



#### Purpose:

The purpose of this form is to gather the required information to successfully manage a student's enrolment and advise students of Parabellum International Privacy guidelines.

#### Scope:

Applicable to students, prior to enrolment, for training with Parabellum International.

#### 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 (Outcome Standards for NVR Registered Training Organisations) Instrument 2025) 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 National Vocational Education and Training Regulator (Outcome Standards for NVR Registered Training Organisations) Instrument 2025) 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 NVET 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 [www.ncver.edu.au/privacy](http://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 NVET 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 Parabellum 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.

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-ADM-FRM-002	Training Enrolment Form	M. Hargrave	I. Clover	C. Coupland	2A	25.06.2025	25.06.2028

QUALIFICATION	
Code & Title:	
Delivery Location:	

PERSONAL DETAILS			
Preferred Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		
First Name:			
Middle Name/s:			
Surname:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Date of Birth:	<div style="text-align: center;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> </div>		
Residential Address:			
	Post Code:		State:
Postal Address: <i>(if different to above)</i>			
	Post Code:		State:
Mobile Number:			
Work Number:			
Home Number:			
Email Address:			

STUDY REASON	
<b>What BEST describes your main reason for undertaking this training?</b> <i>(please select the most appropriate)</i>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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 get a better job or promotion  <input type="checkbox"/> To try a different career         </div> <div style="width: 50%;"> <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  <input type="checkbox"/> For self-development         </div> </div>

LANGUAGE AND CULTURAL DIVERSITY	
In which country were you born?	
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes > <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Aboriginal  <input type="checkbox"/> Aboriginal and Torres Strait Islander  <input type="checkbox"/> Torres Strait Islander         </div> </div>
Would you like to discuss any cultural background or support needs?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes >         Preferred method of communication: <input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Email

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-ADM-FRM-002	Training Enrolment Form	M. Hargrave	I. Clover	C. Coupland	2A	25.06.2025	25.06.2028

Do you have any cultural or community obligations that may impact your study?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes >	If yes, please specify:
Do you speak a language other than English at home?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes >	Language (specify):
Do you have any support needs that may affect your participation in this course (e.g. reading, writing, numeracy, digital skills, disability, or personal circumstances)?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes >	Please describe your needs so we can arrange appropriate support:

## DISABILITY

Do you consider yourself to have a disability, impairment, or long-term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, please indicate area:</b> <i>(you may select more than one)</i> <i>(please refer to the 'Disability Supplement' for an explanation of the following)</i>	<input type="checkbox"/> Hearing / Deaf <input type="checkbox"/> Medical Condition <input type="checkbox"/> Vision <input type="checkbox"/> Other	<input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Damage	<input type="checkbox"/> Intellectual <input type="checkbox"/> Learning
Do you require a reasonable adjustment to training or assessment?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes >	Please attach completed <b>PIT-ISS-FRM-001-Reasonable Adjustment Request Form</b> (emailed and found on our website <a href="http://www.parabellum.com.au">www.parabellum.com.au</a> )	

## SCHOOLING

What is your HIGHEST completed school level?	<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 09 or equivalent <input type="checkbox"/> Year 08 or below <input type="checkbox"/> Did not attend school
Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please tick the applicable qualification(s):	<input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate IV (or Advanced Certificate)	<input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Advanced Diploma (or Associate Degree) <input type="checkbox"/> Bachelor's degree (or Higher Degree) <input type="checkbox"/> Other

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-ADM-FRM-002	Training Enrolment Form	M. Hargrave	I. Clover	C. Coupland	2A	25.06.2025	25.06.2028

## PREVIOUS EXPERIENCE

Do you have approximately 12 months of prior experience within specific resources, emergency, or allied industries?

☐ Yes ☐ No

If yes, please list the below:

1. Position title/s;
2. Duration of position/s; and
3. Responsibilities of position/s.

1.

2.

3.

4.

If no, please contact Parabellum International's training department directly to discuss further.

