



DOMESTIC STUDENT ENROLMENT APPLICATION

Oban Institute Pty Ltd t/a Oban Institute
RTO No. 46233

⚠ DOMESTIC STUDENTS ONLY

⚠ IMPORTANT: Please read this form carefully and complete ALL sections before signing. Fields marked * are mandatory for AVETMISS statistical reporting.

SECTION 1 — PERSONAL DETAILS

Title *	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx / Other	Date of Birth *	DD / MM / YYYY
Given Name(s) *	Surname / Family Name *		
Preferred Name (if different)	Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say	
Residential Address *			
Street / Unit No.		Suburb / Town *	
State / Territory *	Postcode *	Country (if not Australia)	
Postal Address (if different from residential)			
Street / Unit No.		Suburb / Town	
State / Territory	Postcode	Country	
Home Phone	Mobile Phone *	Email Address *	
Preferred Contact Method *	<input type="checkbox"/> Email <input type="checkbox"/> Phone (voice) <input type="checkbox"/> SMS / Text		

SECTION 2 — COURSE SELECTION

Select the course you are enrolling in below. All courses are nationally recognised qualifications on the Australian Qualifications Framework (AQF). Duration shown is nominal. Individual completion times may vary based on RPL outcomes or Credit Transfer.

	Qualification Name	National Code	Duration
<input type="checkbox"/>	Certificate IV in Accounting and Bookkeeping	FNS40222	52 weeks
<input type="checkbox"/>	Diploma of Leadership and Management	BSB50420	52 weeks
<input type="checkbox"/>	Advanced Diploma of Leadership and Management	BSB60420	52 weeks

Select the Intake* - Year 2026 2027

Feb March April May June July August Sep Oct Nov

Learning Pathway *	<input type="checkbox"/> Training and Assessment <input type="checkbox"/> Assessment Only (RPL) <input type="checkbox"/> Credit Transfer
Delivery Mode * (select all that apply)	<input type="checkbox"/> Classroom / Campus-based <input type="checkbox"/> Workplace / On-the-job <input type="checkbox"/> Online / Distance / Self-paced <input type="checkbox"/> Blended (classroom + online) <input type="checkbox"/> Other: _____

SECTION 3 — PRIOR EDUCATION

Highest School Level Completed *	<input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 / HSC
Year of Completion *	
Highest Post-School Qualification Completed *	
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate IV or Advanced Certificate	<input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> No post-school qualification
Recognition of Prior Learning (RPL) / Credit Transfer	<input type="checkbox"/> Yes — I wish to apply for RPL <input type="checkbox"/> Yes — I wish to apply for Credit Transfer <input type="checkbox"/> No

SECTION 4 — EMPLOYMENT STATUS

*Select ONE option only.

<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed (not employing others) <input type="checkbox"/> Employer	<input type="checkbox"/> Employed — unpaid worker in family business <input type="checkbox"/> Unemployed — seeking full-time work <input type="checkbox"/> Unemployed — seeking part-time work <input type="checkbox"/> Not seeking employment
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SECTION 5 — CULTURAL DIVERSITY & CITIZENSHIP

Do you identify as a First Nations person? *	<input type="checkbox"/> No <input type="checkbox"/> Yes — Aboriginal <input type="checkbox"/> Yes — Torres Strait Islander <input type="checkbox"/> Yes — Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to say
Country of Birth *	Country: _____
Citizenship Status *	<input type="checkbox"/> Australian citizen <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Permanent resident (not NZ) <input type="checkbox"/> Temporary / Visa holder <input type="checkbox"/> Other / Unknown
If you hold a Visa — Visa Category *	<input type="checkbox"/> Not applicable <input type="checkbox"/> Bridging visa <input type="checkbox"/> Partner / Family visa <input type="checkbox"/> Temporary work / skilled (subclass 400–499) <input type="checkbox"/> Other: _____

SECTION 6 — LANGUAGE & ENGLISH PROFICIENCY

* Required

Do you speak a language other than English at home? *	<input type="checkbox"/> No — English only <input type="checkbox"/> Yes: _____
How well do you speak English? *	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all

SECTION 7 — DISABILITY, IMPAIRMENT OR LONG-TERM CONDITION

This information is collected for support planning.
It is classified as sensitive information under the Privacy Act 1988 and will be handled accordingly.

