

Complete all section in BLOCK LETTERS and ensure that you sign wherever necessary

PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other.....

Given Name:

Middle Name:

Family Name:

Female Male Indeterminate/ Intersex/ Unspecified

Date of Birth:

*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 IHNA to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Have you got a current concession card Yes No
[Please provide a copy]

USUAL ADDRESS: Do not use PO Box and advise IHNA if you change your address during your course

Building/Property Name :

Flat/Unit Number :

Street Number & Name :

Suburb/City:

State: Zip/Postcode:

Country:

Telephone:

Mobile:

*Email:

*On commencement of Training you will be required to use email to receive correspondence from IHNA and to use our online learning portal to access the resources and submit your assessments. Therefore, it is necessary to provide an email address"

POSTAL ADDRESS: (If not same as above)

Building/Property Name :

Flat/Unit Number :

Street Number & Name:

Suburb/City:

State: Zip/Postcode:

Country:

UNIQUE STUDENT IDENTIFIER (USI)

IMPORTANT: To receive your Qualification completion of your course you will need to hold a valid USI.

Option 1 (Already have USI) * All fields for this option are mandatory

I already have a USI and I give IHNA permission to verify my USI. **My USI is:**

OR

Option 2 (Creating own USI)

I do not hold a USI. I will create my own USI account and provide my USI to IHNA along with permission to verify my USI prior to enrolment into the course.

IMPORTANT: To create my own USI visit <http://www.usi.gov.au/pages/default.asp>

Option 3 (IHNA to create USI- available only in the event you are unavailable to create your own USI)

I am unable to create my own USI and I authorize IHNA to create a USI on my behalf and that I have read the privacy information at [http:// www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx](http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx). I have provided one of the following forms of personal identification.

Driver's License (Australian) Australian Passport
 Citizenship Certificate Australian Birth Certificate
 Medicare Card Other

(Contact IHNA for confirmation)

Document Identification Number:

Country of Birth:

Town or City of Birth:

IMPORTANT: For this service there will be a processing period of 1-3 business days.

COURSE DETAILS

Which course are you applying for?

Course Delivery Mode: Face to face Blended Course start date (If applicable):

NEXT OF KIN (in case of emergency who can we contact):

Full Name : Relationship :

Address : Telephone :

Mobile : Email :

All fields are mandatory to complete.

LANGUAGE AND CULTURAL DIVERSITY

1. In which country were you born?

Australia Other – please specify

If not Australian, your current residential status (Specify the type of visa):

2. Do you speak a language other than English at home?
(If more than one language, indicate the one that is spoken most often)

No, English only Yes, other – please specify

3. How well do you speak English?

Very well Well Not well Not at all

Do you meet the NMBA English Language requirements? Yes No

*Students applying for HLT54115 Diploma of Nursing must meet the NMBA English Language requirements prior to enrolling in the course. Refer to Page 6 for more details

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

(Are you of Aboriginal or Torres Strait Islander origin, mark both 'Yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

DISABILITY

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

Yes No (If no, go to question 7)

6. If you indicated the presence of a disability, impairment or long-term condition, please select the area (s) in the following list:

Hearing/deaf Acquired brain impairment Physical Learning Other Mental illness

Intellectual Medical condition Vision Other, Please Specify

SCHOOLING

7. What is your highest COMPLETED school level? (Tick ONE box only)

Year 12 or equivalent Year 11 or equivalent Year 10 or equivalent Year

09 or equivalent Year 08 or below Never attended school

8. In which YEAR did you complete that school level?



All fields in this form are mandatory and must be completed.

9. Are you still attending secondary school?

Yes No

PREVIOUS QUALIFICATIONS ACHIEVED

10. Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If YES, then tick ANY applicable boxes.

| A- Australian | | | E- Australian Equivalent | | | I- International | | | |
|--------------------------|--------------------------|--------------------------|---|--|--|--------------------------|--------------------------|--------------------------|--|
| A | E | I | | | | A | E | I | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bachelor degree or higher degree | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate III (or trade certificate) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advanced diploma or associate degree | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate II |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diploma (or associate diploma) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate I |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificate IV (or advanced certificate/technician) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certificates other than the above |

EMPLOYMENT

11. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

Full-time employee Employed – unpaid worker in a family business

Part-time employee Unemployed – seeking full-time work

Self-employed – not employing others Unemployed – seeking part-time work

Self-employed – employing others Not employed – not seeking employment

12. Which of the following qualification BEST describes your current or recent occupation? (Tick one box only) If never employed go to question 14 Options for this question are;

