**ACT Emergency Services Agency**

**Course Nomination Form**

Please complete this form and send **both pages** to [ESA\_Training@act.gov.au](mailto:ESA_Training@act.gov.au)

For questions please contact ESA Training at the above email or on 02 6207 8721

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| **COURSE DETAILS** | |
| Course Name: |  |
| Course Date: |  |

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| --- | --- | --- | --- |
| **PARTICIPANT DETAILS** | | | |
| Surname: |  | Given Name: |  |
| Agency/Service: |  | Position Title: |  |
| Branch/Brigade/Unit: |  | | |
| Phone: |  | Mobile: |  |
| Email Address: |  | | |
| Dietary Requirements: |  | | |

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| 1. **STUDY REASON** | |
| Of the following categories, select the one which BEST describes the main reason you are undertaking this course (tick one box only) | |
| To get a job  To develop my existing business  To start my own business  To try for a different career  To get a better job or promotion | It is a requirement of my job  I want extra skills for my job  To get into another course of study  For personal interest or self development  Not Stated |

YES. I have supplied my USI and RTO Enrolment Form previously and there have been no changes to my personal information

NO. I have NOT supplied my USI and RTO Enrolment Form before

*If you’re not sure, tick ‘No’ and ESA Training will check our records and send you an RTO Enrolment Form.*

**\*\*\*The following section must be filled out for your nomination to be accepted\*\*\***

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| --- | --- | --- | --- |
| **Manager/Supervisor/Training Officer Approval** | | | |
| Nomination is: | Approved / Not approved | Date: |  |
| Name: |  | Phone: |  |
| Position: |  | Email: |  |
| Signature: |  | | |
| **For Rostered Staff** | | | |
| Roster updated: | Yes / No | Date & Initial: |  |

**Privacy Notice and Student Declaration**

Under the *Data Provision Requirements 2012*, the ACT ESA Registration Training Organisation **(88091 ACT Emergency Services Agency)** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

ACT ESA collects this information on the **Initial RTO Enrolment Form**. The information you provide on that form is kept up to date in your VETtrak profile. If your details change, you are required to complete a new RTO Enrolment Form so that VETtrak can be updated.

Your personal information (including the personal information contained on the Initial RTO Enrolment Form and your training activity data) may be used or disclosed by **88091 ACT Emergency Services Agency** for statistical, regulatory and research purposes. **88091 ACT Emergency Services Agency** 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 for 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 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 program 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](http://www.ncver.edu.au/)).

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| **PARTICIPANT DECLARATION** | | | |
| 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. | | | |
| **Signature:**  (or electronic acknowledgement) |  | **Date:** |  |
| **Parent/Carer Signature\***  (or electronic acknowledgement) |  | **Date** |  |

\*Required if student is under 18 years of age