INDUSTRY SKILLS SOLUTIONS

Student Enrolment Form

Please complete this form in BLOCK letters. For help completing it, call 1300 IND SKL (463 755).

Course and enrolment

Course / qualification (code and title)			
Location of training			
Commencement date		**Completion date**	
Study mode	☐ Classroom / face-to-face ☐ Online	☐ Workplace-based ☐ Blended	

Student details

Title			
Given name/s			
Family name			
Gender		**Date of birth**	
Contact number			
Contact email			
Residential address			
Postal address (if different)			
Emergency contact — name		**Relationship**	
Emergency contact — number			

Unique Student Identifier (USI)

Do you already have a USI?	☐ Yes ☐ No	☐ Not sure
If yes, write your USI clearly		
If no, may we create your USI on your behalf?	☐ Yes	☐ No

To create a USI on your behalf we must sight one form of identification — for example a driver's licence, Medicare card, Australian passport, visa (with a non-Australian passport), birth certificate or citizenship certificate.

ID type sighted		**ID number**	
State/territory of issue (if a licence)			

Language, cultural and educational background

In which town/city and country were you born?	

Do you speak a language other than English at home? (If more than one, indicate the one spoken most often.)		
How well do you speak English?	☐ Very well ☐ Not well	☐ Well ☐ Not at all
Are you of Aboriginal or Torres Strait Islander origin?	☐ No ☐ Yes, Torres Strait Islander	☐ Yes, Aboriginal ☐ Yes, both Aboriginal and Torres Strait Islander
Do you identify as having a disability, impairment or long-term condition?	☐ No ☐ Yes, physical ☐ Yes, learning ☐ Yes, acquired brain impairment ☐ Yes, medical condition	☐ Yes, hearing/deaf ☐ Yes, intellectual ☐ Yes, mental illness ☐ Yes, vision ☐ Yes, other
What is your highest completed school level?	☐ Year 12 or equivalent ☐ Year 10 or equivalent ☐ Year 8 or below ☐ Still attending school	☐ Year 11 or equivalent ☐ Year 9 or equivalent ☐ Never attended school
In which year did you complete this level?		
Have you successfully completed any of the following qualifications? (Tick all that apply.)	☐ No ☐ Advanced diploma / associate degree ☐ Certificate IV ☐ Certificate II ☐ Other certificate	☐ Bachelor degree or higher ☐ Diploma ☐ Certificate III ☐ Certificate I
Which best describes your current employment status?	☐ Full-time employee ☐ Self-employed – not employing others ☐ Employed – unpaid worker in a family business ☐ Unemployed – seeking part-time work	☐ Part-time employee ☐ Employer ☐ Unemployed – seeking full-time work ☐ Not employed – not seeking employment
Which best describes your main reason for undertaking this course?	☐ To get a job ☐ To start my own business ☐ To get a better job or promotion ☐ I wanted extra skills for my job ☐ For personal interest or self-development	☐ To develop my existing business ☐ To try for a different career ☐ It was a requirement of my job ☐ To get into another course of study ☐ Other

Support and individual needs

Are there any individual needs we should be aware of when planning	☐ No ☐ Yes (specify below)	☐ Not sure

your training?	
If yes, please specify	
Do you consider you have adequate language, literacy and numeracy (LLN) skills for this course?	☐ Yes ☐ Not sure ☐ No
Are you seeking credit transfer or recognition of prior learning (RPL)?	☐ Yes ☐ Not sure ☐ No

Employer details (if applicable)

Trading name			
Representative name			
Contact number		**Email**	
Workplace address			

Enrolment agreement

By signing this form, I certify that the information provided is true and correct. I further certify that:

- I have reviewed the Student Handbook supplied to me and have been informed about my rights and obligations;
- I have reviewed the Schedule of Fees and Charges and have been informed of the refund policy;
- I have reviewed the relevant course information and have been informed of the training and assessment services to be provided and the units of competency to be completed; and
- The information I have provided in this form is true and correct.

