

APPLICATION CHECKLIST

Please submit your application along with the required documents below.

Please note that the application may NOT be processed if the applicant fails to submit the required documents listed below.

Are you applying for either of the following?

☐ Skills SA (WorkReady) Subsidy

☐ Fee for Service

The following documents are required for ALL applicants: (Please ☒ as applicable)

☐ **Photo ID**

- Please provide **ONE** of the following: Australian Driver's License, Passport, Proof of Age Card, Travel Documents, Student ID Card, or School Issued Letter with Photo)

☐ **Proof of Current Address**

- Please provide **ONE** of the following: Concession Card, Bank Cover Letter, Proof of Age Card, Australian Driver's License, or Referral Letter from your school (on official school letterhead) confirming your address.

☐ **Concession Card / Medicare** (Optional)

☐ **Residency Status**

- Proof of Australian Residency – Australian Passport OR Australian Birth/Citizenship Certificate
- Valid Visa Type (if not Australian citizen)

Qualification Name and Code:

SACE ID:

Participant No. (if applicable):

A. Course Details

Course Name:

Course Code:

Course Location:

B. Unique Student Identifier

Usi Code:

C. Personal Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx

Gender: ☐ Male ☐ Female ☐ Intermediate/Intersex/Unspecified

Pronoun: ☐ He/Him ☐ She/her ☐ They/Them ☐ Other, please specify:

First Name:

Surname:

Country & City of Birth:

Middle Name/s:

Preferred Name:

Date of Birth (dd/mm/yyyy):

Preferred Contact: ☐ Phone

☐ Email

☐ Mail

Mobile:

Email:

Residential

Address:

Suburb/Postcode:

Postal

☐ As above

☐ Different from above

Address:

Suburb/Postcode:

Street/PO Box:

D. EMERGENCY CONTACT (If under 18 years of age, this must be a parent/guardian)

Full Name:

Relationship:

Email:

Mobile:

E. LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal and/or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander
☐ Yes, Aboriginal and Torres Strait Islander ☐ Prefer not to state

Do you speak a language other than English at home?

☐ No (English only) ☐ Yes

Please specify other language/s:

How well do you speak English?

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

F. SCHOOLING

Highest completed school level: ☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 ☐ Year 8 ☐ Never attended

What year did you complete this level?

Name of school:

Are you attending secondary school? ☐ Yes ☐ No

School Name:

SACE ID:

Please select from the below options if applicable:

☐ School-based Traineeship ☐ SACE Student ☐ ICAN/FLO Student

Please provide your ICAN Exemption Number:

G. PREVIOUS QUALIFICATION ACHIEVED

Have you successfully achieved any higher-level qualification in Australia?

☐ No

☐ Yes, please tick all that apply

☐ Certificate I

☐ Certificate II

☐ Certificate III

☐ Certificate IV

☐ Diploma/Associate Diploma

☐ Advanced Diploma/Associate Degree

☐ Degree or Higher

Name of previous qualification:

H. DISABILITY, IMPAIRMENT OR LONG-TERM CONDITIONS

The definition of disability is broad and does not rely on a formal diagnosis of disability and includes disability in relation to physical, intellectual, psychiatric, sensory, neurological, learning disabilities and physical disfigurement [Source: Department of Education Disability Discrimination Act 1992 Fact Sheet 1 DDA]

Do you consider yourself to have disability, impairment or long-term conditions? ☐ Yes ☐ No

If yes, please indicate the relevant condition(s):

☐ Physical

☐ Intellectual

☐ Vision

☐ Learning

☐ Hearing/Deaf

☐ Mental Illness

☐ Medical Condition

☐ Acquired Brain Injury

☐ Other, please specify

☐ Other, please specify

Do you have a One Plan?

☐ Yes

☐ No

(A One Plan is an individualised support plan for students with additional needs, typically developed in collaboration with schools and support services.)

Would you be prepared to get a medical clearance prior to commencing this course?

☐ Yes

☐ No

If yes, what support can EQUALS provide you with?

