

# EMPLOYEE GUIDE

## SHAFSTON SCHOOL OF BUSINESS COURSE APPLICATION GUIDE



**SHAFSTON**

RTO Code: 45694 CRICOS Code: 03917H

# INTRODUCTION OF COURSE APPLICATION FORM SUBMISSION

Our Kind Shafston consultant will **send you the form link by email**. When you receive it, you can just click link to open it, or you can copy the link to your browser address bar.

**Please note this form cannot be saved**. Please make sure you start to fill out the form before you get all information. Please submit the form when you finish.



**SHAFSTON**  
www.shafston.edu

Select your Shafston Consultant \*

(select)

1. Who is your consultant? Please select

Who is completing this form? \*

The Applicant

The Authorised Person

2. Select "The Applicant"

Name of the Authorised Person

3. Keep Blank

(select)

|

(select)

Astrid Rubio

Brigid Chow

Kaidi Zhu

Jasmine Liu

Hannah Kim

If you are the authorise person, you confirm that you are authorised by this Applicants / employer to fill out the form and you can access all The Following Applicant's information

Enter your full name

Please write your full name, including any middle names, exactly as written on the identity document provided upon application for enrolment

Please use 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 us 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 the USI section later in this form for a detailed explanation.

Title \*

Given Name \*

Second Given Name (middle)

Family Name (surname) \*

Date of Birth \*

Gender \*

Nationality \*

Citizenship Status \*

4. All your personal details should be same in your Passport/Photo ID

PAGE ONE  
Personal Details

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Contact Details - Registration/Course Details

Email Address \*

This will be used as your username when accessing the system.

Confirm Your Email Address \*

Alternative email address (optional)

Mobile \*

Course Name & Course Code \*

(select)

The timeframe of the training will be dependent on the participant's skills and knowledge of their current

Delivery Formats

Delivery Mode: One on One Blended (online/workplace learning and assessment)

5. The email will be used as your account for Online Learning

6. Please select your course, based on the suggestion from Shafston Consultant

- Certificate IV in Work Health and Safety | Course Code: BSB41419
- Diploma of Leadership and Management | Course Code: BSB50420
- Diploma of Project Management | Course Code: BSB50820
- Certificate III in Early Childhood Education and Care | Course Code: CHC30113
- Certificate III in Individual Support | Course Code: CHC33015
- Certificate IV in Ageing Support | Course Code: CHC43015
- Diploma of Early Childhood Education and Care | Course Code: CHC50113

Residential Address

What is the address of your usual residence?

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 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, building complex, a

Address Search

Enter a location

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State

Postcode

Country

7. You can use Address Auto-fill function to prefill your Residential Address

Make sure the auto-fill address is correct. If you cannot search your address, you can fill you Residential Address manually.

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Postal Address

Is your Postal address the same as your Residential address?

Address Search

Enter a location

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

Postcode

Country

8. If your postal address is same as the residential address, please select "Yes"

Yes

|

Yes

No

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**In which country were you born? \***

**What language do you speak at home? \***

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

English

**Proficiency in spoken English \***

(select)

**Are you of Aboriginal or Torres Strait Islander origin? \***

**For persons of both Aboriginal and Torres Strait Islander origin, select both below.**

**9. Single selection**

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Disability

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

Yes

10. Single selection with "Yes",  
"No", "Not Specified"

If you have indicated the presence of a disability, impairment or long-term condition, please select the areas in the following list

You may indicate more than one area.

11. If you select "Yes", please  
select relevant options

Disability supplement

Please refer to the attached Disability supplement for an explanation of the selectable disabilities.

 [Disability-Supplement.pdf](#)

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What is the highest COMPLETED school level? \*

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 Completed \*

Are you still enrolled in secondary or senior secondary education? \*

If Yes, please list your school

12. If you are still enrolled in secondary or senior secondary education, please enter the full name of your school

Do you have any prior education/ qualifications? \*

If yes, please select all that apply.

13. You can multi-select all the qualifications you have achieved

Were the above qualifications achieved in Australia

(select)

Are you currently enrolled in any courses? \*

Yes

No

14. If you have any qualifications achieved in Australia, please select "Yes"

If so, please list the name of the course and the registered training organisation

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

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).

Company Name: \*

15. Please write you company Legal Name

Workplace Address:

Suburb

State

Postcode

16. It should be the main workplace address you are usually working at. If you have more than one address, please select the major one.

