



Participant Enrolment Agreement

HLT35015 Certificate III in Dental Assisting

Participant Details

Participant's Full Name: _____ Male Female
(Family or Surname) (Given Names)

Ten Digit Alphanumerical Unique Student Identifier (USI) (if known): _____
(If USI is not known, follow instructions located at the rear of this form)

Usual Address: _____
(Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.)

(Suburb) State P/Code

Your Postal Address if different from above:

Postal Address: _____

(Suburb) State P/Code

Phone: (Home) _____ (Mob) _____ Date of Birth: ____/____/____

Email address: _____

Emergency Contact: _____ Tel No. _____ Relationship: _____

ID Verified by: (Record D/L or Passport # etc.): _____

Course Start Date: _____

Employment Status

Of the following categories, which BEST describes your current employment status?

- Full time Employee
- Part time Employee
- Self Employed – not employing others
- Unemployed – seeking part-time work
- Employed - unpaid worker in a family business
- Employer
- Unemployed – seeking full time work
- Not employed – not seeking employment

Employer Details (If applicable)

Business Name: _____

ABN: _____

Address: _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin? Yes No

Were you born in Australia? Yes No

If no, what is your Country of Birth: _____

Do you speak a language OTHER THAN English at home? Yes No

If YES, which language do you usually speak? _____

How well do you speak English? Very Well Well Not Well Not at All

Do you require any language, literacy or numeracy assistance? Yes No

Education

What is your highest COMPLETED school level?

Never attended school Year 8 or below Year 9 or equiv Year 10 or equiv

Year 11 or equiv Year 12 or equiv

In which YEAR did you complete that school level? _____

Are you still attending secondary school: Yes or No

Since leaving school, have you COMPLETED any of the following qualifications?

- | | |
|--|--|
| <input type="checkbox"/> Trade Certificate | <input type="checkbox"/> Advanced/Technician Certificate |
| <input type="checkbox"/> Other Certificate | <input type="checkbox"/> Associate Diploma |
| <input type="checkbox"/> Undergraduate Diploma | <input type="checkbox"/> Degree or Postgraduate Diploma |

If YES, what was the name of the qualification(s)? _____

Disability

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

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)

- | | | |
|---------------------------------------|--|--|
| Hearing/Deaf <input type="checkbox"/> | Physical <input type="checkbox"/> | Intellectual <input type="checkbox"/> |
| Learning <input type="checkbox"/> | Mental illness <input type="checkbox"/> | Acquired Brain Impairment <input type="checkbox"/> |
| Vision <input type="checkbox"/> | Medical Condition <input type="checkbox"/> | Other <input type="checkbox"/> |

If you require assistance for a disability, please advise how we may assist you: _____

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 the job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self development
- Other reasons

Recognition of Prior Learning

RPL is available for this training and assessment program.

The information you have provided will remain private and confidential.

I have read and accepted the terms and conditions of the fees and refund policy as described in the Course Info Sheet.

I give permission for Australian Academy of Dental Assisting to discuss my training progress and results with my employer (if applicable), Work Placement provider, ASQA, Department of Education and other appropriate people as deemed necessary by Australian Academy of Dental Assisting.

I give permission for Australian Academy of Dental Assisting to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats. I also give permission for Australian Academy of Dental Assisting to use any recorded evidence for future promotional, commercial and educational purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

Signature: _____ Date: _____
Signature of Participant

If under the age of eighteen years, please have a parent or guardian also sign below:

I also acknowledge that I have read the above and understand the information provided. I confirm that this information provided by the participant is true and correct.

Signature: _____ Date: _____
Signature of Parent or Guardian

**Training Agreement
(to be completed by the participant at enrolment)**

I _____ (insert full legal name) agree to undertake training with Australian Academy of Dental Assisting, in the following course:

HLT35015 Certificate III in Dental Assisting

During the course of this program, I understand and acknowledge that:

My rights and obligations, as defined in the Participant Handbook include:

1. My obligation at all times to conduct myself safely and in adherence to all relevant legislation.
2. I will actively attempt all training and assessment tasks with serious effort.
3. That I will comply with all safe and lawful requests
4. I will arrive on time and will return on time from all breaks.
5. That I will not bully, abuse, vilify or fail to treat all people participating, associated with, or in the vicinity of Australian Academy of Dental Assisting venues with the utmost respect and courtesy.

