



The Federal Government requires all Registered Training Organisations to collect statistical information to help with educational planning, and to comply with NSW VETAB regulations. TTI collects this data by requiring its students to answer the following questions. TTI reports on this data, however, strictly ensures that the confidentiality of students is maintained in all instances by producing statistical information only, which excludes the name/identity of students. Your assistance in answering the questions below is appreciated.

**Q1. Are you of Aboriginal or Torres Strait Islander origin?**

Yes, Aboriginal  Yes, Torres Strait Islander  No

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**Q2. In which country were you born?**

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**Q3 Do you speak a language other than English at Home?**

No, English only  Yes, other Please specify: \_\_\_\_\_

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**Q4. Which of the following best describes your current employment status?**

Full Time Employee  Part Time Employee  
 Employer  Self-employed – not employing others  
 Unemployed – seeking full time work  Unemployed – seeking part time work  
 Not employed – not seeking employment  Unpaid worker in a family business

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**Q5. What is your highest level of completed school education?**

Year 12  Year 11  Year 10  Year 9 or lower

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**Q6. In what year did you finish at school?**

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**Q7. Have you successfully completed any of the qualifications listed below? (Please tick)**

Bachelor degree or higher  Adv or Assoc Diploma  Diploma or Assoc Diploma  
 Certificate IV or Adv Certificate/Tech  Certificate III or Trade Certificate  
 Certificate II  Certificate I  Other Certificate

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**Q8 Do you have a disability, impairment or long-term condition?**

No  Yes

If Yes, please tick the appropriate box below:

Hearing  Physical  Intellectual  Learning  
 Mental illness  Acquired brain impairment  Vision  
 Medical condition  Other:

### Section A: Practical

I would like to do the practical component of my course on  
(please tick all days you are available):

<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed
<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	
<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	

**Please note: Taronga Western Plains Zoo Certificate III in Captive Animals practical placements will be scheduled by ballot system after enrolments are finalised.**

**Please note: A fee may be charged if any changes are made to scheduled practical days throughout the course.**

### Section B: Self Health Assessment

TCSA is required and committed to ensure that all prospective students satisfy the inherent requirements and job demands of the course for which they are being considered and that all students are safe in fulfilling the practical components of their course. This information is required for the purpose of assessing your fitness for participation in the course.

**Do you suffer from, or have you ever suffered from, any of the following?**

	Yes	No
1. Have you ever had any operations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been in hospital for any reason not mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you taking any medication at present?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you receiving any other medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there anyone in your family who has heart disease, high blood pressure, diabetes, asthma, dermatitis, cancer or other serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been immunised against tetanus?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been immunised against hepatitis B?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a BCG (tuberculosis) vaccination?	<input type="checkbox"/>	<input type="checkbox"/>
9. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
10. Persistent cough	<input type="checkbox"/>	<input type="checkbox"/>
11. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
12. Chest pains	<input type="checkbox"/>	<input type="checkbox"/>
13. Asthma, bronchitis or tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
14. Dizzy spells or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
15. Fits, faints or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
16. Persistent headaches, migraine	<input type="checkbox"/>	<input type="checkbox"/>
17. Head injury	<input type="checkbox"/>	<input type="checkbox"/>
18. Any nervous or mental illness	<input type="checkbox"/>	<input type="checkbox"/>
19. Skin trouble	<input type="checkbox"/>	<input type="checkbox"/>
20. Hernia	<input type="checkbox"/>	<input type="checkbox"/>
21. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
22. Stomach, bowel, liver or gall bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>
23. Kidney, bladder or urinary trouble	<input type="checkbox"/>	<input type="checkbox"/>
24. Any broken bones or dislocations	<input type="checkbox"/>	<input type="checkbox"/>
25. Any other bone, joint, muscle or tendon trouble	<input type="checkbox"/>	<input type="checkbox"/>
26. Diabetes, thyroid trouble	<input type="checkbox"/>	<input type="checkbox"/>
27. Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>
28. Ear trouble, including deafness	<input type="checkbox"/>	<input type="checkbox"/>
29. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
30. Cold, tingling or numbness of hands or feet	<input type="checkbox"/>	<input type="checkbox"/>
31. Is there any other condition that you suffer that may prevent you from performing the inherent requirements of the course (both practical and theory)?	<input type="checkbox"/>	<input type="checkbox"/>