Do you have a disability, impairment or long-term condition? * Yes No Prefer not to say

If Yes — please select all that apply:

<input type="checkbox"/> Hearing / Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Learning (e.g. dyslexia)			<input type="checkbox"/> Vision	<input type="checkbox"/> Other: _____

Do you have individual support needs we can assist with? (e.g. language support, learning support, accessibility, wellbeing) Yes No

If Yes — please describe the support that would assist you:

SECTION 8 — REASON FOR STUDY

*Select ONE primary reason.

<input type="checkbox"/> To get a job or better job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> To start my own business	<input type="checkbox"/> Extra skills for my current job	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> Other: _____
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SECTION 9 — UNIQUE STUDENT IDENTIFIER (USI)

A Unique Student Identifier (USI) is required for all nationally recognised VET training under the Student Identifiers Act 2014. Without a verified USI, Oban Institute cannot issue your qualification, Statement of Attainment or transcript. Create your free USI at: www.usi.gov.au/students/create-your-usi (you will need a government-issued identity document).

My USI is: * _____ (10-character alphanumeric code)

I DO NOT YET HAVE A USI — Complete this section if you do not yet have a USI

I authorise Oban Institute Pty Ltd t/a Oban Institute (RTO No. 46233) to apply for a Unique Student Identifier (USI) on my behalf, pursuant to section 9 of the Student Identifiers Act 2014 (Cth) and the Student Identifiers (Delegates) Instrument 2021.

I understand and acknowledge that:

(a) To create a USI on my behalf, Oban Institute is required to disclose my personal information and the identity document details provided below to the USI Registrar (Department of Employment and Workplace Relations) via the secure USI system operated at www.usi.gov.au.

(b) I expressly consent to the disclosure of my identity document details to the USI Registrar for the sole purpose of applying for and creating my USI under the Student Identifiers Act 2014.

(c) The personal information and identity documents I provide will be:

- Collected solely for the purpose of applying for or verifying a USI as required under the Student Identifiers Act 2014
- Held and stored securely in accordance with the Privacy Act 1988 (Cth) and Oban Institute's Privacy Policy and record-keeping obligations
- Retained only for the period required by applicable law or Oban Institute's record retention schedule, after which they will be securely destroyed

(d) Without a verified USI, Oban Institute is prohibited from issuing me a qualification, Statement of Attainment or training record.

Please provide ONE of the following government-issued identity documents:

Driver Licence No.	Expiry Date (MM/YYYY)	State / Territory of Issue
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Medicare Card No.	Expiry Date (MM/YYYY)	Individual Reference No. (position on card)
Full Name as shown on Medicare Card		

SECTION 10 — FEES & PAYMENT INFORMATION

This section sets out your fee obligations in accordance with the 2025 Standards for Registered Training Organisations (Clauses 5.1, 5.2 and 5.3).

Please read carefully before signing the Student Declaration in Section 16.

Total Course Fee	\$
Enrolment / Administration Fee (if applicable)	\$
Payment Schedule	As per the attached Schedule of Fees and Payments (provided to student prior to enrolment)
Upfront / Pre-Course Payment Required	\$ <i>Note: In accordance with Clause 5.2 of the Standards for Registered Training Organisations 2025, the upfront pre-course fee required prior to commencement does not exceed \$1,500 (or the total course fee, whichever is lesser).</i>

REFUND & CANCELLATION POLICY SUMMARY

- Withdrawal before course commencement: Full refund less a non-refundable administration fee as specified in the Schedule of Fees.
- Withdrawal after course commencement: Pro-rata refund for unused training, calculated from the date written notice of withdrawal is received by Oban Institute.
- Cancellation by Oban Institute: Full refund of all fees paid, issued within 14 calendar days of written notification to the student.
- Full terms are set out in the Schedule of Fees and Payments provided with your enrolment documentation.

