



# Enrolment Form

|   |   |   |
|---|---|---|
| Enrolling in: <input type="checkbox"/> SFL20115 Certificate II in Floristry <input type="checkbox"/> SFL30115 Certificate III in Floristry <input type="checkbox"/> SFL40115 Certificate IV in Floristry  |   |   |
| Personal Details (LEGAL name as shown on passport or driver's licence)  |   |   |
| Surname:  | Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____   |   |
| Given Names (First and middle names as shown on ID):  |   | Preferred Name:   |
| Have you ever been known by any other name?   |   |   |
| Permanent Residential Address:  |   |   |
| Town/Suburb:  | State:  | Postcode:   |
| Postal Address (if different from above):   |   |   |
| Town/Suburb:  | State:  | Postcode:   |
| Date of Birth: ____/____/____ (Day/Month/Year)  | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other  |   |
| Home Phone:   | Work Phone:   |   |
| Mobile Phone:   | Email:  |   |
| Location & mode of study: <input type="checkbox"/> Face to Face <input type="checkbox"/> Zoom <input type="checkbox"/> Online at own pace   |   |   |
| <input type="checkbox"/> Toowoomba <input type="checkbox"/> Townsville <input type="checkbox"/> Cairns <input type="checkbox"/> Sunshine Coast  |   |   |
| ID (scanned copies to be attached): Concession: <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |   |
| <input type="checkbox"/> Medicare Card and <input type="checkbox"/> Driver's Licence or <input type="checkbox"/> Passport or <input type="checkbox"/> Birth Certificate   |   |   |
| Please fill this form out as completely as possible, including your ID information and City/Town of Birth.<br>Please attach a scanned copy of your ID.  |   |   |
| USI:  | _____   | Please note, a Unique Student Identifier (USI) is mandatory and is required before you can enrol in or complete your course. Please see below for more details. |
| Employment Status   |   |   |
| <input type="checkbox"/> Full-time Employee <input type="checkbox"/> Unemployed – Seeking full-time work<br><input type="checkbox"/> Part time Employee <input type="checkbox"/> Unemployed – Seeking part-time work<br><input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed – Not seeking employment<br><input type="checkbox"/> Other (please specify): _____ |   |   |
| Employer details:   |   |   |
| Emergency Contact   |   |   |
| Name:   | Relationship:   |   |
| Phone:  | Email:  |   |
| Further Details & Special Needs   |   |   |
| Country of Birth:   | City/Town of Birth:   |   |
| Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Other: _____   |   |   |
| How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all   |   |   |
| Do you require language or literacy assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |   |
| Are you of - Aboriginal decent <input type="checkbox"/> Torres Strait Islander decent <input type="checkbox"/>  |   |   |
| Aboriginal and Torres Strait Islander decent <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander decent <input type="checkbox"/>   |   |   |
| Do you have a disability, impairment, or long term medical condition?<br><input type="checkbox"/> No <input type="checkbox"/> Yes   | If yes, please indicate type:<br><input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Acquired Brain Impairment<br><input type="checkbox"/> Mental Illness <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Other _____ |   |
| If yes, would you like to receive advice on support services and facilities that may assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |



# Enrolment Form

## Educational Information

|   |                          |
|---|--------------------------|
| Highest School Year Level Achieved:   | Year in which completed: |
| Currently attending Secondary School. <input type="checkbox"/> No <input type="checkbox"/> Yes - LUI: _____   |                          |
| Prior Qualifications:   |                          |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, I have completed the following education after secondary school <i>(please provide details)</i> |                          |
| <input type="checkbox"/> Certificate I in _____   |                          |
| <input type="checkbox"/> Certificate II in _____  |                          |
| <input type="checkbox"/> Certificate III in _____   |                          |
| <input type="checkbox"/> Certificate IV in _____  |                          |
| <input type="checkbox"/> Diploma in _____   |                          |
| <input type="checkbox"/> University qualification (Bachelor, Graduate Diploma, Masters etc.)  |                          |

## Course of Study and Commencement Date

|   |  |
|---|--|
| Reason for doing course:  |  |
| <input type="checkbox"/> To get a job                               | <input type="checkbox"/> To get a better job or promotion    |
| <input type="checkbox"/> To develop my existing business            | <input type="checkbox"/> It was a requirement for my job     |
| <input type="checkbox"/> To start my own business                   | <input type="checkbox"/> I wanted extra skills for my job    |
| <input type="checkbox"/> To try for a different career              | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self-development  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> To get skills for community/voluntary work |  |

