



Registering for a USI number

You MUST have a USI number to receive credit for any nationally recognised training.

What do I do with this form?

1. Take this form home and fill in the identity section (turn this sheet over). You will need your Medicare card or similar identification to fill this out.
2. Bring the form back to school with the appropriate ID details
3. Follow the instructions on this sheet to create your own USI number in class.

About Unique Student Identifier (USI) Number

What is a USI?

A Unique Student Identifier (USI) is a number that is exclusive to you and will record all nationally recognised courses that you complete from 1st January 2015 onwards. Your results from 2015 will be available in your USI account in 2016.

When applying for a job or enrolling in further study, you will often need to provide your training records and results. One of the main benefits of the USI is that you will have easy access to your training records and results throughout your life.

Why Do I Need a USI?

Having a USI allows for one central location to record results for all nationally recognised training whether it was completed at TAFE or with a private training organisation, completing an apprenticeship or skill set, certificate course, diploma or any other accredited course.

You will need a USI when you enrol or re-enrol in training from 1 January 2015 if you are a:

- Student enrolling in nationally recognised training for the first time, for example if you are studying at TAFE or with a private training organisation, completing an apprenticeship or skill set, certificate or diploma course;
- School student completing nationally recognised training; or
- Student continuing with nationally recognised training.

You are a continuing student if you were enrolled and have already started your course in a previous year (and not yet completed it) and will continue studying after 1 January 2015.

Creating your USI

1. Click on or go to <http://usi.gov.au/Pages/default.aspx>
2. Go to **create your USI**
3. Have an acceptable Australian form of ID (*e.g. Drivers Licence, Medicare Card, Australian Passport, Visa (with non-Australian Passport) for international students, Australian Birth Certificate, Citizenship Certificate, Certificate of Registration by Decent, ImmiCard etc.*)

For extra assistance with creating or finding your USI, please click on the Student Help link below <http://usi.gov.au/help-centre/student-help/Pages/default.aspx>



What to do-

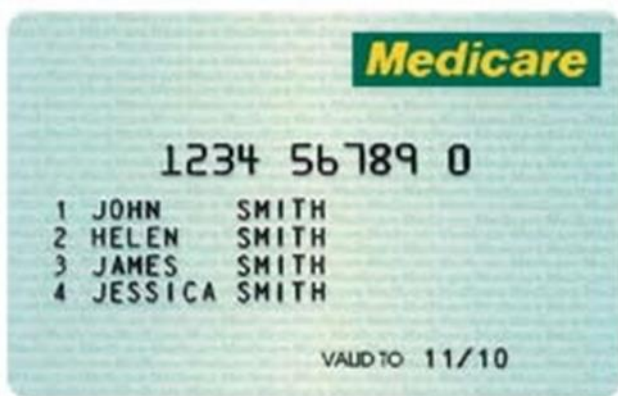
Collect your Medicare details here-

Name on the card- _____

Medicare card Number- _____

Individual reference number- _____

Card colour- _____ Expiry Date- _____



For more information on proof of ID or form of ID please click on

<http://usi.gov.au/help-centre/proof-of-ID/Pages/proof-of-ID.aspx>

4. Accept the terms and conditions
5. Click on **Create USI** on the **Skills Unique Student Identifier Registry website**
6. Enter Personal Details
7. Confirm Details
8. Ensure all details entered match the details shown on your form of ID provided
9. Evidence of Identity
10. Set Password
11. Check questions and answers
12. Activate your account

Once you create your USI you will need to fill in the section below and hand back to your teacher by the 07/03/15.

First Name- _____

Last Name- _____

Date of Birth- _____

USI Number- _____

For extra assistance with creating or finding your USI, please click on the Student Help link below
<http://usi.gov.au/help-centre/student-help/Pages/default.aspx>



Department of Teaching and Learning
Learning Support Services

ENROLMENT INFORMATION FOR LEARNING SUPPORT AND EAL/D STUDENTS

NAME:	
DATE OF ENROLMENT:	
YEAR LEVEL:	
NAME OF PREVIOUS SCHOOL:	
LEVEL OF LEARNING SUPPORT AT PREVIOUS SCHOOL:	Frequency: Duration:
PLEASE SPECIFY AREAS THAT WERE GIVEN SUPPORT:	<input type="radio"/> Numeracy <input type="radio"/> Literacy <input type="radio"/> Other subject areas
DOES THIS STUDENT HAVE ANY OFFICIALLY IDENTIFIED LEARNING DIFFICULTIES?	<input type="radio"/> Yes <input type="radio"/> No
PLEASE SPECIFY DIFFICULTIES (E.g. Dyslexia, ADHD, etc.)	