**Please Note: medical clearance may be required if requested by TCSA OHS officer.**

If the answer to any of the questions in Section B is 'yes', please provide details below:

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### Office Use:

Sited by OHS Officer

## Section C: Emergency Contact Details

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Section D: Student Declaration

In signing this document I agree that:

### TTI Refund Policy

Students are advised to give careful consideration to their course enrolment decision as enrolled students are only eligible for a full refund of course fees if the Taronga Training Institute cancels the course; or if the student advises of their cancellation at least thirty (30) working days prior to the commencement date of the course. An administration fee of \$100 will apply to students who cancel their enrolment.

### TTI Withdrawal Policy

Students wanting to withdraw are required to do so in writing. Where a student has elected to withdraw, the balance of their course fees is payable within 30 days of their notice of withdrawal.

### TTI Deferral Policy

Students wanting to defer may do so for a period of six (6) months only. A position will only be held for a deferring student if the course fees due have been paid on the original due dates. Where a student elects to defer, they are required to do so in writing with an indication of a date of return to the course.

### Confidentiality of Information

All information gained as a Student concerning the TCSA's operations, business, intellectual property, financial records, and/or employee information, whether obtained directly or indirectly, is to be regarded as confidential. Such information shall be treated in a strictly professional and confidential manner and not discussed outside the confines of the specific work area, or external to the TCSA.

### Release of Information

As a Student, I am not authorised to release information and/or communicate directly with the Office of the Minister for the Environment, government agencies or representatives, the media, and authorities including the Police or other third parties. In all instances, requests to release information and/or discuss issues related to the TCSA are to be directed to your supervisor.

### Restrictions on Use of Imagery

- Students may not without prior approval from the TTI Manager:
- Seek to sell or derive a profit from any imagery taken at the zoos.
- Commercially exploit the imagery in any way.
- Send or distribute images to any third parties or external agencies.
- Post imagery on networking or other websites (e.g. Facebook).
- Publish images in any way.
- Take photographs or video of any behind-the-scenes work areas of the Zoo.

### Criminal Conviction

I am aware that I am ineligible to apply for, undertake or remain in, child-related employment if I have been convicted of a 'serious sex offence' as defined by the Child Protection (Prohibited Employment) Act 1998 or if I am a 'Registrable Person' under the Child Protection (Offenders Registration) Act 2000. I declare that I am not a person prohibited by the Act from seeking, undertaking, or remaining in child related employment.

Have you ever had a criminal offence proved against you other than a spent conviction?  Yes  No

If yes please give details including the nature of the offence, date and penalty imposed

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– I confirm that the information provided on this form is true and correct.

– I understand that any intentional omission or false statement may be grounds for expulsion or non-admission.

– I will notify an Enrolment Officer (in writing) of any changes to the information provided within 7 days of my knowledge of the change.

– I acknowledge and agree that Taronga Training Institute ("TTI") and Taronga Conservation Society Australia ("TCSA") may disclose the information provided by me in this form (and any further information that I may subsequently provide) to:

(i) any entity involved in any restructure or transfer of TTI and TCSA business;

(ii) any related bodies corporate of TTI and TCSA; or

(iii) any employees, agents or contractors or other service providers of the TTI and TCSA

for the purpose of enabling TTI and TCSA to assess my application for enrolment in the course for which I have applied;

during, and within a reasonable period of time after I complete my course with the TTI, for purposes directly related to my current or former studies at the TTI, such as for training, marketing, research and reports;

de-identified information in research and statistics for educational training purposes and to comply with NSW Vocational Education and Training Accreditation Board regulations.

– I consent to TTI and TCSA contacting my referees and using the information to assess my suitability for enrolment at the TTI.

– consent to TCSA verifying any fact which is set out in this application (including any position held and educational qualifications).

– If my application is not successful I consent to TCSA holding any application for further consideration for a period of 12 months.

**I have read and agree to all the conditions in this Student Declaration. I have also answered the self health assessment section of this form to the best of my knowledge.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_