

# CPC60121 Advanced Diploma of Building Surveying

## Enrolment Expression of Interest Form



**Before completing this form, please ensure that you have read and understand all the course requirements and fee policy as outlined in the Student Handbook.**

**If you need any assistance completing this form, please contact us on: (02) 9570 5141 or [info@cpdtraining.com.au](mailto:info@cpdtraining.com.au)**

USI	(Note: A USI can be created by visiting <a href="https://www.usi.gov.au/students/get-a-usi">https://www.usi.gov.au/students/get-a-usi</a> )			GENDER:	Please Tick [ ✓ ] <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	
FIRST NAME				MIDDLE NAME		
FAMILY NAME				DATE OF BIRTH		
RESIDENTIAL ADDRESS						
	SUBURB		STATE		POST CODE	
POSTAL ADDRESS	<input type="checkbox"/> Please tick [ ✓ ] - if your postal address is the same as above, or provide your postal address below					
ADDRESS						
	SUBURB		STATE		POST CODE	
EMAIL (1)				EMAIL (2)		
TELEPHONE				MOBILE		
<b>COURSE / QUALIFICATION OF INTEREST</b>						
CODE and TITLE	CPC60121 – Advanced Diploma of Building Surveying					
LOCATION	On-line				START DATE	
How did you hear about this course?	<input type="checkbox"/> Previous Learner <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Facebook <input type="checkbox"/> Other (please specify)					
Have you spoken to anyone from our office about this course and its requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Recognition of Prior Learning (RPL) / Direct Credit Transfer (CT) - if applicable</b>						
Do you wish to apply for RPL / CT for any of the units of competency offered in the CPC60121 Advanced Diploma of Building Surveying?						
Please Tick [ ✓ ] <input type="checkbox"/> NO <input type="checkbox"/> YES – If YES, you will be contacted by a trainer/assessor, who will provide further information						
<i>Please read Student Handbook information on RPL and CT requirements.</i>						
<b>The following information is required so the College can report statistics (no names) to the State and Federal Governments</b>						
<b>SECONDARY EDUCATION</b> — Please tick [ ✓ ] highest level achieved						
<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				In which YEAR did you complete this school level? _____ Are you still attending secondary school? <input type="checkbox"/> NO <input type="checkbox"/> YES		

**REASON FOR STUDY** — Which BEST describes your main reason for undertaking this course? Please tick [ ✓ ] only one

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

**TERTIARY EDUCATION** — Have you SUCCESSFULLY completed any of the following qualifications? If YES, please tick [ ✓ ] all applicable boxes

- |  |  |
|--|--|
| <input type="checkbox"/> Bachelor 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"/> Other education (including certificates or overseas qualification not listed above) |
|  | <input type="checkbox"/> None  |

**EMPLOYMENT STATUS** — Which BEST describes your current employment status? Please tick [ ✓ ] only one

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Full-time employee                            | <input type="checkbox"/> Self-employed – employing others      | <input type="checkbox"/> Apprenticeship / Traineeship<br>– (if applicable please provide employer name and contact details below) |
| <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"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Not employed – Not seeking employment |   |
|  |  |   |

If Employed:

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Will your employer be offering financial support towards your studies?  NO  YES

If Yes, please provide details of how our invoices will need to be addressed (For example, who the invoice should be addressed to, their direct email, and required Purchase Order Numbers and the like)

\_\_\_\_\_  
\_\_\_\_\_

**RESIDENTIAL STATUS**

- An Australian Citizen
- Australian Permanent Resident
- Humanitarian Visa Holder
- NZ Citizen

**LANGUAGE AND CULTURAL DIVERSITY** — Please tick [ ✓ ] relevant boxes

Are you of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

In which country were you born?

- Australia
- Other (please specify)
- Which language do you speak at home?.....

**DISABILITY**

Do you consider yourself to have a disability, impairment, or long-term condition?  NO  YES — *If YES please tick [ ✓ ] the relevant boxes*

- Hearing/deaf
- Physical
- Intellectual
- Learning
- Mental illness

- Acquired brain impairment
- Vision
- Medical condition
- Other *(please specify)*

**Are these meant to be blank?**

**AVAILABLE WORK RESOURCES TO HELP YOUR STUDIES**

**Please note it is an advantageous if you are able to work with a Building Surveying mentor through your training.**

Which of the following best explains your current position:

- 1. Building Surveyor Cadet/Trainee .....
- If yes, what is the end date of your cadetship/traineeship? \_\_\_\_\_
- 2. Employed in Local Government as a Building Surveyor .....
- 3. Employed in Local Government as a Building Compliance Officer.....
- 4. Employed by a Private Building Surveying firm as a Building Surveyor...
- 5. Other .....