Australian Academy of Dental Assisting's rights and obligations include:

6. To provide quality training and assessment services, compliant to the "**Standards for Registered Training Organisations (RTOs) 2015**", in a competent manner through the provision of quality resources and staff resulting in the issuance of AQF statement of attainment or qualifications.
7. Assessment be performed by qualified assessors with the required knowledge and currency in the needs of industry.
8. Guaranteeing to provide assessment services to customers who have met their obligations with regard to completion of enrolment details, and financial payments
9. Guaranteeing that in the event that Australian Academy of Dental Assisting cannot deliver a course, a full refund of all monies paid to Australian Academy of Dental Assisting will be refunded to the purchaser.
10. Committing that training will not be offered to participants who fail to pay for the course.
11. Choosing to terminate a customer's training if they fail to uphold these standards
12. Keeping participants informed of any changes in the service delivery including trainers, our ownership, the engagement of third parties or any other aspect of the participants training experience.

Agreed to and accepted by Participant:

Signed Date

Agreed to and accepted by Australian Academy of Dental Assisting Representative:

Signed Date

Print Name:.....

Instructions for obtaining your own Unique Student Identifier

As from 1st January, 2015, students, wishing to graduate from a Vocational Education and Training course (a VET Course) are required to obtain a Unique Student Identifier (USI).

As from 1st January, 2015, a RTO cannot issue a qualification to a student unless that student provides the RTO with their USI. The USI will allow the Government to permanently record the awarding of this qualification to the individual.

Thus from 1st January, 2015, unless exemptions apply, all training successfully delivered will be recorded by the Government.

To obtain your USI, you will need to:

1. Obtain it yourself from www.usi.gov.au by providing information about yourself similar in content to that on your driver's licence, or

2. Authorise a third party such as this RTO to obtain it on your behalf. To enable us to generate your USI, you will need to:

1. Accurately complete this enrolment form, ensuring that the details you provide match your ID.

2. Provide us with one of the following form of unique identification:

- Driver's Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) for international students
- Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient
- Certificate Of Registration By Descent
- Citizenship Certificate
- ImmiCard

3. Nominate the preferred method of contact so that your USI activation notice can be sent to you, options include, email, phone or mailing address.

4. Complete the form over page.

Once your USI has been generated, you should:

- write down your USI somewhere safe or enter it into your phone for safe keeping.
- activate your USI account at some stage in the near future.
- if you do not activate your account, your USI still works.
- when you do activate your account, you will be required to add some security questions and choose a password.

PLEASE NOTE: The USI System checks for duplicate entries and will report any suspected duplicates

Unique Student Identifier Generation Authority

I, _____, authorise Australian Academy of Dental Assisting to generate my Unique Student Identifier (USI) on my behalf.
(Insert full name)

I willing provide the following Identification: (tick form of ID provided)

- Driver’s Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) for international students
- Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient
- Certificate Of Registration By Descent
- Citizenship Certificate
- ImmiCard

My preferred form of contact for the USI activation notice is: (tick preferred method)

- Email
- Phone
- My mailing address.

Signed: _____ Date: _____
(Sign your name here)

Office Use Only:

I, _____ acknowledge receipt of the above form of ID.
(Insert full name)

Signed: _____ Date: _____
(Sign your name here)

I, _____ acknowledge that I have had the above form of identification returned to me
(Insert full name)

Signed: _____ Date: _____
(Sign your name here)



Your USI Number is:

Please

- write down your USI somewhere safe or enter it into your phone for safe keeping.
- activate your USI account at some stage in the near future.
- if you do not activate your account, your USI still works.
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