Note that the theory components of this course will be delivered online through Shafston's learning management system, including support from Shafston's trainers. Practical skills will be developed and assessed at the Company Address listed above; this will involve a combination of visits by Shafston's trainers and assessors and on-the-job mentoring and observations conducted by your supervisor(s).

Study Reason

Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship \*



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Unique Student Identifier (USI) & USI application through your RTO (if you do not already have one)

Why do we need your USI?

From 1 January 2015, we 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. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Enter your Unique Student Identifier (USI) (if you already have one)

17. If you uncertain your USI number, please Keep Blank

Application for Unique Student Identifier (USI) \*

If you would like Shafston International to apply for a USI on your behalf, you must authorise us to do so and declare that you have read the privacy information outlined in the Shafston International's Student Handbook.

I authorise Shafston International to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information pursuant to the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>)

I authorise you to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed above

Town/City of Birth \*

Please write the name of the Australian or overseas town or city where you were born

19. Please double-check the information is correct

PAGE NINE  
Unique Student  
Identifier - USI

18. Please read above information and select both boxes after reading.

## Verification of Identity

**We will also need to verify your identity to create your USI.**

**Please provide details for one of the forms of identity below (numbered 1 to 4).**

**Please ensure that the name written in 'Personal Details' section is exactly the same as written in the information you provide below.**

Please provide ONE of the forms of identity below:

1. Australian Driver's Licence
2. Australian Passport
3. Non-Australian Passport (with Australian Visa)
4. Other Eligible Photo ID

Please upload a copy of the photo ID below \*

No file chosen

Please upload a copy of other ID below

No file chosen

**20. You can upload PDF, JPG, PNG type of document here.**

**If you complete the form via smart phone or tablet, you can use camera take photos.**

Please upload a copy of the photo ID below \*

no file selected

- Photo Library 
- Take Photo or Video 
- Browse 

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1. The course you are enrolling into is delivered partially online. Please indicate your general level of comfort using online software and applications by ticking the most appropriate box. \*

**Note:** Should you indicate that assistance is needed, your Training Plan will include support strategies that your trainer will use to assist you

- Very comfortable
- Comfortable
- Mostly comfortable
- Familiar but could use some assistance
- I will need direct trainer support with online learning

2. Briefly describe the types of online software and computer applications you use at work and their purpose. \*

3. Think about the last time you did a course of study. Please tick any of the following areas that you found challenging. \*

- Reading long articles/texts
- Writing responses to complex assessment or test questions
- Technical vocabulary
- Time management
- Doing independent learning and research
- Understanding numerical information relevant to your study/work
- I don't find anything challenging

4. Do you feel you need any additional support in any of the above areas? If so, please describe the type of help you would prefer from your trainer. If not, simply write 'N/A' \*

**Note:** Should you indicate that assistance is needed, your Training Plan will include support strategies that your trainer will use to assist you.

5. Think about the last time you had to demonstrate practical skills either at work or in a course of study. Please tick any of the following areas that you found challenging. \*

- Understanding verbal instructions
- Understanding written instructions
- Performing calculations (if relevant)
- Listening to feedback and applying it to improve your performance
- Manual or physically demanding work

**21. Please fill all filed. If you have any concerns, please write "TBC" in advance. Then, communicate with your Shafston consultant**

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Submit Record? ✕

Submitting this record will lock the record and you won't be able to edit it anymore.

No, don't submit

Yes, Submit

Your application has been successfully submitted!

**Congratulation! Your application has been successfully submitted.**

**This email is to confirm that your application to enrol with Shafston School of Business has been received. We will process your application as soon as possible. You will be notified by email when the process commenced.**

**To find out more about the program, please refer to the traineeship handbook:**

**<https://shafston.edu/wp-content/uploads/2021/09/VET-Traineeship-Student-Handbook-2021.pdf>**

**Shall you have further questions regarding your application, please do not hesitate to contact your Shafston Consultant. A PDF record of your application is as attached.**

**Thank you.**



**SHAFSTON**

VTO Code: 48394 CMC05 Code: C93179

**IF YOU SUBMIT  
SUCCESSFULLY, YOU  
WILL RECEIVE AN  
EMAIL MESSAGE.**

Please inform your consultant that  
you have submitted the form.  
We will contact you very shortly.

**THANK  
YOU**



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