Managers Professionals Technicians and Trade Workers

Community and Personal Service Clerical and Administrative Workers Sales Workers

Machinery Operators and Drivers Labourers Other

13. Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only) If never employed go to Question 14 options for this question are;

Agriculture, Forestry and Fishing Mining Manufacturing Electricity, Gas, Water and Waste Services

Construction Wholesale Trade Retails Trade Accommodation and Feed Services

Transport, Postal and Warehousing Information Media and telecommunications Financial and Insurance Services

Rental, Hiring and real Estate Services Professional, Scientific and Technical Services Administrative and Support Services

Public Administration and Safety Education and Training Health Care and Social Assistance

Arts and recreation Services Other Services

STUDY REASON

14. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)

To get a job To get a better job or promotion For personal interest or self- development

All fields in this form are mandatory and must be completed.

| | | |
|--|---|--|
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> Other reasons |
| <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 program of study | |

VICTORIAN STUDENT NUMBER:

To be completed by all students aged up to 24 years enrolling in Victoria:14289

Since 2009 in schools and since 2011 for vocational education and training (VET) organizations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years. Students should report their VSN on all subsequent enrolments at a Victorian school or training organization. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools program) should obtain their VSN from their current education or training organization and report their VSN on this enrolment form. Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

| Question | |
|---|---|
| Enter your Victorian Student Number (VSN) | <div style="text-align: center;"> <input style="width: 30px; height: 25px; margin: 2px;" type="text"/> <input style="width: 30px; height: 25px; margin: 2px;" type="text"/> <input style="width: 30px; height: 25px; margin: 2px;" type="text"/> <input style="width: 30px; height: 25px; margin: 2px;" type="text"/> <input style="width: 30px; height: 25px; margin: 2px;" type="text"/> <input style="width: 30px; height: 25px; margin: 2px;" type="text"/> </div> <p>No more questions if you provided your VSN.</p> |
| Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organization or an Adult and Community Education provider in Victoria since 2011? | <p><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. No more questions if you answer No above.</p> <p><input type="checkbox"/> Yes - I have attended a Victorian school since 2009: training organization or an Most recent Victorian school attended and / or</p> <p><input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organization since the beginning of 2011</p> <p>List the most recent training organizations with which you have participated in training in Victoria since 2011 (List up to 3 training organizations)</p> <p>.....</p> <p>.....</p> <p>.....</p> |

Funding/VET Student Loan Eligibility

| | | |
|--|------------------------------|-----------------------------|
| Are you eligible for government funding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you completed the VTG form | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you eligible for VET Student Loan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you like to avail for VET Student Loan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

You would need to provide your TFN number for the ecaf application.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact IHNA's Privacy Officer in the first instance by phone [#] or email [#].

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

[STUDENT SIGNATURE] [DATE]

[PARENT/GUARDIAN SIGNATURE*] [DATE]

**Parental/guardian consent is required for all students under the age of 18.*

NMBA English Language Requirement

From 1 July 2018 all students that would be required by the NMBA to provide a formal English language skills test when applying for registration, must provide a formal English language test result demonstrating achievement of the NMBA specified level of English language skills, prior to commencing the program as below:

- Has attended and satisfactorily completed at least six years of primary and secondary education taught and assessed in English in either Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom or United States of America, including at least two years between years 7 and 12 [NB: At the time of applying for NMBA registration as a program graduate: the applicant will have completed an NMBA approved Enrolled Nurse program and will therefore have a qualification that has been taught and assessed solely in English.]

OR

- At the time of applying for NMBA registration as a program graduate, the applicant will be able to demonstrate having completed 5 years (full time equivalent) of studies taught and assessed in English – that includes a combination of secondary, vocational or tertiary studies (or tertiary education alone) and evidence of a minimum of one year fulltime equivalent pre-registration program of study approved by the recognised nursing and/or midwifery regulatory body in either Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom or United States of America.

