

Address: PO Box 70, Blaxcell NSW 2142

Website: www.iame.com.au/training-education | Email: training@iame.com.au | Phone: (02) 9782 1100**FO-04 APPLICATION FOR ENROLMENT FORM**PLEASE COMPLETE THE ENROLMENT FORM IN FULL USING BLOCK LETTERS ONLY.**OFFICE USE ONLY**

Enrolment Officer Name

PERSONAL DETAILS

Title:	Date of Birth:	Age:	Gender:
Given Name:			
Other Names:			
Surname:			
Photo Identification: Please <u>MUST</u> attach copy of your valid driver's licence, proof of ID or passport for identity verification.			Attached: <input type="checkbox"/> Yes
Please write the EXACT name and date of birth you used when you applied for your Unique Student Identifier (USI). See below.			

UNIQUE STUDENT IDENTIFIER (USI)

IAME 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). We are required to include your USI in the data we submit to NCVET. If you have not yet obtained a USI you can apply for it directly at: <https://www.usi.gov.au/students/create-your-usi/>.

Unique Student Identifier (USI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VET Transcript: Please attached a copy of your USI VET Transcript so any units you have completed can be reviewed and if applicable Credit Transfers may be applied to your training program			Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No						

CONTACT DETAILS

Home Phone:		Mobile:		Email Address:			
Street Address			Postal Address <input type="checkbox"/> Same as Street Address				
Building Name:			Building Name:				
Unit No.:	Street No.:	Street Name:		Unit No.:	Street No.:	Street Name:	
Suburb:		State:	Postcode:	Suburb:		State:	Postcode:
Emergency Contact							
Contact Name:		Contact Relationship:		Contact Phone Number:		Contact Mobile Number:	

DIGITAL EVIDENCE CONSENT

Photographs, videos, and audio recordings may be required to support Training, Assessment, Evidence and Compliance. Digital Evidence may be obtained at an IAME Training Facility, a Host/Employer Site, a Workshop or classroom. Digital Evidence may be captured by an IAME Director, Staff Member or Subcontractor. Digital Evidence Consent may be withdrawn or declined at any time.

- I consent to the collection, storing and use of digital evidence for training, assessment and compliance purposes.
- I DO NOT consent to the collection, storing and use of digital evidence for training, assessment and compliance purposes.

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LANGUAGE, LITERACY, NUMERACY AND DIGITAL (LLND) SKILLS ASSESSMENT

All students are required to complete a Language, Literacy, Numeracy and Digital (LLND) Skills Assessment when undertaking training with IAME.

Each qualification, based on its certificate level, has a specific LLND Skills Assessment.

To complete an LLND Assessment online please visit: <https://www.iame.com.au/student-resources>

Note: Please ensure you select the appropriate assessment level.

Completed:
 Online
 Hardcopy Attached

COURSE INFORMATION

Course Code:

Course Name / Qualification:

Course Type: Fee for Service | Training Course or Recognised Prior Learning | **Payment Required**
 Skills Canberra | Apprenticeship Training or Training Course | **Tuition Fee Required**
 NSW Smart and Skilled | Apprenticeship Training | **Payment NOT Required**
 NSW Smart and Skilled | Pre-Apprenticeship Course or Skills Set Course | **Payment NOT Required**
 Government Pre-Funded | Pre-Apprenticeship Course or Skills Set Course | **Payment NOT Required**

PAYMENT INFORMATION

Amount:

GST EXEMPT

Visa | Mastercard | Amex (1.5% SURCHARGE)

Expiry: -

Signature: _____

Capricorn

BACKGROUND

[TICK ONE BOX]

LABOUR FORCE STATUS

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

- Full-time Employee
 Part-time Employee
 Self-employed – Not employing others
 Employer
 Employed – Unpaid worker in a family business
 Unemployed – Seeking full-time work
 Unemployed – Seeking part-time work
 Not employed – Not seeking employment

INDIGENOUS STATUS

Are you Aboriginal or Torres Strait Islander:

- Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both
 No

CITIZENSHIP STATUS

What is your current Citizen Status:

- Australian Citizen
 Permanent Resident
 Overseas Resident

Country of Birth:

Town/City of Birth:

Nationality:

Main Language:

SCHOOL DETAILS

[TICK ONE BOX]

Are you currently in school?

