



TRAINING ENROLMENT FORM

DRUGS OF ABUSE TESTING OFFICER

HLTPAT005 Collect Specimens for Drugs of Abuse Testing

Thank you for deciding to enrol with Progressive Diagnostics.

Before proceeding with your enrolment please read our Student Handbook. If you have already done this, complete the Training Enrolment Form below, making sure to complete every relevant field. When you have finished, forward the completed form to: info@progressivediagnostics.com.au.

If any additional information is required or you require assistance completing this form please contact our friendly Customer Service Team on 1300 711 116 or email: info@progressivediagnostics.com.au.

I Would Like to Enrol Into:

Select the training date and course location you would like to enrol into:

Training Date:

Course Location:

☐

Perth

☐

Other:

Personal Details

Family Name (surname)

Given Names

Date of Birth

/ /

Gender

☐

Male

☐

Female

☐

Other:

Work Phone

Mobile

Email



Progressive Diagnostics Pty Ltd ABN : 76 150 550 799 RTO ID: 41103

PO Box 459 Quinns Rocks WA 6030

Tel: 1300 711 116 / 0426 979 070 Email: info@progressivediagnostics.com.au

Emergency Contact Information

Contact Name

Relationship

Contact Telephone

Unique Student Identifier (USI)

All students undergoing nationally recognised training from 1 January 2015, are required to have a verified Unique Student Identifier as per the Federal Government requirement.

USI (if you already have one)

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Don't have a USI? Please view: www.usi.gov.au

Street Address

Street Address

City / Town

State

Post Code

Postal Address

☐ My postal address is the same as my street address

Postal Address

City / Town

State

Post Code

Invoice Information (If required - Company to be Invoiced)

Company Name

Contact Name

Email

Telephone	
Purchase Order Number	
Address	
City / Town	
State	Post Code

Language and Cultural Diversity

Country of Birth		
City / Town of Birth		
Country of Citizenship		
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes, other – please specify: _____
Do you require Language, Literacy and Numeracy support?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify: _____
Are you of Aboriginal or Torres Strait Islander origin?	No	<input type="checkbox"/>
	Yes, Aboriginal	<input type="checkbox"/>
	Yes, Torres Strait Islander	<input type="checkbox"/>

Employment

Which best describes your employment status?	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"/>

Study Reason

What BEST describes your main reason for undertaking this course?	To get a job	<input type="checkbox"/>
	To develop my existing business	<input type="checkbox"/>
	To start my own business	<input type="checkbox"/>
	To try for a different career	<input type="checkbox"/>
	To get a better job or promotion	<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 or self-development	<input type="checkbox"/>
	Other reasons	<input type="checkbox"/>

Schooling

What is your highest COMPLETED school level?	Year 12 or equivalent	<input type="checkbox"/>
	Year 11 or equivalent	<input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>
	Year 9 or equivalent	<input type="checkbox"/>
	Year 8 or below	<input type="checkbox"/>
	Never attended school	<input type="checkbox"/>

In which year did you complete that school level? _____

Previous qualifications achieved:

Have you successfully completed any of the following qualifications?	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"/>

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):	Hearing/deaf	<input type="checkbox"/>
	Physical	<input type="checkbox"/>
	Intellectual	<input type="checkbox"/>
	Learning	<input type="checkbox"/>
	Mental illness	<input type="checkbox"/>
Please refer to the Disability Supplement for an explanation of the disabilities.	Acquired brain impairment	<input type="checkbox"/>
	Vision	<input type="checkbox"/>
	Medical condition	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Payment Information

Please select your preferred payment method	Over the phone	<input type="checkbox"/>
	Electronic Invoice (Credit Card or EFT)	<input type="checkbox"/>
	Company Purchase Order	<input type="checkbox"/>
	(Please provide full details or email a copy of the Purchase Order)	

Privacy Notice

Under the *Data Provision Requirements 2012*, Progressive Diagnostics (PD) 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 PD for statistical, regulatory and research purposes. PD 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

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

- Issuing a VET Statement of attainment or VET 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).

Participant Declaration and Consent

- ☐ I declare all information provided in this enrolment form to the best of my knowledge is true and correct
- ☐ I have read and understood the Progressive Diagnostics Student Handbook, including the Refund Policy, Complaints and Appeals Policy, Recognition of Prior learning and Credit Transfer
- ☐ I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice as detailed above and in the Progressive Diagnostics Student Handbook
- ☐ Progressive Diagnostics may contact you with information relevant to your course as stated in our Privacy Policy
- ☐ I understand that course fees are required to confirm my enrolment
- ☐ I authorise Progressive Diagnostics personnel to release personal and or medical information in the case of an emergency, in accordance with our privacy policy
- ☐ I understand that all materials, assessments and marketing material are copyright to Progressive Diagnostics and that Progressive Diagnostics reserves the right to prosecute if this Intellectual Property is misused, reproduced, duplicated, copied, sold, or exploited in any form, electronic or other
- ☐ I give permission for Progressive Diagnostics to provide my employer (if applicable) with a copy of my Statement of Attainment relating to this enrolment if requested and understand that I can notify Progressive Diagnostics prior to issuing if I wish to withdraw my permission
- ☐ Additional Enrolment Notes:

Name: _____

Signature: _____ Date: _____