OR

- Has formal English language test score results showing:
 - an IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).
NOTE: Only accepting test results: from one test sitting, or a maximum of two test sittings in a six-month period only if: achieved a minimum overall score of 7 in each sitting and achieved a minimum score of 7 in each component across the two sittings, and no score in any component of the test is below 6.5. **OR**
 - an OET with a minimum score of B in each of the four components (listening, reading, writing and speaking).
NOTE: Only accepting test results: from one test sitting, or a maximum of two test sittings in a six-month period only if: was tested in all four components in each sitting, and achieved a minimum score of B in each component across the two sittings, and no score in any component of the test is below C. **OR**
 - a PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).
NOTE: Only accepting test results: from one test sitting, or a maximum of two test sittings in a six-month period only if: a minimum overall score of 65 is achieved in each sitting, and you achieve a minimum score of 65 in each of the communicative skills across the two sittings, and no score in any of the communicative skills is below 58. **OR**
 - a TOEFL iBT with a minimum total score of 94 and the following minimum score in each section of the test: 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.
NOTE: Only accepting test results: from one test sitting, or a maximum of two test sittings in a six-month period only if: a minimum total score of 94 is achieved in each sitting, and you achieve a minimum score of 24 for listening, 24 for reading, 27 for writing and 23 for speaking across the two sittings, and no score in any of the sections is below: 20 for listening, 19 for reading, 24 for writing, and 20 for speaking. **OR**
 - other English language test approved by the NMBA as published on the Board's website with the required minimum scores.

Unique Student Identifier Privacy Notice and Privacy Policy

Privacy Notice

You are advised that and agree that you understand and consent that the personal information you provide in connection with an application for a USI:

- is collected by the Student Identifiers Registrar for the purposes of:
 - applying for, verifying and giving a USI:
 - resolving problems with a USI:
 - resolving problems with a USI: and
 - creating authenticated vocational education and training (VET) transcripts:
- may be disclosed to:
 - Commonwealth and State/Territory government departments and agencies and Statutory bodies performing functions relating to VET for:
 - The purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs:
 - Education related policy and research purposes: and To assist in determining eligibility for training subsidies:
 - VET regulators to enable them to perform their VET regulatory functions:
 - VET Admission Bodies for the purposes of administering VET and VET programs:
 - Current and former Registered Training Organizations to enable them to deliver VET Courses to these individual meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies:
 - Schools for the purposes of delivering VET courses to the individual and reporting on these courses:
 - The national Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics:
 - Researchers for education and training related research purposes:
 - Any other person or agency that may be authorized or required by law to access the information:
 - Any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system: and
- will not otherwise be disclosed without their consent unless authorized or requires by or under law.

USI Privacy policy

You can find further information on how the Student Identifiers Registrar collect, use, disclose and store personal information including sensitive information in Student Identifiers Registrar's Privacy Policy. The registrar's Privacy policy contains information about how you may access and seek corrections of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

Student Checklist

- Selected payment option.
- Attached Copy of Photo ID and Age Proof (Passport, Driver's Licence, etc.)
- Attached copy of proof of residence.
- Attached copy of Green Medicare/ Concession card.
- Attached copies of your previous academic qualifications. (if applicable)
- Signed this form.
- Completed Funding Application form. (if applicable)
- For students applying for HLT54115 Diploma of Nursing, attach relevant evidence for meeting NMBA English Language Requirements (refer to page 6 for more details)

DECLARATION

- I have read and understood the student handbook and the course Brochure (available at www.ihna.edu.au)
- I am aware of all course details, units of competencies, duration, mode of delivery and fees for the course I am enrolling in.
- I would like to apply for enrolment with IHNA and agree to be bound by the policies and procedures set out by IHNA and I agree to maintain good and proper behaviour for the duration of my training. I understand my enrolment can be suspended or cancelled by the breach of IHNA policies and procedures, use inappropriate behaviour, or endanger myself or others.
- I declare that the information I have provided in this application is true and correct.
- I acknowledge and agree to the terms described in privacy statement including the USI privacy policy
- I have received the Course Handbook for students. I have fully advised the assessment processes involved in the course including the work experience placement and I acknowledge that I am willing to be assessed. I am aware that the Course Handbook is available on the Student Portal
- I have read and understood the work experience placement assessment section in the Course Handbook for students. Work experience placement (if it is a part of the course) will be arranged by IHNA with its preferred partners and specific requirements like Australian National police clearance, immunization (if required), WWCC (if applicable) should be met by the students before the placement.
- I have read and understood the course extension, refund, withdrawal, deferral, credit transfer and RPL policy published in IHNA website and Course Handbook (<http://www.ihna.edu.au/policydocuments/listing>)
- I am obliged to advise IHNA of my residential address in Australia, and advise any change in my address during the period I am enrolled in the course/s. This can be done through IHNA online portal "Student Hub"
- I am aware that it is a requirement of the VET Quality Framework that students can access personal information held by the Institute. Accordingly, if I wish to correct or update information, I shall apply to IHNA if I wish to review my own records.
- I understand that enrolling in this qualification and availing the relevant state funding, may affect student's future training options and the eligibility for further government subsidised training.
- I agree that the Institute reserves the right to change the particulars of the services, including changes to prices, courses, facilities and dates of programs where circumstances beyond the Institute's control necessitate such a change.
- I understand that all soft and hard copies of lessons and/ or any related material supplied by IHNA are copy-right, and any unauthorized copying is prohibited.

