

**Institute of Faith Education**

Archdiocese of Brisbane

Registered Training Organisation | Provider No. 31402

ABN 25 328 758 007

[www.ife.qld.edu.au](http://www.ife.qld.edu.au)

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*Foundations* 2020 Enrolment Form

**Diploma of Christian Ministry and Theology** (10743NAT)

**Privacy statement & student declaration**

**Privacy Notice**

Under the Data Provision Requirements 2012, the Institute of Faith Education (IFE) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by the IFE for statistical, administrative, regulatory and research purposes. The IFE may disclose your personal information for these purposes to:

* Commonwealth and State or Territory government departments and authorised agencies; and
* NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

* populating authenticated VET transcripts;
* facilitating statistics and research relating to education, including surveys and data linkage;
* pre-populating RTO student enrolment forms;
* 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 a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National 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.auu))

**IFE Privacy Notice**

The IFE is part of the Catholic Archdiocese of Brisbane. The parishes, schools and agencies of the Archdiocese of Brisbane operate in South East Queensland as part of the Catholic Church. The privacy of all individuals with whom we interact is very important to us and we are committed to protecting all personal information we collect and hold. We do this by handling information in accordance with the Australian Privacy Principles in the Privacy Act 1988 (Cth) (Privacy Act). The IFE’s complete Privacy Policy is available on the IFE website at <http://ife.qld.edu.au/codeofpractice/>

**Student Declaration and Consent**

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.

I affirm I have read and understood the learner information detailed within the IFE Course Handbook which sets out the conditions of my enrolment in this course.I have read and understood the privacy policy as detailed on the IFE website and explained in the IFE Course Handbook.

I understand that from time to time, the IFE may take photographs of learners for recording and promotional purposes and I agree that my photo may be used for these purposes. *Note: If you do not wish your photo to be taken and/or used for these purposes, your wishes in this regard will be respected. Please inform the IFE in writing if you do not consent to your photo being used for recording or promotional purposes.*

**By signing this form, I understand and accept the conditions of my enrolment into this course.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Signature** |  | Date |       |
| **(or email as confirmation)** |

**GENERAL INFORMATION**

Please tell us a little about your own context. This will help us to tailor the course and the support we provide to your needs.

1. **Why did you decide to enrol in this course?**

**[ ]** I am currently completing a teaching degree and would like to gain employment in a Catholic school in the future.

**[ ]** I am employed as a teacher and would like to gain accreditation to *Accreditation to Teach Religious Education* in a Catholic school. (For details on requirements for those seeking accreditation to teach religious education, please see the Diploma Handbook.)

**School name/suburb**:

**[ ]** I am completing this course for professional development as a campus minister or lay worker

**[ ]** I am completing this course for personal interest

**[ ]** Other:

1. **Please tell us a little about your experience to date. Please tick all that apply.**

**[ ]** I currently work in a Catholic school or parish. (Please indicate how long you have been working in a Catholic school or parish:      )

**[ ]** I am reasonably familiar with Catholic beliefs and traditions through attending a Catholic school or parish.

**[ ]** I am somewhat familiar with Catholic beliefs and traditions

**[ ]** This is all new to me – I am not, or only a little, familiar with Catholic beliefs and traditions

**[ ]** Other:

1. **What do you hope to gain from the course? (What do you hope to learn?)**

1. **How did you hear about the course?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | IFE website | [ ]  | Brisbane Catholic Education (BCE) |
| [ ]  | IFE Course Flyer | [ ]  | Diocesan Catholic Education Office |
| [ ]  | Word of mouth  | [ ]  | Other – please state |       |

**UNIQUE STUDENT IDENTIFIER (USI)**

From 1 January 2015, we the IFE 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). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device.

1. **Enter your USI number**

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the ‘Forgotten USI’ link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi>

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |       |       |

**PERSONAL DETAILS**

1. **Enter your full name**

|  |  |
| --- | --- |
| **Family name (surname)**\* |       |
| **Given name(s)**\* |       |

*\** Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want the Institute of Faith Education to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

1. **Enter your birth date**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |
| Day |  | Month |  | Year |

1. **Gender (Tick one box only)**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Male | [ ]  Female | [ ]  Other |  |

1. **Enter your contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Home phone** |       | **Work phone** |       |
| **Mobile** |       |  |  |
| **Email address** |       |
| **Alternative email address (optional)** |       |

1. **What is your usual residential address?**

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory’s ‘rural property addressing’ or ‘numbering’ system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

|  |  |
| --- | --- |
| **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** |       |

1. **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** |       |
| **Postal delivery information** (e.g. PO Box 254) |       |
| **Suburb, locality or town** |       |
| **State/Territory** |       | **Postcode** |       |

**LANGUAGE AND CULTURAL DIVERSITY**

1. **In which country were you born?**

|  |  |
| --- | --- |
| [ ]  Australia |  |
| [ ]  Other – please specify |       |

1. **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 |       |

1. **Are you Aboriginal or Torres Strait Islander?**

(For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes)

|  |  |  |
| --- | --- | --- |
| [ ]  No | [ ]  Yes, Aboriginal | [ ]  Yes, Torres Strait Islander |
|  |  |  |

**DISABILITY**

1. **Do you consider yourself to have a disability, impairment or long-term condition?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No (go to question 13) |

1. **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) Please refer to the Disability Supplement for an explanation of the following disabilities.