**\*\* Please do not proceed with payment for course booking \*\***

## CREDIT TRANSFER / RPL

Have you previously completed any nationally recognised qualifications or units of competency that may be eligible for credit transfer?

☐ No

☐ Yes >

- Please attach completed **PIT-TRN-FRM-003 Credit Transfer Application** (emailed and found on our website [www.parabellum.com.au](http://www.parabellum.com.au))
- Please attach copies of your **USI transcripts** and **Statements of Attainment**

Are you seeking Recognition of Prior Learning (RPL) for any skills, knowledge, or experience relevant to this course?

☐ No

☐ Yes >

Please briefly describe your relevant experience or qualifications:

\*(RPL is an assessment process that evaluates your existing skills and knowledge—gained through work, volunteering, or life experience—against the learning outcomes of a unit or qualification.)

## EMPLOYMENT

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-ADM-FRM-002	Training Enrolment Form	M. Hargrave	I. Clover	C. Coupland	2A	25.06.2025	25.06.2028

<b>Of the following categories, which BEST describes your current employment status?</b>	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> Self-employed (employing others) <input type="checkbox"/> Employed (unpaid worker in a family business) <input type="checkbox"/> Unemployed (seeking full-time work) <input type="checkbox"/> Unemployed (seeking part-time work) <input type="checkbox"/> Not employed (not seeking employment)
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

EMERGENCY CONTACT DETAILS	
<b>Preferred Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
<b>Full Name:</b>	
<b>Relationship:</b>	
<b>Mobile Number:</b>	

## Unique Student Identifier (USI)

From 1 January 2015, Parabellum International 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). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi> on computer or mobile device.

### Enter your USI IF YOU ALREADY HAVE ONE

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/>.

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

### USI application through Parabellum International IF YOU DO NOT ALREADY HAVE ONE

If you would like for Parabellum International 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 <https://www.usi.gov.au/about-us/privacy>.

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.

- ☐ I authorise Parabellum International 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 (which may include sensitive information) pursuant to the information detailed at <https://www.usi.gov.au/about-us/privacy>.

Parabellum International will also need to verify your identity to create your USI – please provide details for **ONE** of the forms of identify below (numbered 1 to 7). Please ensure the name written in the 'Personal Details' section is written exactly the same as in the document you provide below.

Parabellum International will also need to verify your identity to create your USI – please provide details for one of the forms of identify below (numbered 1 to 7). Please ensure the name written in the 'Personal Details' section is written exactly the same as in the document you provide below.

#### 1. [Australian Driver's Licence](#)

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-ADM-FRM-002	Training Enrolment Form	M. Hargrave	I. Clover	C. Coupland	2A	25.06.2025	25.06.2028

State: .....

Licence number: .....

## 2. Medicare Card

Medicare card number: .....

Individual reference number (next to your name on the Medicare card): .....

Card colour (select which applies):

☐ Green                      Expiry date: ..... / ..... / ..... (format DD/MM/YY)

☐ Yellow / ☐ Blue              Expiry date: ..... / ..... / ..... (format DD/MM/YY)

## 3. Australian Passport

Passport number: .....

## 4. Non-Australian Passport

Passport number: .....

## 5. Immicard

Immicard number: .....

## 6. Citizenship Certificate

Stock number: .....

Acquisition date: ..... / ..... / ..... (format DD/MM/YY)

## 7. Certificate of Registration by Descent

Acquisition date: ..... / ..... / ..... (format DD/MM/YY)

**Please note: A copy of your photo ID is required to process this enrolment.**

In accordance with section 11 of the Student Identifiers Act 2014, Parabellum International will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

# Student Rights and Responsibilities

**As a student, you have the right to:**

- Be treated fairly and respectfully
- Receive accurate course information and access support services
- Learn in a safe and inclusive environment
- Lodge complaints or appeals through a fair process

**You are responsible for:**

- Respecting staff and other students
- Participating in learning activities and meeting course requirements
- Following RTO policies and procedures
- Inform us of any support needs, requests for reasonable adjustments, or changes to your details
- Submit required documents (e.g., ID, academic transcripts, qualifications, completed forms)

For full details, please refer to the **Student Handbook** available on our website [www.parabellum.com.au](http://www.parabellum.com.au)

☐ I acknowledge that I have read and understood my rights and responsibilities as a student.