Applicant's Signature:

Date:

| | | | | | | | | | | | | | |
|--|---|---|---|---------------------------------|-----------------|---|-----------------|---|--|--------------------------------|-----------------|--|-----------------|
| <p>ABOUT IHNA</p> <p>How did you hear about IHNA?</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Online</td> <td style="width: 50%;">Please Specify:</td> </tr> <tr> <td><input type="checkbox"/> Friend/ Relative</td> <td>Please Specify:</td> </tr> <tr> <td><input type="checkbox"/> Magazine/Advertisement</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>Please Specify:</td> </tr> <tr> <td><input type="checkbox"/> Refer a friend scheme</td> <td>Please Specify:</td> </tr> </table> | | | | <input type="checkbox"/> Online | Please Specify: | <input type="checkbox"/> Friend/ Relative | Please Specify: | <input type="checkbox"/> Magazine/Advertisement | | <input type="checkbox"/> Other | Please Specify: | <input type="checkbox"/> Refer a friend scheme | Please Specify: |
| <input type="checkbox"/> Online | Please Specify: | | | | | | | | | | | | |
| <input type="checkbox"/> Friend/ Relative | Please Specify: | | | | | | | | | | | | |
| <input type="checkbox"/> Magazine/Advertisement | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | Please Specify: | | | | | | | | | | | | |
| <input type="checkbox"/> Refer a friend scheme | Please Specify: | | | | | | | | | | | | |
| <p>I agree that IHNA can take my photo, video footage, details, achievements and feedback that may be used for promotional purposes.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Do not agree</p> | | | | | | | | | | | | | |
| <p>I agree to receiving marketing materials such as emails, newsletters etc. from IHNA for the purpose of notifying me of IHNA's offers for other courses etc.</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Do not agree</p> | | | | | | | | | | | | | |
| <p>FEEDBACK:</p> <p>Can you suggest any improvements to our pre-enrolment information, application/enrolment process?</p> | | | | | | | | | | | | | |
| <p>Please submit the completed application form by e-mail or post to: - Email: enquiry@ihna.edu.au Post: - To: Admissions, Institute of Health and Nursing Australia,</p> | | | | | | | | | | | | | |
| <p>MELBOURNE CBD: Level 5, 131 Queen Street, Melbourne, Victoria 3000, Australia</p> | <p>MELBOURNE (HEIDELBERG): 599 Upper Heidelberg Road, Heidelberg Heights, Vic 3081, Australia</p> | <p>PERTH: Level 4 Carillon City Arcade, 680-692 Hay Street Mall, Perth WA 6000, Australia</p> | <p>SYDNEY: Level 7, 33 Argyle Street, Parramatta, NSW 2150, Australia</p> | | | | | | | | | | |
| <p>If you have any questions please feel free to contact IHNA at Email: enquiry@ihna.edu.au, Telephone: 1800 22 52 83</p> | | | | | | | | | | | | | |
| <p>For Office Use Only:</p> <p><input type="checkbox"/> Confirmed all sections of application form are complete</p> <p><input type="checkbox"/> USI collected /Created and verified</p> <p><input type="checkbox"/> Checked and approved student funding and/or VET Student Loan (If applicable)</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Eligible for funding <input type="checkbox"/> Eligible for VET Student Loan <input type="checkbox"/> Accessed VET Student Loans </p> <p><input type="checkbox"/> Completed LLN test</p> <p><input type="checkbox"/> Created Wise net ID:</p> <p><input type="checkbox"/> Checked and approved the payment plan</p> <p><input type="checkbox"/> Confirmed the initial deposit for the commencement of the course has been received</p> <p><input type="checkbox"/> Assessed and finalized RPL/Credit Transfer and informed change in fee to the accounts</p> <p><input type="checkbox"/> Sent confirmation letter with Academic Hub details to the students</p> <p>Staff Name & Signature: _____ Date Received: _____</p> | | | | | | | | | | | | | |