Yes No

What is your COMPLETED school level?

Year 12 Year 11 Year 10 Year 9
 Year 8 or below Did not go to school

In which YEAR did you complete your school level?

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REASON FOR TRAINING

[TICK ONE BOX]

Of the following categories, which BEST describes your main reason for undertaking this course?

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

EMPLOYMENT DETAILS

Employer / Company:	
Address:	
Contact Name:	
Contact Phone:	
Contact Email:	
Employment Start Date:	

LET US KNOW

[TICK ONE BOX]

How did you find out about this course?

- | | |
|--|---|
| <input type="checkbox"/> Facebook / Instagram / LinkedIn | <input type="checkbox"/> Employment Services / Job Network Provider |
| <input type="checkbox"/> Website or Internet Advertisement | Name of Provider: _____ |
| <input type="checkbox"/> Word of Mouth | Location: _____ |
| <input type="checkbox"/> Group Training Organisation (GTO) | JSID Number: _____ |
| Name of GTO: _____ | |
| <input type="checkbox"/> Other: _____ | |

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CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

I _____ of
(First, middle and last Name)

_____ with _____
(current residential address) (date of birth)

understand and agree that, under the Data Provision Requirements 2012, IAME is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by IAME for statistical, regulatory and research purposes. IAME may disclose my personal information for these purposes to third parties, including:

- School - if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer - if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Industry (Department);
- 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. I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. I may opt out of the survey at the time of being contacted.

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).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales. The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions.

My Personal Information may also be disclosed to other third parties if required by law. I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with IAME for the purposes of evaluating and assessing my subsidised training.

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 the manner outlined above.

_____	_____	_____
Print Full Name	Signature	Date
Note: If under 18 years of age at the time of giving consent, then the consent of a guardian is required.		
_____	_____	_____
Print Full Name of Gaurdian	Signature of Gaurdian	Date

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STUDENT DECLARATION

I _____ of
(First, middle and last Name)

_____ with _____
(current residential address) (date of birth)

- I declare that, to the best of my knowledge, the information on this form and the supporting evidence supplied by me is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.
- I have read and understood the Privacy Notice.
- I consent to information on this form and supporting evidence supplied by me to be released to a third party when required used by the relevant Department of Education for audit, verification, research, statistical analysis, program evaluation, post-completion surveys and internal management purposes.
- I understand that any Learner Resources that are issued to me be lost or damaged, the cost of replacement is my responsibility.
- I am fully aware of the qualification I have applied for.
- I read and understood the Participant Handbook provided to me and agree that all necessary information has been explained to me prior to the commencement of training.
- I acknowledge that IAME is not responsible for loss, theft or damage to my property during the course of my training.
- I give permission for IAME to find, view and update my USI and training details.

Student Signature

Date

Note: If under 18 years of age at the time of declaration, then the consent of a guardian is required.

Parent / Guardian Signature (if under 18)

Date

OFFICE USE ONLY

YES	NO	N/A	
			Enrolment Form Fully Completed including USI
			Copy of ID provided, photocopy attached.
			Evidence of concession/ disability/ housing provided
			Signed by student / parent if applicable.
			Evidence of Credit Transfer provided
			Consent to use and disclosure of personal information form signed

Enrolment Form Checked By: _____

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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. Should you not provide the requested personal information, IAME 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.

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.

Contact information

At any time, you may contact IAME 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.

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DISABILITY SUPPLEMENT

Introduction: The purpose of the Disability supplement is to provide additional information to assist with answering the disability question. 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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