Department of Teaching and Learning
Learning Support Services

ONLY to be completed for students whom are identified as EAL/D Learners

This may include the following:

- Indigenous and TSI students, whose main language spoken at home is not English or Standard Australian English (SAE)
- Pacific Island students who may have been to school in NZ but are EAL/D learners
- Immigrant/refugee students and temporary visa-holders
- Children born in Australia, of migrant/refugee heritage, where English is not spoken at home
- International students from non-English speaking countries
- Students who are no longer eligible for a funded EAL/D support program, but are still EAL/D learners (e.g. some students of refugee background)

In order to provide support for students, the following is required:

A photocopy of Passport pages with:

- Student's passport
- Entry visa
- Stamp with date of entry to Australia / Travel Document

Name	
Gender	<input type="radio"/> Male <input type="radio"/> Female
Year level	
Date of birth	
Country of birth	
Date of arrival in Australia	
Name of previous school	
Language(s) other than English spoken at home?	
How often is English spoken at home?	<div style="display: flex; justify-content: space-between; align-items: center;"> 0% 50% 100% </div> <div style="text-align: center; margin-top: 5px;"> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> ENGLISH OTHER LANGUAGE(S) </div>



PROVISION OF STUDENT DISABILITY SERVICES

Special education programs support students with disabilities in state schools, and assist students and teachers in the development of their educational programs.

This information is required so that the school can provide the appropriate disability support services in regard to the functional implications of your students' disability or medical conditions which are relevant to their learning environment.

*** Please complete this form and return it with the enrolment forms.**

Family Name	
Given Name	
Date of Birth	
Year Level	
Name of previous school	
Support at Previous School?	YES / NO
NDIS package?	YES / NO
Supports required at school?	YES / NO

Please specify students' disability by ticking one or more boxes.

- | | | | |
|---|--------------------------|--------------------------------------|--------------------------|
| Intellectual Impairment | <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> |
| Vision Impairment | <input type="checkbox"/> | Speech-Language Impairment | <input type="checkbox"/> |
| Physical Impairment | <input type="checkbox"/> | Autism Spectrum Disorder / Aspergers | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | ADHD | <input type="checkbox"/> |
| Dyslexia | <input type="checkbox"/> | ODD | <input type="checkbox"/> |
| Dysgraphia | <input type="checkbox"/> | OCD | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | Anxiety | <input type="checkbox"/> |
| Eating Disorder | <input type="checkbox"/> | | |
| Medical Complications / Other (please specify)..... | | | <input type="checkbox"/> |

What impact (if any) do you consider the disability to have on the students' ability to study?

(i.e. Sport, Numeracy, Literacy)

.....

.....

.....

Some of the services that may be available include:

- Advisory Visiting Teachers
- Speech-Language Pathologists
- Guidance Officers
- SEP Case Manager within the school

The Deputy Principal of Special Education Services will be a key person in your child's education whose work includes:

- providing a link to the school administration team
- taking a central role in the education team in curriculum planning for the student
- monitoring the progress, performance and behaviour of students with disabilities
- giving advice and guidance to teachers and support staff
- coordinating and managing the staff and resources of the specialised program

Education Adjustment Program Consent Form

This form is used to record consent for the school to collect information to assist in determining the student's eligibility for and participation in the Education Adjustment Program (EAP).

EAP is a process for identifying and responding to the educational needs of students with disability.

Adjustments are made for students with disability to enable them to access the curriculum, achieve curriculum outcomes and participate in school life.

The EAP process initiates an ongoing cycle of documented data collection, planning, program development, intervention, EAP Profiles, evaluation and review.

