

ENROLMENT FORM

1. PERSONAL DETAILS

(Please print and use BLACK/BLUE PEN only)

Name:			
Date of Birth:		Sex:	☐ Male ☐ Female ☐ Other
Residential address:			
	Suburb:	State:	P/code:
Contact details:	Home:	Mobile:	
Email address:			
	USI No:	LUI No:	

2. REASONS FOR UNDERTAKING STUDIES

☐ To get a job	☐ To try for a different career	☐ Extra skills for my job
☐ To develop existing business	☐ To get a better job / promotion	☐ For personal interest
☐ To start my own business	☐ Requirement of my job	☐ Unsure/other

3. COURSE SELECTION- OFFICE USE ONLY

Course code	Name of course	Course date

4. INVOICING DETAILS – OFFICE USE ONLY

TRAINING CAMPUS/COST CENTRE	☐ SEQ ☐ CQ ☐ CQG	Wisenet Student Number: BMP
DTET Funding Approval? ☐ Yes ☐ No	Career Start ☐ Career Boost ☐ VETis ☐ Fee For Service ☐	Concessional ☐ Non-Concessional ☐ Is Job Network paying? ☐ Yes ☐ No Job Network Name: Email:

TRAINEESHIPS

Career Start (+25) ☐ PS102292	S03-Full	Full Time ☐ Part Time ☐	Under 25's Program (21-24) PS102292	GS8-Exempt ☐ GS7- Partial ☐ GS6- Full ☐	Full Time ☐ Part Time ☐	School Based ☐ PS102292
Fee for service ☐	Full	Full Time ☐ Part Time ☐	Under 25's Program (under 21) PS102292	GS4- exempt ☐ GS3 – partial ☐ GS2- full ☐	Full Time ☐ Part Time ☐	SAT EXEMPT

	Qty	Amount	Other information
Total DTET units to be paid			
Unit credits			
Fee for Service (FFS) to be paid			
Tuition fee			
Police check		\$60.00	
Uniform (please indicate size required)		\$60.00	☐ 10 ☐ 12 ☐ 14 ☐ 16 ☐ S ☐ M ☐ L ☐ XL ☐ XXL Other_____
Individual Support textbook		\$110.00	
Individual Support placement fee		\$150.00	(Rescheduling fee)
Pathology placement fee		\$450.00	
Pathology resources		\$25.00	
External support program (SQW only)		\$3,120.00	(SQW programs only)

5. PREFERRED PAYMENT METHOD (If Applicable)

- ☐ EFT / Cash payable in person at reception or over the phone
- ☐ Direct Debit Transfer – details are below *(please use your name as a reference)*

Account name: Blue Stone Medical & Professional Pty Ltd **BSB:** 633-000 **Account:** 138 071 733

6. PERSONAL DEMOGRAPHICS

1. Which BEST describes your current employment status?

☐	Full time employee	☐	Part time employee
☐	Self-employed – not employing others	☐	Self-employed – employing others
☐	Employed – unpaid worker in a family business	☐	Unemployed – seeking full time work
☐	Unemployed – seeking part time work	☐	Not employed – not seeking employment

2. Schooling: Are you still attending school?

☐	Yes
☐	No

3. What is your highest year of schooling completed? (Tick one box.)

☐	Completed Year 12
☐	Completed Year 11
☐	Completed Year 10
☐	Completed Year 9 or equivalent
☐	Did not go to school

4. In which year did you complete that school level?

--

5. Country of Birth: Enter the country you were born in.

☐	Australia
☐	Other – please specify:

6. Have you successfully COMPLETED any of the following qualifications in Australia?

☐	Yes
☐	No

If yes tick any that apply.

☐	Bachelor's degree or Higher Degree	☐	Advanced Diploma or Associated Degree
☐	Diploma (or Associate Diploma)	☐	Certificate IV
☐	Certificate III	☐	Certificate II
☐	Certificate I	☐	Certificate other than above

7. Do you speak another language other than English? (If more than one language, indicate the one that is spoken most often.)

☐	No – English only
☐	Yes other – please specify:

8. How well do you speak English? Please tick one box.

☐	Very well
☐	Well
☐	Not well
☐	Not at all

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

☐	Yes
☐	No

10. If yes, then please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area.)

☐	Hearing
☐	Physical
☐	Intellectual
☐	Learning
☐	Mental illness
☐	Acquired brain impairment
☐	Vision
☐	Medical condition
☐	Other

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

☐	No
☐	Yes, Aboriginal
☐	Yes, Torres Strait Islander
☐	Yes, Aboriginal and Torres Strait Islander



BLUE STONE
MEDICAL & PROFESSIONAL

STUDENT CONSENT FORM

Use of images, recordings and disclosure of information to third parties

- **Full Name:** _____
- **Course/Qualification Name:** _____

1. Consent for Images and Recordings

I understand that during my enrolment and training, photographs, videos, and/or audio recordings may be taken by the training provider for:

- Promotional and marketing materials (e.g. brochures, social media, website, newsletters)
- Reporting requirements for government departments or funding bodies (e.g. DTET)
- Training and educational purposes

Please select one:

☐ **I consent** to the use of my image and/or voice recordings for the purposes outlined above.