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-ADM-FRM-002	Training Enrolment Form	M. Hargrave	I. Clover	C. Coupland	2A	25.06.2025	25.06.2028

## Media Consent

As part of our training and promotional activities, we may take photos, videos, or collect testimonials during classes, events, or assessments.

Do you give consent for your image, voice, or written feedback to be used in marketing, publications, social media, or other training-related materials?

☐ Yes, I give consent for my image, voice, or feedback to be used for training and promotional purposes.

☐ No, I do not give consent. I prefer not to be included in any media.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Optional Privacy Disclaimer:

Your consent is voluntary and can be withdrawn at any time by contacting our office in writing. We respect your privacy and will not share any media without your permission if you have not consented.

## Disability Supplement

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

*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'

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-ADM-FRM-002	Training Enrolment Form	M. Hargrave	I. Clover	C. Coupland	2A	25.06.2025	25.06.2028



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.

## Marketing and Recruitment Survey

1. **The information I received about my course before I enrolled (signed up) was true.**
  - a. ☐ Yes ☐ No ☐ Somewhat
2. **Were you offered any incentives to sign up for the course?**
  - a. ☐ Yes ☐ No ☐ Somewhat
3. **Were you promised or guaranteed that you would get a job if you completed the course?**
  - a. ☐ Yes ☐ No ☐ Somewhat
4. **Was there another organisation involved in signing you up to this course?**
  - a. ☐ Yes ☐ No ☐ Somewhat
5. **I understood the length of the course before I enrolled (signed up)?**
  - a. ☐ Yes ☐ No ☐ Somewhat
6. **Parabellum International gave me information about how the course would meet my needs before I enrolled (signed up).**
  - a. ☐ Yes ☐ No ☐ Somewhat
7. **I understood the study requirements before I enrolled (signed up).**
  - a. ☐ Yes ☐ No ☐ Somewhat
8. **My rights and responsibilities as a student were explained to me before I enrolled (signed up).**
  - a. ☐ Yes ☐ No ☐ Somewhat
9. **The payment terms and conditions were clear to me when I enrolled (signed up).**
  - a. ☐ Yes ☐ No ☐ Somewhat
10. **I was aware of my training provider's refund policy when I enrolled (signed up).**
  - a. ☐ Yes ☐ No ☐ Somewhat

## Acknowledgement and Consent

#### **I acknowledge that:**

- I have received accurate and sufficient information about the course I am enrolling in, including course content, duration, delivery modes, fees, support services, assessment methods, and my rights and responsibilities as a student.
- I understand the policies and procedures of the Registered Training Organisation (RTO), including those relating to complaints, refunds, credit transfer, and recognition of prior learning (RPL).
- I have been given the opportunity to ask questions and clarify any information prior to enrolling.

#### **I consent to:**

Ensure this is the latest version of this document before using. Uncontrolled copy when printed.

Page 9 of 8

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-ADM-FRM-002	Training Enrolment Form	M. Hargrave	I. Clover	C. Coupland	2A	25.06.2025	25.06.2028

- The RTO collecting, using, and storing my personal information in accordance with its Privacy Policy and the Privacy Act 1988 (Cth).
- My information being reported to government bodies as required for training and regulatory purposes (e.g. AVETMISS and USI reporting).
- The RTO contacting me regarding my training and assessment progress or for quality assurance purposes.

**Student Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Document No:	Title	Created By:	Modified By:	Approved By:	Revision No.	Revision Date:	Review Date:
PIT-ADM-FRM-002	Training Enrolment Form	M. Hargrave	I. Clover	C. Coupland	2A	25.06.2025	25.06.2028