Privacy Statement

The Department of Education collects, uses and discloses student's personal information in accordance with the confidentiality provision in s.426 of the Education (General Provisions) Act 2006. Information on the student's medical, developmental and educational status and history is being collected, used or disclosed for the purpose of the Education Adjustment Program. The information will be kept in a secure location and will only be accessed by relevant departmental personnel. Student's information will not be given to any other person or external body unless consent has been provided or the department is permitted or required by law to use or disclose such information. Information given to the professionals or agencies listed below is for the purpose of informing their professional service to the student.

Student Details

Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
First Name	<input type="text"/>	Gender	<input type="text"/>
EQ ID	<input type="text"/>	Year Level	<input type="text"/>
School	<input type="text"/>	School Phone	<input type="text"/>
Parent	<input type="text"/>	Home Phone	<input type="text"/>
Home Address	<input type="text"/>		
General Practitioner	<input type="text"/>	Contact Details	<input type="text"/>
Medical Specialist	<input type="text"/>	Contact Details	<input type="text"/>

OTHER AGENCIES OR PROFESSIONALS

Agency / Professional	Contact Person	Contact Details
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



The school team should ensure that the parents and student (as applicable), are supported to understand the EAP process.

Consent

I give consent for:

- the department to collect personal information for the purpose of the Education Adjustment Program (EAP)
- the school to share relevant personal information with Education Queensland guidance officers, advisory and specialist teachers and therapists for the purpose of the EAP
- the school to share relevant personal information with the student's general practitioner or medical specialist (as listed above) for the purpose of the EAP
- the school to share relevant personal information with agencies or professionals listed above for the purpose of the EAP
- the agencies or professionals listed to report to the school with diagnostic information and information to support educational planning
- participation in the EAP review processes (verification and EAP profile) according to review date/s specified or at my request.

Parent Name	<input type="text"/>		
Parent Signature	<input type="text"/>	Date	<input type="text"/>
Student Name	<input type="text"/>		
Student Signature	<input type="text"/>	Date	<input type="text"/>
School Representative Name	<input type="text"/>	Position	<input type="text"/>
School Representative Signature	<input type="text"/>	Date	<input type="text"/>

If the principal decides that the student is capable of giving their own informed consent, students are also required to sign this consent form, preferably in addition to the parent/carer's signature.

**A completed copy of this form is to be attached to the verification request(s).
The original of this form is to be kept in the student's school file.**

PASIFIKA MENTORING ENROLMENT FORM

Student Details

Given names _____ Surname _____

Address _____ Postcode _____

School _____ Male Female D.O.B _____

Shirt size
S M L XL 2XL 3XL 4XL 5XL

Home Phone _____ Mobile _____

Email _____ Grade _____

Ethnicity:

Cook Islands Fiji French Polynesia Māori
Niue Papua New Guinea Republic of Kiribati Samoa
Solomon Islands Tokelau Tonga Tuvalu
Vanuatu Other _____

Do you have any allergies or special dietary requirements? _____

I agree to participate and commit to the Pasifika Mentoring program and be the best I can be - respectful, responsible and positive.

Student signature _____ Date _____

Parent / Guardian Details

Given names _____ Surname _____

Home Phone _____ Mobile _____

Email _____

Consent

I give permission for the Brisbane Broncos to collect attendance records and academic data from schools and Dept of Education and Training QLD/Dept of Education NSW regarding my child. I understand that this information is required to assist with the tracking of school attendance, effort and behaviour and that only authorised staff will access this information. Details of information to be released:

- ◆ Medical conditions / disabilities
- ◆ Attendance and academic records
- ◆ Timetable information
- ◆ Contact details
- ◆ Anecdotal information relevant to meeting the students' needs

Yes No

I give permission for photos / videos of my child to be used in Brisbane Broncos and our Community Partners promotional materials

Yes No

I give permission for my child to participate in the Pasifika Mentoring program and associated excursions and activities. I understand that my child will be asked to complete feedback surveys at various times throughout the year. I understand that the Broncos staff will sometimes use text messages to communicate program changes, excursions and activity information relating to challenges.

Parent Signature _____

Date _____