If other, please provide details of your current role \_\_\_\_\_

Do you have an experienced Building Surveyor available to act as a mentor in your workplace to assist you with your studies?

NO  YES

*If yes, please provide their details (Please note that we may contact your mentor to discuss your progress at different stages of the course)*

<b>Name and Position</b>		<b>Level of Registration/Accreditation</b>	
<b>Email address</b>		<b>Contact Number</b>	

Do you have access to the Australian Standards?  NO  YES  
*(If not, we may be able to assist)*

Do you have access to NSW Legislation  NO  YES

Do you have access to the NCC (Building Code of Australia)  NO  YES

**Do you have access to building sites to inspect buildings of all NCC/BCA classifications prior to work commencing, during their construction and when complete (prior to issue of OC)?**  NO  YES

**Do you have access to existing Buildings of all classifications to carry out a building surveying audit?**  NO  YES

Will you be allocated study time?  NO  YES

If so, how many hours per week? \_\_\_\_\_

## DECLARATION

I, \_\_\_\_\_  
(First, middle and last name)

of \_\_\_\_\_  
(current residential address)

With date of birth \_\_\_\_\_

**Privacy and Collection of Information**

Understand and agree that, under the National Vocational Education and Training Regulator( Data Provision Requirements) Instrument 2020, The College of Professional Development is required to collect Personal Information, collected from me, my parent or guardian such as my name, unique student identifier (USI), date of birth, contact details, training outcomes and performance, sensitive Personal Information (including my ethnicity or health information) and other enrolment and training activity related information ( together Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research limited (NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by the College of Professional Development for statistical, regulatory and research purposes. The College of Professional Development may disclose my personal information for these purposes to Third Parties including:

- Employer – If I am enrolled in training paid by my employer.
- Commonwealth Territory Government Departments and authorised agencies, including the New South Wales Department of Education (Department)
- NCVER
- Organisations (including the Department) Conducting student surveys and

Personal information disclosed to the 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 VET market operates, for policy, workforce planning and consumer information; and
- Administrating VET, including program administration, regulation, monitoring and evaluation.

I may receive a NCVER student survey which may be administered by a NCVER employee, agent, or third-party contractor. I may opt out of the survey at the time of being contacted.

NCVER Go collect, hold, use and disclose my Personal Information in accordance with the Privacy Act 1988 and VET Data Policy and all NCVER policies and protocols (including those published on NCVER website at [www.ncver.edu.au](http://www.ncver.edu.au)).

The Department may disclose my Personal Information to other Australian Government agencies including those located in States and Territories outside NSW.

The above Government agencies may use my personal information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training for any fee exemptions or concessions. My Personal Information may also be disclosed to any other Third Party if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidise training with the College of Professional Development for the purposes of evaluating and assessing my subsidised training.

I consent to the collection, use, and disclosure of my Personal Information in a manner outlined above.

**Course Requirements**

I understand that there is a cooling-off period of fourteen (14) calendar days during which this offer of enrolment can be withdrawn by all parties involved (RTO / Learner/ Employer / Relevant Government Departments) with full refund of any fees paid in advance, on the condition that I return all course materials including any downloaded files, resources, and other RTO property to the College in its original condition.

I have read and understood the information set out in this Enrolment Expression of Interest form, and by signing this form I acknowledge I have read and agree to the terms and conditions relating to course fees, course requirements, policies and procedures on Privacy, Complaints, Appeals, Work Health and Safety, acceptable behaviour and the other conditions set out in the Student Handbook which is available for viewing on the College of Professional Development's website <http://cpdtraining.com.au>

I declare that the information I have provided to the best of my knowledge is true, accurate, complete and not misleading in any way.

**Participant**

Date:

Full Name
Signature

**Employer** – (Authorised representative) Is to be signed if the Employer is paying the course fees

Date:

Full Name
Signature

The Completed Form, Identification Evidence and signed USI Consent Form are to be forwarded to [info@cpdtraining.org.au](mailto:info@cpdtraining.org.au)

**Student Identification**



You are required to provide photo identification evidence. Please choose **one** of the following options and attach signed and dated copy from a witness verifying that it is a true copy of the original when submitting this form.

