

Type of Enrolment

Please complete all sections for:

Course name: Food Safety Supervisor

Filling in this form

- Please use a BLACK pen
- Print in BLOCK LETTERS
- Mark boxes like this \Box with a \checkmark or x

Identification

Your personal details must be recorded **EXACTLY** as they appear on your identification in section 13.

Applicant Information							
Mr 🗆	Mrs 🗆	Miss 🗆	Ms □	Other:			

If you only have a single name: (tick this box if you have one name only that cannot be written in the following format. Write your single name in the Surname section)

First name (Given name)	Surname (Family name
Your date of birth / /	Gender? Male Female Unspecified 2
Contact number	Email address
Your permanent/residential address	Your postal address (only if different to residential)
Postcode:	Postcode:

Employment

Which of the following best describes your current employment status?

- □ Full-time employee
- □ Part-time employee
- □ Self-employed (not employing others)
- □ Self-employed (employing others)
- □ Employed (unpaid worker in a family business)
- □ Unemployed seeking fulltime work
- □ Unemployed seeking part-time work
- □ Not employed not seeking work
- □ Unemployed longer than 52 consecutive weeks

Residency

What is your residency status?
Australian citizen
Temporary resident
Australian permanent resident
New Zealand citizen
Other (please specify)
In which country were you born?
Australia
Other (please specify)
What is your town or city of birth?

Are you of Aboriginal or Torres Strait Islander origin?

- 🗆 No
- □ Yes, Torres Strait Islander (please sign below)
- Yes, Aboriginal (please sign below)

I confirm I am of Torres Strait Islander and/or Aboriginal Descent.

(Please sign below)

Signature:

Culture & Core Skills

Wh	at is the main language yo	ou sp	eak at home?
	English only Other (please specify)		
If of	her, how well do you spe	ak E	nglish?
	her, how well do you spe Very Well	ak E	nglish? Not well

Do you need any language, literacy or numeracy assistance?

□ Yes □ No If yes, what core skills do you require assistance with?

□ Learning □ Reading □ Writing

□ Numeracy □ Oral Communication

Disability

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

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No	Yes (please specify below)
Hearing/Deaf	Physical
Intellectual	Learning
Vision	Mental Illness
Medical Condition	Acquired Brain Impairment
Other (please specify)	

If yes, do you require support? (Details below please)

Study reason

What best describes your main reason for completing this course?To get a jobIt was a requirement of my jobExtra job skillsTo get a better job/promotionTo try for a different careerPathway to another courseTo develop existing businessTo start my own businessPersonal interest/self-development

□Other

Fee information

SHORT COURSES

The NSW Food Safety Supervisors certificate have set fees that are subject to change. These fees will be disclosed to you and collected prior to commencement of training.

The NSW Food Safety Authority certificate is issued after completion of the course. The cost of this is included in the course fee.

Education

Are you still attending secondary school? Yes I								
What is your highest completed school level?								
□Year 12	□Year 11	□Year 10	□Yea	r 9				
□Year 8 or below □ Never attended school								
n which year did you complete that school level?								

What is your highest level of any post school qualification achieved?

Have you successfully completed any qualifications/certificates since turning 17?

☐ Yes ☐ No ☐ Would rather not say If you answered yes to the above question, please specify what qualification or certificate you have completed.

Recognition of Prior Learning/credit transfer

Have you worked in this industry for a long time? Have you got experience in a similar workplace? You may be eligible to have this experience recognised. **RPL is assessment without training**. You will still need to show you have the skills and knowledge that apply to the qualification.

If you have been assessed as competent in any of the units of competency

in this qualification, you are eligible for a credit transfer. This means don't need to complete the training and assessment again. You'll ne to supply a verified copy of your statement of attainment to your trainer/assessor for this to happen. Credit transfer is applicable for t equivalent accredited units of competency only.

I am interested in applying for RPL. Please contact me to let me know what I need to do.

🗆 Yes 🗌 No

Unique Student Identifier

As from 1 January 2015 you are required to provide a Unique Student Identifier (USI) to NTO before NTO can issue a statement of attainment or certificate and transcript for successfully undertaking accredited training and assessment. We are also required to include your USI in the data we submit to NCVER. More information can be found at: https://www.usi.gov.au/about

Do you have a USI?

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VEC	
YES	

□ I will enable access for National Training Organisation to view my transcript for the purposes of RPL. trans

□ I will authorise National Training Organisation to view/update my account.

□ I have forgotten/lost my USI and give National Training Organisation permission to locate/find my USI. (Must complete Section 13 & Declaration for this to happen)

National Training Organisation will verify your USI with the Student Identifiers Registrar by using both the number supplied and some of the information provided on this enrolment form.

□ **NO**

- □ I authorise National Training Organisation to apply for a USI on my behalf
- □ I will authorise National Training Organisation to view/update my account.

□ I have read, and consent to the collection, use and disclosure of my personal information to the relevant bodies.

Your city or town of birth (Australia or overseas)

This is needed to create your USI.

Identification – MUST match your student details

Please complete all details for ONE (1) of the following:

Drivers Licence

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State	
Licence Number	

OR

Medicare Card

Card No
Individual Ref No.
Card Colour
Expiry Date
Name as appears on card

Passport

Country of issue
Passport No.

Language, Literacy & Numeracy Self-assessment checklist

This LLN Assessment is intended to be a general illustration of some of the key learning standards required of people attempting an entry-level qualification

Your result will help us to evaluate if you are suited to the level required for the course and if necessary, refer you to a more suitable course. We can also suggest some support for you to assist you with your studies should we identify that you have particular learning needs.

Rate yourself on the following tasks:

Yes (I can do this by myself) or No (I need help to do t

Tasks	In English? Yes/No	In my first language? Yes/No
l can:		
Read the time on a clock (analogue or digital)		
Use a calculator		
Add up the prices of things in my head		
Work out how much change I should give (without help from the register)		
Know roughly how tall I am in centimetres		
Make a guess how much things weigh in kilograms		
Use a GPS to find a place		
Read and understand letters or bills		
Take a phone message and write it down accurately		
Fill in a form (e.g. timesheet for work)		
Write notes, letters or emails		
Do my banking		
Follow instructions for a task		
Order supplies from a list		
Speak at meetings or in a group		

14. Student Declaration

I declare that all information provided in this enrolment form is true and correct.

- I understand that if I provide false information, my training and assessment program may be cancelled immediately.
- I have been informed of the eligibility criteria for this program.
- I authorise National Training Organisation to disclose information supplied in this document to relevant State and Federal Government agencies and bodies as required for:
 - o reporting enrolment details and training milestones and outcomes.
 - o statistical analysis, audit, verification, program evaluation and internal management purposes.
- I have been provided the student handbook including the Student Information and understand the terms and conditions of my enrolment (including program-specific requirements) and have been provided access to National Training Organisation fee payment policies including concession/exemption and refund policies.
- I have been made aware of all fees payable for my training/assessment.
- I agree that any photographs, videos, testimonials and/or feedback provided by me may be used on National Training Organisation's website, marketing, advertising and/or training materials, now or in the future. I understand that all photographs and/or video footage remain the property of National Training Organisation.
- I have read and agreed to Section 12, which refers to the collection of information needed to create or confirm a USI
- I understand I can find more information on my privacy rights regarding the USI by accessing http://www.usi.gov.au/Training-Organisations/Pages/privacy-notice.aspx.

Your name

Your signature and date

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