## How did you hear about us?

|  |   |
|--|---|
| <input type="checkbox"/> Radio                       | <input type="checkbox"/> Recommended by Family/Friend/word of mouth |
| <input type="checkbox"/> Newspaper/Magazine          | <input type="checkbox"/> Direct Enquiry                             |
| <input type="checkbox"/> Internet                    | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Attended event/Expo/Seminar |   |

## Deposit

Our courses require a \$400.00 deposit to secure your place and complete your enrolment. We will send you an invoice for this amount. Please note: Your enrolment will not be processed until this payment is received.

## Refunds

Should Flowers to Impress cancel any course, participants are entitled to a full refund or transfer of funds to a future course. An initial non-refundable deposit of \$400 applies to all courses, payable two weeks before course commencement. No refund is available to participants who leave before finalising the course or unit of competency unless they can provide a medical certificate or show extreme personal hardship. In that case, fees may be refunded on a pro-rata basis.



# Enrolment Form

## 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 us with your personal information, we will not be able to enrol you as a student.

### 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](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact your RTO 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 the 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 NCVER employee, agent, third-party contractor, or another authorised agency. Please note you may opt out of the survey at the time of being contacted.



# Enrolment Form

## Contact information

At any time, you may contact Flowers to Impress School of Floristry 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
- Flowers to Impress School of Floristry, Shop 1, 33 Bell Street, Toowoomba, QLD, 4350. Ph 07 4638 2727, school@flowerstoimpress.com.au

## Photographic/Website Permission

I, *(please insert full name)* \_\_\_\_\_, give permission for Flowers to Impress School of Floristry to use the following in publications and advertisements produced by Flowers to Impress School of Floristry:

- Name
- Image/Photograph

I understand that these publications will also be placed on websites managed by Flowers to Impress for public relations and advertising purposes.

\* No address, email, or telephone numbers will be released or published. If you choose not to have your details used, this will not affect your enrolment.

## Declaration and Signature

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

I agree to the terms and conditions outlined above in relation to payment to Flowers to Impress School of Floristry. If I am accepted as a student of Flowers to Impress School of Floristry, I agree to abide by the regulations as defined in the Student Handbook. [www.flowerstoimpress.com.au](http://www.flowerstoimpress.com.au)

Under the *Data Provision Requirements 2012*, Flowers to Impress is required to collect personal information and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). I have read and I consent to the collection, use and disclosure of my personal information as per the NCVER policies and procedures outlined above. [www.ncver.edu.au](http://www.ncver.edu.au)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Enrolment Form

## Unique Student Identifier (USI) information

As of January 1, 2015, the government requires all RTOs to ensure that every learner has a Unique Student Identifier (USI) number upon enrolment. Certificates, statements of attainment and statements of results cannot be issued until the RTO has a record of this number in their system.

If you already have a USI, please add this detail to the appropriate section on the enrolment form or email your USI to us using the details below.

If you do not already have a USI, you have two choices:

1. Flowers to Impress School of Floristry can create one on your behalf at no charge and you will receive confirmation via email for your records. We will need to know your town/city of birth and have a scanned copy of your ID (Drivers Licence or Medicare Card).

If you would like us Flowers to Impress, 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.

I [NAME].....authorise  
Flowers to Impress 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 (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Town/City of Birth \_\_\_\_\_

*(please write the name of the Australian or overseas town or city where you were born)*

We will also need to verify your identity to create your USI.

2. Alternatively, if you would like to create your USI yourself, you can go to [www.usi.gov.au](http://www.usi.gov.au) and follow the steps to create your USI number. Once you have done so, please email us (details below) so we can add this to your student record.

Please find more information regarding USIs on the government website [www.usi.gov.au](http://www.usi.gov.au).

Shop 1, 33 Bell Street Mall, Toowoomba QLD 4350

Ph: (07) 4638 2727 Mobile: 0414 522 610

Email: [school@flowerstoimpress.com.au](mailto:school@flowerstoimpress.com.au)

Website: [www.flowerstoimpress.com.au](http://www.flowerstoimpress.com.au)

Skype: [flowerstoimpress@outlook.com](https://www.skype.com/people/flowerstoimpress@outlook.com)

National Provider Number: 32420