- Driver's licence
- Passport
- Identity Card

## Privacy Notice

---

### Consent for collection, use or disclosure of personal information

The following is provided to you on behalf of the Student Identifiers Registrar (Registrar).

You are advised and agree that you understand and consent that the personal information you provide in connection with your application for a Unique Student Identifier (USI):

- ❖ is collected by the Registrar as authorised by the ***Student Identifiers Act 2014***.
- ❖ is collected by the Registrar for the purposes of:
  - applying for, verifying and giving a USI
  - resolving problems with a USI and
  - creating authenticated Vocational Education and Training (VET) transcripts.
- ❖ may be disclosed to:
  - Commonwealth and State/Territory Government Departments and agencies and statutory bodies performing functions relating to VET for:
    - the purposes of administering and auditing VET, VET providers and VET programs
    - education related policy and research purposes and
    - to assist in determining eligibility for training subsidies.
  - VET Regulators to enable them to perform their VET regulatory functions
  - VET Admission Bodies for the purposes of administering VET and VET programs
  - current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies
  - schools for the purposes of delivering VET courses to the individual and reporting on these courses
  - the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics
  - researchers for education and training related research purposes
  - any other person or agency that may be authorised or required by law to access the information
  - any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system and
- ❖ will not otherwise be disclosed without your consent unless authorised or required by or under law.

The consequences for not providing the Registrar with some or all of your personal information are that the Registrar will not be able to issue you with a USI.

### Privacy Policies and Complaints

You can find further information on how the Registrar collects, uses and discloses the personal information about you in the **Registrar's Privacy Policy** or by contacting the Registrar on [usi@education.gov.au](mailto:usi@education.gov.au) or telephone **1300 857 536**, international enquiries +61 2 6240 8740. The Registrar's Privacy Policy contains information about how you may access and seek correction of the personal information held about you and how you may make a complaint about a breach of privacy by the Registrar in connection with the USI and how such complaints will be dealt with.

You may also make a complaint to the Information Commissioner about an interference with privacy pursuant to the **Privacy Act 1988**, including in relation to the misuse or interference of or unauthorised collection, use, access, modification or disclosure of USIs.

A Unique Student Identifier (USI) means that any qualification or nationally recognised units of competency you successfully complete will be recorded in a national database, so you have an accessible record of your accredited training available at any time. To enrol in any of our nationally recognised and accredited qualifications or training you must have a valid USI. We are not able to enrol you or issue any qualification or Statement of Attainment until we have received and verified your USI.

- If you do not have a USI already, it is very easy to create at the following website:  
<https://www.usi.gov.au/students/get-a-usi>
- If you are unable to create a USI yourself, please contact [info@cpdtraining.com.au](mailto:info@cpdtraining.com.au) so we can assist you

USI NUMBER				
FIRST NAME		MIDDLE NAME		
FAMILY NAME		DATE OF BIRTH		
RESIDENTIAL ADDRESS				
		STATE		POST CODE
POSTAL ADDRESS	<input type="checkbox"/> Please tick [ ✓ ] - if your postal address is the same as above, or provide your postal address below			
ADDRESS				
		STATE		POST CODE
EMAIL				
TELEPHONE		MOBILE		

### DECLARATION

- If you would like us to create a USI on your behalf, please tick the box and sign here to authorise us to do so.
- I have read, I understand, and I accept the responsibilities and obligations for this arrangement
- If I do not have a USI, I acknowledge and authorise The College of Professional Development to create my Unique Student Identifier (USI) number under the Student Identifiers Act 2014 and Privacy Act 1988 as mentioned in the Privacy Notice above and
- I declare that the information I have provided is true and correct, to the best of my knowledge.

*Learner / Trainee Signature*

*Date*

**NOTE: for Learners under the age of 18, a parent or legal guardian must print their name and sign this form below**

*Full name of parent or legal guardian*

*Signature of parent or legal guardian*

*Date*

OFFICE USE ONLY	
<b>COMMENTS /</b> ----- ----- ----- ----- ----- ----- -----	<b>ID DOCUMENT SIGHTED Please Tick [ ✓ ]</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>DOCUMENT TYPE</b> Please Indicate: <input type="text"/>
	Dated Sighted: _____
	Name: _____
	Signature: _____