RSA (Responsible Serving of Alcohol) Enrolment Form

**PLEASE SUBMIT THIS FORM WITH PAYMENT ONE WEEK PRIOR TO THE COURSE DATE.**

Hallam Senior College is required by the VET regulator to collect personal information from students for reporting purposes. Please see the privacy statement at the end of this form for more information.

**Personal details**

1. **Enter your full name**
   - Family Name (Surname)  
   - Given Names

2. **Enter your birth date**  
   _____ / _____ / _____  
   USI (if known) ______________

3. **Gender** (Tick ONE box only)  
   - M  
   - F

4. **Contact details**
   - Home phone  
   - Work phone  
   - Mobile  
   - Email address

5. **What is the address of your usual residence?**
   - 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
   - Phone
   - Email

6. **What is your postal address (if different from above)?**
   - 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
Language and cultural diversity

7. In which country were you born?
   - Australia
   - Other (please specify) ____________________________

8. 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  (English only – Go to question 9)
   - Yes, Other (please specify) ____________________________

9. How well do you speak English?
   - Very Well
   - Well
   - Not Well
   - Not at all

10. Are you of Aboriginal or Torres Strait Islander origin?
    (For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes)
    - No
    - Yes, Aboriginal
    - Yes, Torres Strait Islander

Disability

11. Do you consider yourself to have a disability, impairment or long-term condition?
    - Yes
    - No (Go to Question 13)

12. 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)
    - Hearing/deaf
    - Physical
    - Intellectual
    - Learning
    - Mental illness
    - Acquired brain impairment
    - Vision
    - Medical condition
    - Other

Schooling

13. What is your highest COMPLETED school level? (Tick ONE box only)
    - Yr 12 or equivalent
    - Yr 11 or equivalent
    - Yr 10 or equivalent
    - Yr 9 or equivalent
    - Year 8 or below
    - Never attended school (Never attended school – go to question 14)

14. In which YEAR did you complete that school level? ____________________________

15. Are you still attending secondary school?
    - Yes
    - No
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Previous qualifications achieved

16. Have you SUCCESSFULLY completed any of the following qualifications (See Question 16)?
   ☐ Yes   ☐ No (No – go to Question 17)

17. If YES, then tick ANY applicable boxes.
   ☐ Bachelor degree or higher degree
   ☐ Certificate III (or trade certificate)
   ☐ Advanced diploma or associate degree
   ☐ Certificate II
   ☐ Diploma (or associate diploma)
   ☐ Certificate I
   ☐ Certificate IV (or advanced certificate/technician)
   ☐ Certificates other than the above

Employment

18. Of the following categories, which BEST describes your current employment status?
   (Tick ONE box only)
   ☐ Full-time employee
   ☐ Employed – unpaid worker in a family business
   ☐ Part-time employee
   ☐ Unemployed – seeking full-time work
   ☐ Self employed – not employing others
   ☐ Unemployed – seeking part-time work
   ☐ Employer
   ☐ Not employed – not seeking employment
   ☐ Full-time School

Study reason

19. Of the following categories, which BEST describes your main reason for undertaking this
    course/traineeship/apprenticeship? (Tick ONE box only)
   ☐ To get a job
   ☐ It was a requirement of my job
   ☐ To develop my existing business
   ☐ I wanted extra skills for my job
   ☐ To start my own business
   ☐ To get into another course of study
   ☐ To try for a different career
   ☐ For personal interest or self-development
   ☐ To get a better job or promotion
   ☐ Other
   ☐ For my Senior School Certificate

Unique Student Identifier

From 1 January 2015, HALLAM SENIOR COLLEGE can be prevented from issuing you with a nationally
recognised VET qualification or statement of attainment when you complete your course if you do not have a
Unique Student Identifier (USI).

If you have not yet obtained a USI you can apply for it directly on a computer or mobile device at:

20. Enter your Unique Student identifier

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www.hallamssc.vic.edu.au
Privacy Statement & Student Declaration

I declare that the information I have provided is true and correct. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by HALLAM SENIOR COLLEGE.

I understand that my RTO [HALLAM SENIOR COLLEGE] is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a school based apprentice or trainee or VET in Schools student.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and agencies and authorised VET related bodies.
- VET regulators.

Student Name __________________________________________________________

I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

Student Signature ___________________________________________ Date __________________________

Note: parental consent required if student is under the age of 18.

Payment - $60

Please note that payment is required one week prior to course date. A full refund will only given if the course is cancelled by Hallam Senior College.

I am applying for the RSA Program : ☐ Saturday 24th October 2015 ☐ Saturday 5th December

Please debit my: ☐ Mastercard  ☐ Visa For: RSA Training Total Amount: $60.00

Name on Card: ________________________________ Card Expiry Date: __________________

Credit Card No: □□□□ □□□□ □□□□ □□□□

Name: ________________________________________________________________

Address: _____________________________________________________________________________

___________________________________________________________________________________

Daytime Contact No.

Signature: ________________________________ Date __________________________