CONSUMER PROTECTION

You are entitled to consumer protections under the Australian Consumer Law (Schedule 2 to the Competition and Consumer Act 2010 (Cth)) and the 2025 Standards for Registered Training Organisations (Clauses 5.1, 5.2 and 5.3). If you have concerns about training services, you may contact:

- ASQA: www.asqa.gov.au | Phone: 1300 701 801
- ACCC: www.accc.gov.au | Phone: 1300 302 502

PAYMENT METHOD

For the protection of your financial information, Oban Institute does not accept credit or debit card details via paper forms.

Payments may be made securely via:

- Secure online payment portal
- EFT / Bank Transfer (Account Name: **Oban Institute** | BSB: 062-703 | Account No.: 1087 7078 | Reference: your full name)
- Tax invoice to employer / company (Company Name: _____ PO No.: _____)

A receipt will be issued within 2 business days of payment. Please retain this for your records.

I acknowledge that I have received and understood the Schedule of Fees, payment terms, and refund/cancellation policy prior to signing this form.

SECTION 11 — MARKETING & MEDIA CONSENT

These consents are entirely optional. Declining will not affect your enrolment or training outcomes.
 Withdraw any consent at any time by writing to: info@obaninstitute.edu.au

MARKETING COMMUNICATIONS (opt-in only)

- Yes — I agree to receive information about future training opportunities, promotions and industry news from Oban Institute.
- No — I do not wish to receive marketing communications from Oban Institute.
- Oban Institute will not share your contact details with third parties for marketing purposes. You may unsubscribe at any time.*

PHOTO & MEDIA CONSENT (opt-in only)

During training, photographs or video footage may be taken of participants. If you consent, this material may be used for:

- Training resources and course materials
- Oban Institute website and social media
- Promotional brochures, reports and marketing material

- Yes — I consent to Oban Institute using photographs or video footage of me for the purposes listed above.
- No — I do not consent to the use of photographs or video footage of me.

You may withdraw this consent in writing at any time. Material already published in print or digital form cannot always be retrospectively removed.

SECTION 12 — HOW DID YOU HEAR ABOUT US?

- Existing student / word of mouth Internet search Social media Employer referral Industry consultant
- Other: _____

SECTION 13 — EMERGENCY CONTACT

Full Name	Relationship to You	Phone (mobile preferred)

SECTION 14 — PRIVACY NOTICE

COLLECTION NOTICE — Privacy Act 1988 (Cth), Australian Privacy Principles (APP 5)

1. WHO COLLECTS YOUR INFORMATION

Oban Institute Pty Ltd t/a Oban Institute (ABN: 35 666 679 894 | RTO No. 46233) collects and holds your personal information to provide nationally recognised vocational education and training (VET) services and to meet our obligations as a Registered Training Organisation (RTO) regulated by the Australian Skills Quality Authority (ASQA) under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act).

2. WHY WE COLLECT YOUR INFORMATION

Your personal information is collected for the following purposes:

- To process and manage your enrolment and deliver nationally recognised training and assessment services
- To issue AQF qualifications, Statements of Attainment and training records as required by law
- To meet obligations under the NVETR Act 2011, 2025 Standards for Registered Training Organisations, and the AQF
- To submit enrolment and completion data to NCVER under the National VET Data Policy (AVETMISS reporting)
- To apply for and/or verify your Unique Student Identifier (USI) under the Student Identifiers Act 2014
- To provide student support services and respond to your enquiries

3. WHO WE SHARE YOUR INFORMATION WITH

Your personal information may be disclosed to:

- National Centre for Vocational Education Research (NCVER) — for AVETMISS statistical, research and audit reporting
- Australian Skills Quality Authority (ASQA) — for RTO registration, regulatory and audit purposes
- Commonwealth and State/Territory government agencies — as required or authorised by law
- USI Registrar (Department of Employment and Workplace Relations) — for USI creation, verification or validation
- Your employer — where training is employer-sponsored and you have consented to disclosure

4. NATIONAL VET DATA POLICY

Oban Institute is required to collect and submit your personal and training information to NCVER under the National VET Data Policy. NCVER uses this data for national VET statistics, research, evaluation and policy. Full policy available at: www.ncver.edu.au/research-and-statistics/data/national-vet-data-policy

5. SENSITIVE INFORMATION

Information collected in this form including disability status, cultural background and First Nations identification is classified as sensitive information under the Privacy Act 1988 (Cth). It is collected with your consent and used solely for the purposes in this Notice.

