
2019 – Mental Health Part Qualification Enrolment Form

Privacy Statement & Student Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, MHCC is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by MHCC for statistical, regulatory and research purposes. MHCC may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgement].....

[DATE]

This training is subsidised by the NSW Government. For up to date information about Smart and Skilled please see <https://smartandskilled.nsw.gov.au> or call 1300 772 104.

You must be able to tick all the following to be eligible:

- I am Australian citizen or permanent resident or humanitarian visa holder or New Zealand citizen; and
- I am aged 15 years or older; and
- I live or work in NSW; and
- I am no longer at secondary school

1. Enter your Unique Student Identifier

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

2. Which qualification are you enrolling in?

Targeted Priorities - Mental Health Part Qualification ✓

Training days

20 May 2019 HLTWHS006 Manage personal stressors in the work environment
21 May 2019: CHCCCS003 Increase the safety of individuals at risk of suicide
3 – 4 June 2019: CHCMHS007 Work effectively in trauma informed care

3. Gender and Title (Tick ONE box for gender and tick ONE box for title)

Male	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Female	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>
Misc	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Rev	<input type="checkbox"/>

4. Full name *

Family name (surname) _____
Given names _____

*Please ensure that the name written above is exactly the same as written in the document you provide as Certified ID.

5. Date of Birth ___/___/_____
 (DD/MM/YYYY)

6. Contact details

Mobile phone _____
Work Phone _____
Home Phone _____
Email address _____

7. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box)

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

8. What is your citizenship status?

Australian citizen New Zealand citizen

Permanent resident Humanitarian visa holder

9. Do you speak a language other than English at home?

No, English only

Yes, other – please specify

10. How well do you speak English (Skip if you answered No to question 9)

Very Well Not Well

Well Not at all

11. Are you of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

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

Yes Y

No N **No – Go to question 13**

b) 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	<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"/>

Previous qualifications achieved

13 a) Have you **SUCCESSFULLY** completed any of the qualifications listed in question 6b?

Yes Y

No N **No – go to question 7a**

b) If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/>
Advanced diploma or associate degree	<input type="checkbox"/>
Diploma (or associate diploma)	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>
Certificate III (or trade certificate)	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/>

14. a) Who is your employer? (Leave blank if currently unemployed)

Organisation name	_____
Position title	_____
Length in Role	_____

b) 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).

	Hours Per Week
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	<input type="checkbox"/>

15. When completed please attach your **certified ID and other applicable documentary evidence** then email to training@mhcc.org.au or post to PO Box 668 Rozelle, 2039
For further information phone 02 9555 8388 ext. 106.

It is a requirement that all applicants provide a certified copy of photo identification such as driver licence or passport. Copied documents may be certified by a person who is authorised as a witness for statutory declarations which includes: JPs, pharmacists, doctors, nurses, optometrists, police officers, Australia Post officer, teachers. For a full list go to:
<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

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-term condition, 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.