Standard enrolment questions example for ACE Providers

Skills Canberra

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Standard enrolment questions

Standard enrolment questions

Introduction

The following enrolment form is an example. These questions are provided to assist with collecting ACE participant data in a compliant format. The use of standard enrolment questions supports the capture of compatible and comparable data over time. We recommend that the sequence and wording of questions are maintained.

Data element names in italics below the questions link the standard enrolment question to the ACE reporting specifications and definitions.

Where personal information is collected from a student, ACE Providers must make participants aware of the purposes for which their information may be collected, used or disclosed. ACE Providers should include the ‘Privacy Notice’ provided below during the student’s enrolment process.

Privacy Notice

**Privacy Notice**

Under the ACT Adult Community Education Grants (ACE) Program 2019, [insert ACE Provider name] is required to collect personal information about you and to disclose that personal information to Skills Canberra in the ACT Government.

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by [insert ACE Provider name] for statistical, administrative, regulatory and research purposes. [Insert ACE Providers name] may disclose your personal information for these purposes to Skills Canberra.

Personal information that has been disclosed to Skills Canberra may be used or disclosed by Skills Canberra for the following purposes:

* facilitating statistics and research relating to ACE, including surveys and data linkage;
* understanding how the ACE market operates, for policy, workforce planning and consumer information; and
* administering ACE, including program administration, regulation, monitoring and evaluation.

You may receive a student survey administered by Skills Canberra. Please note you may opt out of the survey at the time of being contacted.

Skills Canberra will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth).

Skills Canberra may disclose your personal information to the National Centre for Vocational Education Research Ltd (NCVER).

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the [National VET Data Policy](https://www.education.gov.au/national-vet-data) and all NCVER policies and protocols (including those published on NCVER’s website at [www.ncver.edu.au](https://www.ncver.edu.au/)).

Unique Student Identifier (USI)

1. **Enter your Unique Student Identifier (USI) (if you 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/>.

Unique Student Identifier (USI) U:\USIbox.gif

*Unique student identifier*

Personal details

1. **Enter your full name \***

|  |  |
| --- | --- |
| Family name (surname) |  |
| Given names |  |

*Name for encryption*

*\* If you have a Unique Student Identifier (USI),* please write the name that you used when you applied for your USI, including any middle names.

1. **Enter your birth date**

|  |  |  |  |
| --- | --- | --- | --- |
| Day/month/year |  |  |  |

*Date of birth*

1. **Gender (Tick ONE box only)**

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Other |  |

*Gender*

1. **Enter your contact details**

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Telephone number [home]*

*Telephone number [mobile]*

*Email address*

1. **What is the address of your usual residence?**

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.

|  |  |
| --- | --- |
| Building/property name |  |
| Flat/unit details |  |
| Street or lot number (e.g. 205 or Lot 118) |  |
| Street name |  |
| Suburb, locality or town |  |
| Postcode |  |

*Address building/property name*

*Address flat/unit details*

*Address street number*

*Address street name*

*Address* — *suburb, locality or town*

*Postcode*

Language and cultural diversity

1. **In which country were you born?**

|  |  |
| --- | --- |
| Australia | 1101 |
| Other – please specify |  |

*Country identifier*

1. **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 | 1201 |  |
| Yes, other – please specify |  |  |

*Language identifier*

1. **Are you of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes)

|  |  |  |
| --- | --- | --- |
| No | 4 |  |
| Yes, Aboriginal | 1 | 3 (yes to both) |
| Yes, Torres Strait Islander | 2 |

*Indigenous status identifier*

Disability

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

|  |  |  |
| --- | --- | --- |
| Yes | Y |  |
| No | N | **No – Go to question 12** |

*Disability flag*

1. **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) Please refer to the Disability supplement for an explanation of the following disabilities.

|  |  |
| --- | --- |
| Hearing/deaf | 11 |
| Physical | 12 |
| Intellectual | 13 |
| Learning | 14 |
| Mental illness | 15 |
| Acquired brain impairment | 16 |
| Vision | 17 |
| Medical condition | 18 |
| Other | 19 |

*Disability type identifier*

Schooling

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

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

|  |  |  |
| --- | --- | --- |
| Year 12 or equivalent | 12 |  |
| Year 11 or equivalent | 11 |  |
| Year 10 or equivalent | 10 |  |
| Year 9 or equivalent | 09 |  |
| Year 8 or below | 08 |  |
| Never attended school | 02 | **Never completed any primary or secondary level education – go to question 13** |

*Highest school level completed identifier*

Previous qualifications achieved

1. **Have you SUCCESSFULLY completed any of the qualifications listed in question 14?**

|  |  |  |
| --- | --- | --- |
| Yes | Y |  |
| No | N | **No – go to question 15** |

*Prior educational achievement flag*

1. **If YES, tick ANY applicable boxes.**

|  |  |
| --- | --- |
| Bachelor degree or higher degree | 008 |
| Advanced diploma or associate degree | 410 |
| Diploma (or associate diploma) | 420 |
| Certificate IV (or advanced certificate/technician) | 511 |
| Certificate III (or trade certificate) | 514 |
| Certificate II | 521 |
| Certificate I | 524 |
| Other education (including certificates or overseas qualifications not listed above) | 990 |

*Prior educational achievement identifier*

Employment

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

(**Tick ONE box only**)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

|  |  |
| --- | --- |
| Full-time employee | 01 |
| Part-time employee | 02 |
| Self employed – not employing others | 03 |
| Self employed – employing others | 04 |
| Employed – unpaid worker in a family business | 05 |
| Unemployed – seeking full-time work | 06 |
| Unemployed – seeking part-time work | 07 |
| Not employed – not seeking employment | 08 |

*Labour force status identifier*

Study reason

1. **Of the following categories, select the one which BEST describes the main reason you are undertaking this ACE course (Tick ONE box only)**

|  |  |
| --- | --- |
| To get a job | 01 |
| To develop my existing business | 02 |
| To start my own business | 03 |
| To try for a different career | 04 |
| To get a better job or promotion | 05 |
| It was a requirement of my job | 06 |
| I wanted extra skills for my job | 07 |
| To get into another course of study | 08 |
| For personal interest or self-development | 12 |
| To get skills for community/voluntary work | 13 |
| Other reasons | 11 |

*Study reason identifier*

Disability supplement

Disability supplement

Introduction

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

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

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.

‘11 — 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.

‘12 — 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.

‘13 — 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.

‘14 — 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.

‘15 — 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.

‘16 — 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.

‘17 — Vision’

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.

‘18 — 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.

‘19 — 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.