6. YOUR PRIVACY RIGHTS

Under the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), you have the following rights:

- **Right of Access (APP 12):** You have the right to request access to the personal information Oban Institute holds about you. Submit a written request to our Privacy Officer.
- **Right of Correction (APP 13):** You have the right to request correction of information that is inaccurate, out-of-date, incomplete, irrelevant or misleading.
- **Right to Complain (APP 1):** If you believe Oban Institute has breached the Australian Privacy Principles, you may lodge a complaint with our Privacy Officer, and if unresolved, escalate to the OAIC.

7. HOW TO MAKE A PRIVACY COMPLAINT

Step 1 — Contact our Privacy Officer (details below). We will respond within 30 days.

Step 2 — If unsatisfied, escalate to the Office of the Australian Information Commissioner (OAIC):

Website: www.oaic.gov.au **Phone:** 1300 363 992 **Email:** enquiries@oaic.gov.au

8. PRIVACY OFFICER CONTACT

Email: info@obaninstitute.edu.au

Full Privacy Policy available at: www.obaninstitute.edu.au or upon written request.

SECTION 15 — STUDENT DECLARATION

I declare and acknowledge that:

1. ACCURACY OF INFORMATION

The information I have provided in this form is true, correct and complete to the best of my knowledge. I understand that providing false or misleading information may result in cancellation of my enrolment and/or qualification without refund.

2. PRE-ENROLMENT DOCUMENTS RECEIVED

I confirm that prior to signing this form I have received, read and understood:

- Student Handbook (including my rights and obligations as a student)
- Schedule of Fees, Payment Terms and Refund/Cancellation Policy
- Course Information (including units of competency, assessment requirements and learning outcomes)
- Privacy Collection Notice (Section 15 of this form)

3. PRIVACY CONSENT — Privacy Act 1988 (Cth), APP 5

I have read and understood the Privacy Collection Notice in Section 15. I consent to the collection, use, storage and disclosure of my personal information by Oban Institute for the purposes described in that Notice, including disclosure to NCVER, ASQA and relevant government agencies under the National VET Data Policy and the NVETR Act 2011.

4. UNIQUE STUDENT IDENTIFIER (USI) — Student Identifiers Act 2014 (Cth)

I consent to Oban Institute collecting, using and verifying my USI for the purposes of recording, reporting and evidencing my training activities and outcomes as required under the Student Identifiers Act 2014. I authorise Oban Institute to verify my USI with the USI Registrar.

5. AVETMISS DATA COLLECTION — National VET Data Policy

I consent to my personal and training information being collected, held and disclosed by Oban Institute to NCVER and other authorised bodies for AVETMISS statistical reporting and research purposes as required under the National VET Data Policy.

6. FEES & CONSUMER PROTECTION — 2025 Standards for RTOs, Clauses 5.1–5.3; Australian Consumer Law

I acknowledge I have been informed of the total course fees, payment schedule, applicable prepayment cap under Clause 5.2 of the 2025 Standards for RTOs, and the refund/cancellation policy. I understand my consumer protection rights under the Australian Consumer Law (Schedule 2 to the Competition and Consumer Act 2010 (Cth)).

7. TRAINING SUITABILITY — 2025 Standards for RTOs, Clauses 1.1, 1.2 and 6.1

I confirm I have been given sufficient information about course content, units of competency, assessment requirements, entry requirements and prerequisites to make an informed enrolment decision. I am satisfied the training is suitable for my needs and goals.

Student Signature *	Date * (DD / MM / YYYY)
Full Name (please print) *	