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

**Do you expect your disability impairment or long-term condition might require additional support or adjustment of your learning and assessment in this course?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  Unsure | [ ]  No |

**SCHOOLING**

1. **What is your highest *completed* school level? (Tick one box only)**

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

|  |  |  |
| --- | --- | --- |
| [ ]  | Year 12 or equivalent |  |
| [ ]  | Year 11 or equivalent |  |
| [ ]  | Year 10 or equivalent |  |
| [ ]  | Year 9 or equivalent |  |
| [ ]  | Year 8 or below |  |
| [ ]  | Never attended school | Never completed any primary or secondary level education – go to question 15 |

1. **Are you still enrolled in secondary or senior secondary education?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**PREVIOUS QUALIFICATIONS ACHIEVED**

1. **Have you SUCCESSFULLY completed any of the qualifications listed in question 16?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No (go to question 17) |

1. **If YES, tick ANY applicable boxes**

|  |  |
| --- | --- |
| [ ]  | Bachelor degree or higher degree |
| [ ]  | Advanced diploma or associate degree |
| [ ]  | Diploma (or associate diploma) |
| [ ]  | Certificate IV (or advanced certificate/technician) |
| [ ]  | Certificate III (or trade certificate) |
| [ ]  | Certificate II |
| [ ]  | Certificate I  |
| [ ]  | Other education (including certificates or overseas qualifications not listed above) |

**EMPLOYMENT**

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

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | 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 |
| [ ]  | Self employed – employing others | [ ]  | Not employed – not seeking employment |

**STUDY REASON**

1. **Of the following categories, select the one which BEST describes the main reason you are 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 reasons |

 

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*Foundations* **2020** Unit Registration

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name:** |  |  | **Student ID:** |  |  |

|  |
| --- |
| **For each Unit you wish to register for, select one group.** By doing so, you will be registering for the webinars scheduled for each day so you will need to ensure you are available to participate. Each webinar will run for approximately 1 ½ hours and there will be one to two webinars for each day. We will confirm specific times and instructions on how to join the webinar closer to the date. |

|  |  |  |  |
| --- | --- | --- | --- |
| UNIT 1 Learning and Teaching in a Catholic Context | UNIT 2 Scripture: The World of the Bible  | UNIT 3 Spirituality: Church, Liturgy and Sacraments | UNIT 4 Catholic Thinking: Theology, Ethics & Catholic Social Teaching |
| [ ]  GROUP A6 Apr (Mon)7 Apr (Tue) | [ ]  **GROUP A****27 Apr** (Mon)**28 Apr** (Tue)**24 Jun** (Wed)[ ]  **GROUP B****29 Jun** (Mon)**30 Jun** (Tue)**10 Jul** (Fri)[ ]  **GROUP C****23 Apr** (Thu)**24 Apr** (Fri)**19 Jun** (Fri)[ ]  **GROUP D****16 May** (Sat)**17 May** (Sun)**17 Jul** (Fri)[ ]  **GROUP E****9 May** (Sat)**10 May** (Sun)**16 Jul** (Thu) | [ ]  **GROUP A** **20 Aug** (Thu)**21 Aug** (Fri)[ ]  **GROUP B****21 Sep** (Mon)**22 Sep** (Tue)[ ]  **GROUP C****14 Jul** (Tue)**15 Jul** (Wed)[ ]  **GROUP D****15 Aug** (Sat)**16 Aug** (Sun)[ ]  **GROUP E****1 Aug** (Sat)**2 Aug** (Sun) | [ ]  **GROUP A****12 Nov** (Thu)**13 Nov** (Fri)[ ]  **GROUP B****7 Dec** (Mon)**8 Dec** (Tue)[ ]  **GROUP C****8 Oct** (Thu)**9 Oct** (Fri)[ ]  **GROUP D****31 Oct** (Sat)**1 Nov** (Sun)[ ]  **GROUP E****24 Oct** (Sat)**25 Oct** (Sun) |

**Email your registration form to** ife@bne.catholic.net.au