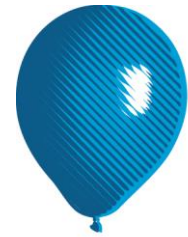


## Privacy Statement & Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by The Asthma Foundation of Victoria.



**Asthma**  
Foundation  
Victoria

I understand that my RTO, The Asthma Foundation of Victoria is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

**Student Signature:**

.....

**Date:**

\_\_\_\_\_

## Unique Student Identifier

From 1 January 2015, we The Asthma Foundation of Victoria 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 <http://www.usi.gov.au/create-your-USI/> on computer or mobile device

**Enter your Unique Student identifier (if you already have one)**

--	--	--	--	--	--	--	--	--	--

If you would like us The Asthma Foundation of Victoria to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

**NOTE: If a USI number is not provided this training will not appear on your USI transcript.**

I (name)

.....

authorise

The Asthma Foundation of Victoria (provider number 4987) to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Pages/Privacy-Notice.aspx>

**Student Signature:**

.....

**Date:**

\_\_\_\_\_

Note: parental consent required if student is under the age of 18.

## Enrolment Form

Legal Given Name  
(no nick names)

.....

Legal Surname

.....

Date of birth

.....

Gender

.....

Home Phone

.....

Work Phone

.....

Mobile

.....

Email

.....

## Residential Address

Unit / flat Number  
(if applicable)

.....

Street Number

.....

Street Name

.....

Suburb

.....

State

.....

Post Code

.....

## Postal Address

Same as above

Unit / flat Number  
(if applicable)

.....

Street Number

.....

PO Box Number

.....

Street Name

.....

Suburb

.....

State

.....

Post Code

.....

## Study Reason

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

(Tick ONE box only)

To get a job

To develop my existing business

To start my own business

To try for a different career

To get a better job or promotion

It was a requirement of my job

I wanted extra skills for my job

To get into another course of study

For personal interest or self-development

Other reasons