



## RPL Application Form

This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at AA Academy are required by law to protect the information provided on this Application Form.

PERSONAL DETAILS			
<b>1. Enter your full name*</b>			
Surname			
Given names			
<i>*Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want AA Academy to apply for a USI on your behalf, <u>you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose</u></i>			
<b>2. Enter your birth date</b>	Day /Month /Year: _____ / _____ / _____		
<b>3. Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		
<b>4. Email address</b>			
<b>5. What is your overseas address?</b>			
Address			
Country		Postcode	
Contact number			
<b>6. What is your address in Australia?</b>			
Address			
State/Territory		Postcode	
Contact number			

LANGUAGE AND CULTURAL DIVERSITY	
<b>7. In which country were you born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
<b>8. Do you speak a language other than English at home?</b> <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other, please specify: _____
<b>9. Are you of Aboriginal or Torres Strait Islander origin?</b> <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

10. DISABILITY	
<b>Do you consider yourself to have a disability, impairment, or long-term condition?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes- tick below
<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain impairment	

SCHOOLING	
<b>11. What is your highest COMPLETED school level (tick one box only)</b>	
<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school	
<b>12. Are you still enrolled in secondary or senior secondary education?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	



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13. PREVIOUS QUALIFICATION ACHIEVED			
Qualification (Highest Qualification First)	Institution	Country	Date of Completion

14. WORK HISTORY			
Do you have any experience that is relevant to your chosen course?			
Company and Address	Position title	Years of service (DD/MM/YYYY)	
		From	To
Description of major duties:			
Description of major duties:			
Description of major duties:			

15. Unique Student Identifier (USI)												
From 1 January 2015, AA Academy 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). If you have not yet obtained a USI you can apply for it directly at <a href="http://www.usi.gov.au/create-your-USI/">http://www.usi.gov.au/create-your-USI/</a>												
Enter your unique student identifier <i>If you already have one</i>												

Victorian Student Number To be completed by all Victorian students aged up to 24 years	
A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.	
<b>16. Enter your Victorian Student Number (VSN) :</b>	
<b>17. Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?</b>	
<input type="checkbox"/> No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. <input type="checkbox"/> Yes - I have attended a Victorian school since 2009      Most recent Victorian school attended: _____  <input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011 List the most recent training organisations with which you have participated in training in Victoria since 2011 ( <i>List up to 3 training organisations</i> ) 1. _____ 2. _____ 3. _____	

18. STUDY REASON	
<b>Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)</b>	
<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 my 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"/> Other reasons



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19. NEXT OF KIN/ EMERGENCY CONTACT			
These are people that AA Academy may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to AA Academy.			
Name		Relationship to you	
Address			
Home phone	( )	Work	( )
Mobile		Email	

20. AGENT DETAILS		
Which Country/ City are you in when completing this form?		(if the agent is a registered migration agent) Migration Agents Registration Number:
Agent's Name		Agent's Email

**PRIVACY NOTICE**

Under the Data Provision Requirements 2012, AA Academy 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 AA Academy for statistical, regulatory and research purposes. AA Academy may disclose your personal information for these purposes to third parties, including: Commonwealth and State or Territory government departments and authorised agencies; - NCVER; Organisations conducting student 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.

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](http://www.ncver.edu.au)). You may receive an NCVER student 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.

21. Student Declaration and Consent (please tick both)			
<input type="checkbox"/> I declare that the information I have provided to the best of my knowledge is true and correct. <input type="checkbox"/> I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.			
Student Signature		Date	____ / ____ / ____
Student Name			

**DOCUMENT CHECKLIST:**

- Completed RPL Application Form
- Copy of Passport
- Copy of Graduate Certificates
- Copy of Academic transcript
- Copy of Covid Vaccination Certificate
- Detailed Resume
- Relevant Employment Certificates (if applicable)

**FOR OFFICE USE ONLY**

DATE RECEIVED	____ / ____ / ____	DATE APPROVED	____ / ____ / ____
Approved by		Signature	