Full name	
Signature	
Date	

Your personal information is collected under the National VET Regulator Act 2011 and handled in accordance with the Privacy Act 1988 and our Privacy Policy; it is disclosed to the NCVER and to Commonwealth and State/Territory training authorities for statistical, regulatory and research purposes. For privacy queries, contact the Compliance Manager (kerry@industryskillssolutions.com.au).

Parent or guardian consent (students under 18)

This section must be completed where the student is under 18 years of age at the date of enrolment.

I confirm that I am the parent or legal guardian of the student named above. By signing below, I acknowledge and agree that:

- I have read and understood the information provided about the course, including the training and assessment the student will undertake;
- I consent to the student's enrolment in the qualification or unit(s) of competency named in this form with Industry Skills Solutions (RTO #45974);
- I have had the opportunity to ask questions about the course, the fees and any associated requirements before enrolment;
- I have read, understood and agree to support the student to comply with the RTO's policies and procedures, including the Student Code of Conduct, the Fees and Refunds Policy and the Privacy Policy;

- I understand how the student's personal information is collected, used, stored and disclosed in accordance with the Privacy Policy and the RTO's obligations under the National VET Data Policy and AVETMISS reporting; and
- The information provided in this enrolment form is true and correct to the best of my knowledge.

Full name of parent or guardian	
Relationship to student	
Signature	
Date	

Pre-enrolment — Language, Literacy, Numeracy and Digital Skills (LLND) assessment

The golden question — why, as a student, do I have to do this LLND assessment?

The standards for Registered Training Organisations (RTOs) were updated on 01/07/2025. As part of these updates, students are now formally required to undergo a pre-enrolment language, literacy, numeracy and digital skills assessment.

The purpose of this assessment is to ensure that the course you have selected is the best fit for you, and how you can be best supported throughout your training.

During this LLND assessment, if you enter a response to a question that is marked incorrect, we ask that you make contact with our support team to discuss. You can contact our support team by:

- Phoning us on (02) 6884 4624;
- Emailing us at hello@hmcgroupsolutions.com.au; or
- Dropping into one of our offices.

Q1. Safe Work Method Statement (SWMS)

Read the following excerpt from a SWMS document and answer the question below.

Excerpt: “All workers must wear safety glasses, steel-capped boots, and high visibility clothing. Hearing protection is required when operating plant or machinery.”

Which of the following Personal Protective Equipment (PPE) items are required under the above SWMS excerpt? (Select all that apply)

A. Apron
B. Safety Glasses
C. Steel-Capped Boots
D. High visibility clothing
E. Hearing protection when operating plant and machinery
F. All of the above

Q2. Instruction from your supervisor

You will need to listen to the audio file. To do this, scan the QR code, then, once you have listened to the file, answer the question below.

Which items did your supervisor instruct you to get from the toolbox?

Your answer

Q3. First aid equipment

Review the contents list for a workplace first aid kit below, then answer the question.

- 1 × accident report notebook with pencil
- 50 × adhesive strips (fabric, 72 × 19 mm)
- 4 × alcohol wipe sachets
- 1 × antiseptic liquid / sting relief (50 mL spray bottle)
- 1 × cold pack (instant, large)

- 10 × gauze swabs
- 2 × eye pads
- 5 × burn gel
- 10 × conforming bandages
- 2 × paper tape
- 2 × triangular bandages
- 3 × wound dressings (sterile)

During the response to a minor injury in the workplace you have used 3 gauze swabs and 1 conforming bandage from the above first aid kit's stock. How many remain? (Select one)

A. 7 × gauze swabs and 9 × conforming bandages

B. 10 × gauze swabs and 1 × conforming bandage

C. 3 × gauze swabs and 6 × conforming bandages

D. 6 × gauze swabs and 9 × conforming bandages

E. All of the above

Q4. Write a text message

Review the scenario below, then complete the activity. Scenario: you are running late to work and are due to arrive in 10 minutes. Write a simple text message to your boss (Simone) letting her know you will be late.

Your text message

Office use only

Completed by ISS staff — please do not write in this section.

USI verified		**ID sighted**	
LLND assessment reviewed and support planned (Y/N)			
Enrolment approved by		**Date**	