I. STUDY REASON (Tick ONE box only)

☐ To get a job

☐ To start my own business

☐ To develop my existing business

☐ To try a different career

☐ To get a better job/promotion

☐ For personal interest/self-development

☐ I want extra skills for my job

☐ It was a requirement of my job

☐ To get into another course of study

J. HOW DID YOU HEAR ABOUT US (Tick ONE box only)

☐ Schools

☐ Expos/Events

☐ Course Guide

☐ Radio

☐ Email

☐ Social Media

☐ Website

☐ Existing

☐ Flyer

☐ Word of Mouth

☐ Employer

☐ Customer

☐ Industry Consultation

☐ Other, please specify:

K. RPL or RECOGNITION OF PRIOR LEARNING

RPL or Recognition of Prior Learning is a process for formally recognising and assessing prior learning and competencies that lead to nationally recognised credit or advanced standing. For further information please contact your Trainer and Assessor, or EQUALS International and Training SA.

Do you wish to apply for national recognition (credit transfer)? If Yes, your application must include a completed **Student National Recognition Application (available from <http://www.equals.edu.au/students>)** form and supporting evidence. ☐ Yes ☐ No

Based on your current skills and/or experience, do you wish to seek Recognition of Prior Learning (RPL) for part of/or a whole qualification? ☐ Yes ☐ No
If Yes, please download and read the **RPL Guide and Application form from <http://www.equals.edu.au/students>** and contact us for your relevant RPL Toolkit.

L. CREDIT TRANSFER

Credit Transfer recognises formal education that you have previously undertaken. If you have successfully completed a superseded unit that has been deemed equivalent and you can demonstrate currency EQUALS International will recognise the unit and credit it to your current studies. See our [Credit Transfer Policy and Procedure](#) for further information.

Do I have to pay a charge?

There is no charge for processing a Credit Transfer.

Do I have to apply?

There is no obligation to do so, however if you are utilising either state or federal government subsidies or loans to pay for your course and you have already completed a unit you will be charged the full amount.

What evidence is required?

Students will need to provide copies of their academic transcripts and grant permission for EQUALS International to access their USI records.

- ☐ I give permission for EQUALS International to view my previous academic record.
- ☐ I have attached copies of my academic records and understand that EQUALS International will verify these records by contacting the issuing institution.
- ☐ I understand that submitting this application does not guarantee me credit in any of the listed units.

Credit applied for (completed details must be entered) (if more rows are needed please send through on separate page)		Superseded Unit		(Office Use) Approved	
Unit Code	Unit Title	Unit Code	Unit Title	Y/N	Assessor

Declaration: I agree to actively take part in the Upfront Assessment of Needs including Language Literacy and Numeracy assessment to assist EQUALS determining my suitability for the course and I declare this assessment will be my own work and I will not seek outside assistance to complete.

Student Signature:		Date:	(dd/mm/yyyy)
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M. EXCURSION HEALTH CONSENT

Section 1. General Information

Participant's Full Name:

Date of Birth:

Section 2. Health Report

Does the student have any medical conditions? (Tick boxes as applicable)

☐ Diabetes

☐ Heart Condition

☐ Seizures

☐ Blackouts

☐ Allergy

☐ Travel Sickness

☐ Migraine

☐ Other medical condition

Describe any allergies, special care or medication required:

Medicare Number:

Ambulance Membership
Number:

Do you have Private Health
Cover?

☐ Yes

☐ No

Fund Membership Number:

Fund Name:

IMPORTANT: Students must report any change that may affect the validity of currency of the above information as soon as possible.