☐ **I do not consent** to the use of my image and/or voice recordings.

2. Consent for Sharing Information with Third Parties

I understand that my personal information may be shared with approved third parties where required for training, assessment, work placement, compliance, or reporting purposes. This may include:

- Registered Training Organisations (RTOs) or partnering institutions
- Government departments and agencies (e.g. Department of Education, ASQA, funding bodies)
- Industry bodies or licensing authorities where required
- Employers or host organisations (for work placement or employment purposes)

Information shared may include personal details, enrolment records, attendance, training progress, assessment outcomes, and relevant compliance documentation.

Please select one:

☐ **I consent** to the sharing of my personal, educational, and training information with approved third parties as required.

☐ **I do not consent** to the sharing of my information, except where disclosure is required by law.

3. Privacy and Data Protection

I understand that my personal information will be collected, stored, and used in accordance with the **Privacy Act 1988** and relevant privacy legislation. My information will be kept secure and only used for authorised purposes.

4. Declaration

I confirm that I have read and understood this form. I understand that I may withdraw or update my consent at any time by notifying the training provider in writing.

Student Signature: _____ **Date:** _____

Parent/Guardian Consent (For Students Under 18 Years of Age)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

STUDENT MEDICAL FORM

Please complete all sections of this form. All information provided will remain confidential and will only be used for training, placement, and emergency purposes.

Personal Details

Student Name: _____

Date of Birth (DOB): ____/____/____

Phone Number: _____

Medical Information

Do you have any medical conditions we should be aware of?

☐ Yes ☐ No

If yes, please provide details: _____

Do you have any allergies to medication?

☐ Yes ☐ No

If yes, please provide details: _____

Vaccination Information

COVID-19 Vaccination Status

☐ Yes ☐ No Number of doses: _____

Influenza Vaccination Status

☐ Yes ☐ No Year of vaccination: _____

If not vaccinated, are you willing to obtain required vaccinations for placement?

☐ Yes ☐ No

Emergency Contact Details

Next of Kin / Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

PRIVACY NOTICE

Under the *Data Provision Requirements 2012*, **Blue Stone Medical & Professional Pty Ltd** 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), may be used or disclosed by **Blue Stone Medical & Professional Pty Ltd** for statistical, administrative, regulatory and research purposes.

Blue Stone Medical & Professional Pty Ltd may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and NCVER.
- Populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys and data linkage;
- Pre-populating RTO student enrolment forms;
- 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 a student survey which may be administered by a government department or NCVER employee, agent or third-party contractor or other authorised agencies. Please note 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*, the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

I have read this privacy policy and give permission for Blue Stone Medical & Professional Pty Ltd to collect and release my personal information to NCVER and any government departments.

Student Signature: _____ **Date:** _____

Parent/Guardian Consent (For Students Under 18 Years of Age)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

STUDENT'S DECLARATION OF UNDERSTANDING

I acknowledge that I have received, read and fully understand the contents of the Student Handbook, Funding Fact Sheet, breakdown of course fees, training timelines, delivery mode – (face to face / flexible delivery), delivery location, vocational placement, support services and the completion of a student survey on completion of my course.

By signing below, you confirm that you acknowledge and understand the following;

1. I confirm that I have been given, read and understood the Student Handbook
2. I understand that I will abide by the rules and regulations as specified in the Student Handbook and agree to follow the recommended safety procedures in order to minimise personal risk / injury within the training environment and during my clinical placement at a facility.
3. I have read and understood the code of behaviour and expectations contained within the Student Handbook.
4. I understand and agree that failure to obey these procedures may result in the immediate cancellation of my enrolment and training without refund. I also understand the refund policy that Blue Stone Medical & Professional Pty Ltd has in place for all enrolments.
5. I acknowledge that I will receive a confirmation letter outlining the course commencement dates and times, delivery plan and locations.
6. I understand that I am utilising my entitlement of general training/traineeship pathway under Career Start, Career Boost or VETis funding.
7. I confirm I have read and understood Refund & Cancellation Policy within the Student Handbook
8. I acknowledge that where practical placement is a mandatory requirement of my selected course of study, I will be required to read, sign, and adhere to all confidentiality agreements and workplace policies relevant to the placement provider. I further acknowledge that failure to attend a scheduled initial placement arrangement without prior notice may result in a rebooking fee of \$150 should the placement need to be reorganised.



I also understand the conditions of enrolment and my rights and responsibilities as a student.

Student Signature: _____ **Date:** _____

Parent/Guardian Consent (For Students Under 18 Years of Age)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____