

## Student Orientation Agreement Form

Personal Details					
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>					
Given Name:		Family Name:			
Date of Birth					
Address Line 1:					
Address Line 2:					
Suburb:		State:		Postcode:	
Email:				Mobile:	
Student ID:		Course Name:			

### USI Verification

**IMPORTANT:** To receive your Qualification or Statement of Attainment on successful completion of your course you will need to hold a valid USI. Select and complete one (1) of the following options

Option 1 (Already have USI)

- I already have a USI and I give CSB permission to verify my USI.  
 My USI # is: \_\_\_\_\_

Option 2 (Creating own USI)

- I do not hold a USI. I will create my own USI account and provide my USI to CSB along with permission to verify my USI prior to my course completion.
- I have read, understood and agree to the CSB Unique Student Identifier Privacy Notice.

**IMPORTANT:** To create your USI visit: <http://www.usi.gov.au/Pages/default.aspx>

**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  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
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)
- |  |  |                                   |                                       |
|--|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hearing/deaf                  | <input type="checkbox"/> Medical condition         | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Mental illness                | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Learning | <input type="checkbox"/> Vision       |
| <input type="checkbox"/> Other – please specify: _____ |  |                                   |                                       |

**Schooling**

13. What is your highest COMPLETED school level? (Tick ONE box only)
- |  |  |
|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 9 or equivalent  |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 8 or below       |
| <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Never attended school |
14. In which YEAR did you complete that school level? \_\_\_\_\_
15. Are you still attending secondary school?  Yes  No

### Previous Qualifications Achieved

16. Have you **SUCCESSFULLY** completed any of the following qualifications? Yes  No

17. If YES, then tick ANY applicable boxes.

- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor's degree or higher degree                  | <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Advanced diploma or associate degree                | <input type="checkbox"/> Certificate II                         |
| <input type="checkbox"/> Diploma (or associate diploma)                      | <input type="checkbox"/> Certificate I                          |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Certificates other than the above      |

### Employment

18. Of the following categories, which **BEST** describes your current employment status? (Tick **ONE** box only)

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time employee                   | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee                   | <input type="checkbox"/> Unemployed – seeking full-time work           |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work           |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> Not employed – not seeking employment         |

### Study Reason Registration

19. Of the following categories, which **BEST** describes your main reason for undertaking this course? (Tick **ONE** box only)

- |  |  |
|--|--|
| <input type="checkbox"/> To get a job                              | <input type="checkbox"/> To develop my existing business     |
| <input type="checkbox"/> To try for a different career             | <input type="checkbox"/> I wanted extra skills for my job    |
| <input type="checkbox"/> To get a better job or promotion          | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To start my own business                  | <input type="checkbox"/> It was a requirement of my job      |
| <input type="checkbox"/> For personal interest or self-development | <input type="checkbox"/> Other reasons                       |

### Overseas Student Health Cover Details

OSHC Number	Provider Name	Expiry Date

## Information Disclosure

During your course CSB may be approached by a third party enquiring about your progress, results and/or attendance. Under CSB's privacy policy students are required to provide authorization to disclose information to non-regulating bodies. CSB will not supply a third party with a student's personal details (e.g. address, contact information, age and medical information). At no time will your progress or results be provided or discussed with other students.

I \_\_\_\_\_ (student name) give permission for CSB to disclose information relating to my academic progress, results and/or attendance to the following third parties.

### International Students *(please tick (v) the appropriate box)*

Parent/s, guardians or partner

Name: \_\_\_\_\_

My agent or agent representative

Agent name: \_\_\_\_\_

Academic institutions that I apply to for future study (In Australia or international institutions – including colleges, registered training organisations and universities)

I do not want any information to be disclosed to a third party other than specific information to be provided to the Australian government under conditions of my Visa or legislative requirements.

### Excursion and Activity

*During your study period at CSB, you may be involved in various excursions or activities associated with your program.*

- I agree that I will abide by all rules and regulations established by the CSB teacher/supervisor or by the owners or employees of any business visited during such excursions/activities.
- I understand the risks involved in participating in these excursions/activities.
- I further understand that CSB, its agent and employees expressly disclaim liability and responsibility for injury, death or damage to persons and personal equipment arising from my participation in excursions/activities.

### Advertising/Marketing

*During your study period at CSB, photos may be taken of class activities and/or excursions.*

- I agree to CSB using my name, photograph or any testimonial I have written for use in any advertising or promotional material.
- I do not agree to CSB using my name, photograph or any testimonial I have written for use in any advertising or promotional material.

I \_\_\_\_\_ acknowledge that I have received, have access to, accessed, been informed of and understand the information relating to the following conditions of enrolment at CSB;

**Policies**

- Complaints and Appeals policy
- Attendance Policy
- Refund Policy
- Course Progress Policy – (VET)
- Academic Misconduct and Plagiarism Policy – (VET)
- Transfer and Release Policy – (VET)
- Reassessment Policy – (VET)

**Student Support Services**

- Homestay Services
- Academic support and Counselling service
- Personal and social counselling referral service
- Accommodation referral service
- Medical and health referral service
- Legal referral service
- Social activities and advice service
- Employment advice service
- CSB Tour

**OHS**

- Emergency and Evaluation Procedures
- Critical Incidents

**Student Responsibilities**

- Student Misconduct
- Visa Conditions

**Classroom**

- Language, Food, Mobiles (technology)
- Arriving late for class
- Leaving and entering during sessions
- Classroom Computers
- Wireless Network

**General Information**

- Local area facilities and services
- Important legislation (social)

I understand that by completing my enrollment at CSB, I am bound by the conditions outlined in the above policies and agree to abide by those conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Participant / Student

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Orientation Officer