Section 3. Student Excursion Consent

- In case of an emergency, I authorise the EQUALS staff member in charge to take any steps they may consider necessary to ensure my safety or well-being, including ambulance travel, medical treatment and hospitalisation. I further understand that I am responsible for any treatment costs, or where I have indicated that I am under the age of 18, that of my parent/legal guardian.
- I acknowledge that during the excursion, acceptable standards of behaviour will be expected of me. I understand that in the event of serious misbehaviour during the excursion, I may be sent home. I further understand that in such circumstances any costs associated with my return home will be my responsibility, or where I have indicated that I am under the age of 18, that of my parent/legal guardian.
- I understand that the health information collected in the Excursion Health Report and Consent section is collected for the primary purpose of best managing my health or safety in the event of an emergency. Furthermore, this information will be used to eliminate or minimise the risk of aggravating any pre-existing injury or illness that I am aware of and disclose. I acknowledge that if I choose not to complete all questions in the Excursion Health Report and Consent, it may not be possible for EQUALS staff supervising the excursion to provide the best possible response to an emergency or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness.
- I understand that my personal information may also be disclosed to emergency services or medical personnel in the event of an emergency.

**Student
Signature:**

Date:

(dd/mm/yyyy)

N. HEALTH QUESTIONNAIRE

Students are advised that their details are kept strictly confidential and maintained in their student files. Any concerns should be directed to the VET Manager.

Please complete the following:

Questions	Yes	No	Details
Do you believe you have, or have you been diagnosed with any physical, mental or emotional restrictions/issues which may impact on your ability to perform health care services?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently being treated by a medical professional for any illness or suspected illness?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently taking any medications or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any known allergies (including Latex)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you in the last four (4) years taken time off from work due to injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever experienced injury or disease resulting from work (including voluntary work/work placement)?	<input type="checkbox"/>	<input type="checkbox"/>	
Nursing / Aged Care / Health Care Applicants ONLY:	<input type="checkbox"/>	<input type="checkbox"/>	
Providing health care is a physically demanding career. Are you aware of the physical requirements for providing health care?			
Have you ever had, or been told you had, or received advice or treatment for (answer all questions individually):			
1. High Blood Pressure, Chest Pain, Stroke, High Cholesterol Rheumatic fever or any heart or vascular complaint?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Asthma, Bronchitis, Tuberculosis, pleurisy, or any other lung complaint?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Mental disorder, such as anxiety, depression, nervous condition, or stress?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Strained back, sciatica, whiplash, spondylitis, or any other form of back or spinal trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Arthritis, rheumatism, gout, tendonitis, repetitive strain injury or any other Injury or disorder of the joints and muscles?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Indigestion, ulcer, hiatus hernia?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Hepatitis, cirrhosis or any liver or gall bladder disease?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Neurological or nervous disorders such as epilepsy, fits, paralysis?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Psoriasis, eczema, dermatitis, or any other skin related condition?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Do you have HIV/AIDS or any sign of HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you require medical treatment for any illness or injury not mentioned above including chronic fatigue syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Other illness?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are you contemplating seeking medical advice, investigation, or treatment for any current health problem(s)?	<input type="checkbox"/>	<input type="checkbox"/>	

O. AGREEMENT & DECLARATION

I, Full Name

- declare that I consent to have my contact and/or enrolment details provided to EQUALS Interact and other divisions of EQUALS where requested;
- declare that all enrolment, admission assessment and health information is true and correct and has been written and completed by the applicant only
- declare that I have read, understood and agree to abide by the terms, conditions and policies outlined in the Student Handbook and the policies and other information, including Refund Policy (included on this Application form);
- agree that I will agree, where requested, to have a Police and/or Security check conducted for or on behalf of EQUALS;
- declare that I am liable for all course and tuition fees and any collection/legal costs associated with debt recovery (where relevant);
- declare that I understand that EQUALS is responsible for compliance with the Vocational Education and Training (VET) Quality Framework and the Standards for Registered Training Organisations (RTOs) 2015, including the quality of the training and assessment services it provides for the range of VET Courses under its current scope of operation and for the issuance of the AQF certificate documentation.
- declare that I understand that in the event that EQUALS, or a third party delivering training and assessment on EQUALS' behalf, closes or ceases to deliver any part of the training product that a student is enrolled in, a number of options will be available to me including the supported transfer to an alternate RTO for completion of services delivery (where applicable), or refund of course fees paid;
- declare that I have if I have selected the relevant box in section 8, have given EQUALS International the permission to access my academic history through my USI records;
- agree the information requested in this form may be used by the Australian or State Government Departments/Agencies for research, statistical and internal management purposes only. I consent to the use of the information for those purposes;
- understand that notices and other documents may be given by way of email, web-based communication or any other form of electronic communications specified by EQUALS;
- hereby grant permission for EQUALS to use my physical likeness in film, video or photographic use, without restriction in any communication medium, in present or future use;
- hereby grant permission for EQUALS to use my written or spoken words, without restriction in any communication medium, in present or future use.
- declare that all information provided on my enrolment form and any other course related document is true and correct,
- declare that I agree to be bound by the terms and conditions of my course including all organisational policies and procedures which are listed in my student handbook or other organisational documents,
- declare that all the information provided in my health questionnaire is true and correct,
- declare that I understand that I must tell EQUALS of any change in my health that may affect my working as a Health Care professional.

