

# **Privacy Notice**

#### Why we collect your personal information

TRAINING FOR THE FUTURE As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

If you do not provide your personal information, including a valid USI, the RTO will be unable to enrol you as a student for your selected course.

#### How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

#### How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

#### How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at https://www.dese.gov.au/national-vet-data/vet-privacy-notice.

If you are unable to access the Department's website electronically to download and read the DESE VET Privacy Notice the RTO will provide you with a downloaded or hard copy of the notice.

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

#### **Contact information**

At any time, you may contact LD Training to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice.



LD Training PO Box 1067 EMERALD QLD 4720 PH: (07) 4987 5648 info@ldtraining.com.au RTO#31520

## **Disability supplement**

#### Introduction

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

If you have a disability, impairment or long-term condition, please review the area(s) in the following list before completing your enrolment form:

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.

#### Hearing/deaf 11

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.

#### Physical 12

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.

#### Intellectual 13

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.

#### Learning 14

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.

#### Mental illness 15

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.

#### Acquired brain impairment 16

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.

#### Vision 17

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.

#### Medical condition 18

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.

#### Other 10

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.

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Please complete all information, save and email a copy of this form to:  $\underline{info@ldtraining.com.au}$ 

LD Training
PO Box 1067
EMERALD QLD 4720
PH: (07) 4987 5648
info@ldtraining.com.au
RTO#31520

### **Student Enrolment Form**

COURSE NAME:																	
COURSE CODE:																	
COURSE START DATE:																	
PERSONAL DETAILS - PLEASE PRINT IN BLOCK LETTERS																	
Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not already have a USI, you are required to create one by visiting <a href="https://www.usi.gov.au">www.usi.gov.au</a> and provide this number to LD Training before a certificate can be issued.																	
Title:	Surna	ame															
Given Names:																	
Date of Birth:			G	ender:		Male		Fema	le		Othe	er					
USI: (10 characters)																	
CONTACT DETAILS - PLEASE PRINT IN BLOCK LETTERS																	
Home Phone:	Mobile:						Work:										
Email:																	
Building Name:						F	-lat/Unit	De	tails:								
Street/Lot Number:							Street Na	ame	e:								
Suburb/Town:						3	State:		•		Post C	ode:					
Postal Address: (State	'AS AB	OVE'	if same)			Р	.O. Box:										
Building Name:						F	Flat/Unit	De	tails:								
Street/Lot Number:						5	Street Na	ame	e:								
Suburb/Town:						5	State:				Post C	ode:					
EMERGENCY CONT	ГАСТ																
Title:	Surna	ame				(	Given Na	ame	e:								
Home Phone:	(Area o	code)					Mob	ile F	Phone:								
EMPLOYER DETAIL	_S																
Employer:																	
Street Address:																	
Suburb/Town:						_											
Postcode:					State:					Cou	untry:						
Work Phone:																	
Email Address:																	
LANGUAGE AND CULTURAL DIVERSITY																	
In which country were you born? ☐ Australia 1101 ☐ Other							er (p	olease sp	ecify):								
Do you speak a language other			her than English at home?				□ No, English only □ Yes, other (please specify):										
Are you of Aboriginal or Torres Strait Islander O			rigin?		□ No ₄ □ Yes, Aborigina					Yes,	То	rres	Strai	t Islaı	nder 2		
☐ Yes, both Aboriginal and Torres Strait Islander ₃																	
DISABILITY (Refer to Disability Supplement for additional information)																	
Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes (select below) ☐ No (Go to																	
☐ Hearing/Deaf 11 ☐ Physical 12 ☐ Intellectual 13 ☐ Learning 14 ☐ Mental Illness 15																	
□ Acquired Brain Impairment 16 □ Vision 17 □ Medical Condition 18 □ Other 19																	
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Owner: Director / Cl	_U	riie I	Name:		וטון	ouuer	nt Enrolme	SIIL F	01111 7 10		Page	3 of 4					



Date:

Owner:

13/01/2021

Director / CEO

Document Version:

File Name:

V10

LDT Student Enrolment Form V10

Category: STU - FORM

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Please complete all information, save and email a copy of this form to: <a href="mailto:info@ldtraining.com.au">info@ldtraining.com.au</a>

LD Training
PO Box 1067
EMERALD QLD 4720
PH: (07) 4987 5648
info@ldtraining.com.au
RTO#31520

#### **Student Enrolment Form**

SCHOOLING										
What is your highest COMPLETED school level? (Tick ONE box only)										
☐ Year 12 or equivalent	☐ Year 11 or equivalent		☐ Year 1	☐ Year 10 or equivalent						
☐ Year 9 or equivalent	☐ Year 8 or below	☐ Never completed	any primary	or secondary education						
Are you still enrolled in secondary or senior secondary education? ☐ Yes ☐ No										
Have you <u>SUCCESSFULLY</u> completed any of the qualifications listed below? ☐ Yes (select from below) ☐ No										
□ Bachelor degree or higher □ Adv	anced diploma or asso	ociate degree	☐ Diploma	a (or associate diploma)						
☐ Certificate IV (or advanced certificate/technician) ☐ Certificate III (or trade certificate)										
☐ Certificate I ☐ Other education (including certificates or overseas qualifications not listed)										
EMPLOYMENT STATUS										
☐ Full time employee		□ Part time employee								
$\square$ Self-employed – not employing of	others	☐ Self-employe	d – employin	g others						
☐ Employed - unpaid worker in a fa	amily business	□ Unemployed	seeking full	time work						
☐ Unemployed – seeking part time	work	☐ Not employed	(not seeking	g employment)						
STUDY REASON (Select the ONE that best describes the main reason you are doing this course?)										
□ To get a job	☐ To develop my	existing business	☐ To star	t my own business						
☐ To try for a different career	☐ To get a bette	r job or promotion	☐ It was	☐ It was a requirement of my job						
☐ I wanted extra skills for my job	☐ To get into another	course of study	For personal	or personal interest or self-development						
☐ To get skills for community / volu	intary work	☐ Other	·							
PRIVACY NOTICE										
Personal information collected as a result of your enrolment will be used by LD Training and the regulator for general participant administration, vocational education and training administration and regulation, as well as departmental planning, reporting, communication, research, evaluation, auditing and marketing. Only authorised departmental officers have access to this information.  Your personal information will be disclosed to Australian and State Government authorities and agencies as required by law. If undertaking an WHS Prescribed Occupation course your personal information will be made available to Workplace Health and Safety Queensland.  The following information and documentation may be made available to your employer (by request); attendance, results of assessment(s), copies of statements of attainment / completion and progress reports if payment for your course has been provided by your employer. If you do not wish for this information to be discussed or released to your employer, please notify LD Training Admin Staff.  If you are under the age of 18 years your personal information, attendance details, progress and results may be disclosed to your parent or guardian. By undertaking the courses with LD Training, you consent to your personal information (first name, last name, date of birth, license number's and endorsement expiry dates) being made available to necessary third party organisations and other registered Training Organisations for verification of competency completion only and no other purposes.  No further access to your enrolment information will be provided to any other organisation or persons without your consent or, unless authorised or required by law.										
☐ If enrolled in training paid for by my employer, I authorise LD Training to provide a copy of my certificate to my										
employer, on successful completion of training  I declare that I have read and understood the Privacy Statement and Student Handbook provided by LD Training or downloaded from the "Resources" page at <a href="www.ldtraining.com.au">www.ldtraining.com.au</a> incorporating the policies, procedures and student responsibilities including, but not limited to, Mentoring and Support Services, Fees, Cancellation and Refund Policies, Code of Conduct, RPL and Credit Transfer. By selecting this checkbox and signing this form, I agree to abide by LD Training's conditions contained therein.  I declare that the information supplied by me, on this form, is true and correct.  Do you require educational or physical support to complete this course?  Yes, please call LD Training on (07) 4987 5648 to discuss  No  Note: If under the age of 18 years, this form must be signed by a parent/guardian to complete this enrolment.										
-		y - parerio gadre	Date:							
Student Signature:  Parent/Guardian Signature: (If student is under 18 years)			Date:							