Provide us with one of the following form of unique identification:

- Driver's Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) for international students
- Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient
- Certificate Of Registration By Descent
- Citizenship Certificate
- ImmiCard

3. Nominate the preferred method of contact so that your USI activation notice can be sent to you, options include, email, phone or mailing address.

4. Complete the form over page.

Once your USI has been generated, you should:

- write down your USI somewhere safe or enter it into your phone for safe keeping.
- activate your USI account at some stage in the near future.
- if you do not activate your account, your USI still works.
- when you do activate your account, you will be required to add some security questions and choose a password.

PLEASE NOTE: The USI System checks for duplicate entries and will report any suspected duplicates

Unique Student Identifier Generation Authority

I, _____, authorise The Digital Orthodontic College to generate my Unique
(Insert full name)
Participant Identifier (USI) on my behalf.

I willing provide the following Identification: (tick form of ID provided)

- Driver’s Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) for international students
- Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient
- Certificate Of Registration By Descent
- Citizenship Certificate
- ImmiCard

My preferred form of contact for the USI activation notice is: (tick preferred method)

- Email
- Phone
- My mailing address.

Signed: _____ Date: _____
(Sign your name here)

Office Use Only:

I, _____ acknowledge receipt of the above form of ID.
(Insert full name)

Signed: _____ Date: _____
(Sign your name here)

I, _____ acknowledge that I have had the above form of identification
(Insert full name)
returned to me

Signed: _____ Date: _____
(Sign your name here)



Your USI Number is:

Please

- write down your USI somewhere safe or enter it into your phone for safe keeping.
- activate your USI account at some stage in the near future.
- if you do not activate your account, your USI still works.
- when you do activate your account, you will be required to add some security questions and choose a password.