In the event of an injury whilst on a work placement, EQUALS will be required to provide the above medical history to its insurer. If you fail to provide accurate medical information and sustain an injury whilst on a work placement the insurer may decline to accept your claim for compensation.

- I understand that I have a duty to disclose any medical condition, injury or disease, which may prevent me from being able to fulfil the work placement requirements adequately without endangering myself or other persons.
- I understand that EQUALS has an obligation to provide the above medical information to the work placement provider relating to any medical condition, injury or disease, which would require task modifications to enable me to fulfil the work placement requirements adequately without endangering myself or other persons.
- I understand that any false or misleading declaration made by me may jeopardise any entitlement to compensation if I sustain an injury whilst on a training placement.

I further acknowledge and accept the terms outlined in the [Student Handbook](#) and [Student Partnership Agreement \(Code of Conduct\)](#).

**Student
Signature:**

Date:

(dd/mm/yyyy)

P. PARENT/LEGAL GUARDIAN DECLARATION (if participant is under 18 years of age)

I, Full Name hereby, ☐ DO grant ☐ DO NOT grant

for the minor described above to participate in the activities described in the Publicity Consent and Release section. I further acknowledge and agree that I have read and understood the terms outlined, and I further understand that this release shall be effective unless specifically revoked in writing.

<input type="checkbox"/> DO	<input type="checkbox"/> DO NOT	give permission for the named student to participate in the course/program/project outlined above.
<input type="checkbox"/> DO	<input type="checkbox"/> DO NOT	give permission for the named student to participate in all day excursions as deemed appropriate by EQUALS.
<input type="checkbox"/> DO	<input type="checkbox"/> DO NOT	I acknowledge that I have received, read and understood the terms and conditions outlined in the Student Handbook.
<input type="checkbox"/> DO	<input type="checkbox"/> DO NOT	as the Parent/Guardian agree to pay the course fees for the above-mentioned participant.

Parent/Guardian Signature: Date: (dd/mm/yyyy)

Note:

Please ensure all signature fields are signed, either manually or digitally. Email the completed form to vetinschools@equals.edu.au.

Contact Information:

EQUALS International (Aus) Pty Ltd

81 Currie St, Adelaide, South Australia, 5000

08 8110 1200

<https://equals.edu.au/>

APPLICATION INSTRUCTIONS

Please make sure before signing this document that you agree with all policies, regulations, and terms & conditions of EQUALS and you have read the Student Handbook which contains important information. You can access our [Student Handbook on our website](#). Alternatively, you may request to have the handbook printed or emailed to you. No payment is required with your application.

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.

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 NCVER and other bodies handle your personal information

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.

NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), 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.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how NCVER will handle your personal information please refer to the NCVER's Privacy Policy at <https://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.

DEWR 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 DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.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 EQUALS International 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

Contact details:

EQUALS International (Aus) Pty Ltd 81 Currie St
Adelaide, South Australia, 5000
08 8110 1200

For further information: [EQUALS Privacy and Personal Information Policy and Procedure](#).