This student application form must be filled out and returned prior to your commencing courses with Institute of Personal Care Science. The information contained in this form is used to generate student records and identify specialised learning requirements. Please refer to Appendix A for our full Privacy Notice.

**Part A – YOUR PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title:  | Mr [ ]  / Mrs [ ]  / Miss [ ]  / Ms [ ]  / Other [ ]  \_\_\_\_\_\_\_ |
| Name: |

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Surname: |  |
| Middle name: |  |

 |
| Postal address:(No PO Box addresses please, Courier requires all fields to be filled out) |

|  |
| --- |
| Street Address: |
| City / Town: |
| State / Region: | Postal / Zip Code: |
| Country |

 |
| Residential address: | (When Postal address is different to the residential address) |
| E-mail address: | W: | H:  |
| Contact phone: | W: | H:  |
| Date of birth: |  | Gender: M [ ]  / F [ ]  |

Please indicate if it is suitable to contact you at work: Y [ ]  / N [ ]

**Part B – LANGUAGE AND CULTURAL DIVERSITY**

**1. In which country were you born?**
 - Australia Y [ ]  / N [ ]
 - Other – please specify country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Australian Citizen / [ ]  Australia Permanent Resident / [ ]  International Student

**2. Do you speak a language other than English at home?**

 (If more than one language, indicate the one that is spoken most often.)

 English only Y [ ]  / N [ ]  English only – Go to question 4

 Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. How well do you speak English?** Very well [ ]  / Well [ ]  / Not well [ ]  / Not at all [ ]

**4. Are you of Aboriginal or Torres Strait Islander origin?**

[ ]  No, Neither Australian Aboriginal Nor Torres strait Islander / [ ]  Yes, Australian Aboriginal

/ [ ]  Yes, Torres Strait Islander / [ ]  Yes, Australian Aboriginal and Torres strait Islander

**Part C – COURSE APPLICATION**

Please indicate the courses you are wishing to enroll in:

|  |  |
| --- | --- |
| **Indicate with ‘X’** | **Title of Course** |
| **Diploma & Certificate Courses in Cosmetic Science** |
|[ ]  Diploma of Personal Care Formulation |
|[ ]  Certificate in Advanced Cosmetic Science |
|[ ]  Certificate in Advanced Hair Formulations |
|[ ]  Certificate in Advanced Organic Formulation |
|[ ]  Certificate in Advanced Colour Cosmetic Formulation |
| *Beginners cosmetic workshops - please purchase via paypal from website/pricelist* |
| **Diploma Courses in Brand Management** |
|[ ]  Diploma of Cosmetic Brand Management |
| *Build your own Cosmetic Brand workshop - please purchase via paypal from website/pricelist* |
| **Certificate Courses in Regulatory Affairs** |
|[ ]  Certificate in Cosmetic Regulatory Essentials |
| *EU Cosmetic Compliance workshops - please purchase via paypal from website/pricelist* |
| **Units (Please write unit code and name), Short Courses,*****Workshop purchase via paypal refer price list for links*** |
|  |  |
|  |  |
|  |  |
|  |  |

**Part D – PREVIOUS AND CURRENT EDUCATION AND TRAINING**

This section will enable us to cater to your individual learning needs throughout the course.

1. **Please indicate your highest completed school level:**

|  |  |
| --- | --- |
|[ ]  Year 12 or equivalent  |[ ]  Year 9 or equivalent |
|[ ]  Year 11 or equivalent |[ ]  Year 8 or below |
|[ ]  Year 10 or equivalent |[ ]  Never Attended School |

1. **Are you still attending secondary school? Y**[ ]  **/ N**[ ]
2. **Please indicate your highest successfully completed education level:**

|  |  |
| --- | --- |
|[ ]  Certificate I |[ ]  Diploma or Associate Diploma |
|[ ]  Certificate II  |[ ]  Advanced Diploma or Associate Degree |
|[ ]  Certificate III (or trade Certificate) |[ ]  Bachelor Degree or Higher Degree |
|[ ]  Certificate IV (or Advanced Certificate/Technician) |[ ]  Other, please list:  |

**Part E – CURRENT WORK SITUATION**

**1. Of the following categories, which BEST describes your current employment status?**

|  |  |
| --- | --- |
|[ ]  Full Time Employee (35+ hours per week) |[ ]  Employed – Unpaid Worker in a Family Business |
|[ ]  Part-Time Employee (<35 hours per week)  |[ ]  Unemployed – seeking full time employment  |
|[ ]  Self-Employed – Not Employing Others |[ ]  Unemployed – seeking part time employment |
|[ ]  Self-Employed – Employing Others |[ ]  Not employed – not seeking employment |

**2. Please select which of the following BEST describes the main reason for undertaking this course (select one only):**

|  |  |
| --- | --- |
|[ ]  To get a job |[ ]  I wanted extra skills for my job |
|[ ]  To develop my existing business |[ ]  To get into another course of study |
|[ ]  To start my own business |[ ]  For personal interest or self-development |
|[ ]  To try for a different career |[ ]  To get skills for community/voluntary work |
|[ ]  To get a better job or promotion |[ ]  Other reasons |
|[ ]  It was a requirement of my job |  |  |

**Part F – Payment Options**

Please indicate if:

|  |
| --- |
| You will be paying upfront  |[ ]
| You will be paying by instalment |[ ]

Preferred currency (please select): Euro [ ]  / USD [ ]  / AUD [ ]

Please provide required name on invoice e.g your name or company name:

**Part G – PERSONAL INFORMATION**

This information will enable us to identify any special needs you may have to complete this course.

Do you consider you have a disability, impairment or long-term condition? Y[ ]  / N[ ]

If Y, please select from the following list (please refer to Appendix B for definitions):

|  |  |
| --- | --- |
|[ ]  Hearing/deaf |[ ]  Mental Illness |
|[ ]  Physical |[ ]  Acquired brain impairment |
|[ ]  Intellectual |[ ]  Vision |
|[ ]  Learning |[ ]  Medical condition |
|[ ]  Other |  |  |

**Part H**

How did you find out about the Institute of Personal Care Science? (please tick all that apply)

|  |  |
| --- | --- |
|[ ]  Friend/Colleague  |[ ]  Google search |
|[ ]  Place of Employment |[ ]  YouTube videos |
|[ ]  Conference/Expo, Please Indicate: |[ ]  Facebook |
|[ ]  Other, Please Indicate:  |[ ]  Instagram |

**Part J – STUDENT DECLARATION**

This form has been completed by me personally. The information I have provided is true and correct. I have read and understood the ‘Administrative Information’ section of the Prospectus including information on Fees & Refunds. If I have elected to pay by instalment, I understand that any amount overdue by 10 days will result in my learning access being cut. If my instalments are overdue by 30 days, I acknowledge that I will be withdrawn from the course and there will be additional fees if I want to re-enrol.

**Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***Email back your application form to info@personalcarescience.com.au***

### **Appendix A: Privacy Notice**

### **Why we collect your personal information**

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 us with your personal information, we will not be able to enrol you as a student.

### **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](http://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>.

### **Surveys**

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 usto:

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

**Appendix B: Disability definitions**

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. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

* **Hearing/deaf:** 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:** 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:** 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:** 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 selfregulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.
* **Mental illness:** 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:** 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:** 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:** 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:** 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.