

# **Enrolment Form**

Please use BLOCK LETTERS when filling out this form and ensure that all sections are completed and appropriate tick boxes marked as applicable. Information collected on this enrolment form is confidential and will not affect you as an individual in your studies.

Title (Mr, Miss, Ms, Mrs, Othe	er):			
Gender (Tick ONE box only)	☐ Male	☐ Female ☐ Other		
Family name (Surname):			(if Single Name on	
First Name:		Middle Name		
Preferred Name:		Date of Birth: Day/month/y	ear//	
2. Your Contact Details	s			
Home Phone:			Mobile Phone:	
Email Address:			Work Phone:	
Alternative email address (opti	ional)			
Preferred Contact Method:		□ via Email	□ via Post (address below)	(please tick one)
			Relationship:	
Name:		Mobile Phone:	Relationship: Work Phone	
which you reside for training,  If you are from a rural area us  street address.	s of your usual residdress (street number a, work or other purposes se the address from you	Mobile Phone:  idence?  Ind name not post office both in the proof of the post	Work Phone  x) where you usually reside rather than nome.  property addressing' or 'numbering' system address site, including the name of a	e: n any temporary addre stem as your residenti
Name:  Home Phone:  4. What is the address Please provide the physical active which you reside for training, of you are from a rural area ustreet address.  Building/property name is the community, homestead, build Building/property name Flat/unit details -	s of your usual residdress (street number a work or other purposes se the address from youe official place name or ding complex, agriculture	Mobile Phone:  idence?  Ind name not post office both in the proof of the post	Work Phone  x) where you usually reside rather than nome.  property addressing' or 'numbering' system address site, including the name of a	e: n any temporary addre stem as your resident
Name: Home Phone:  4. What is the address Please provide the physical ac which you reside for training, f you are from a rural area us street address. Building/property name is the community, homestead, build  Building/property na  Flat/unit details -	s of your usual residdress (street number a, work or other purposes se the address from youe official place name or ding complex, agricultur	Mobile Phone:  idence?  Ind name not post office both in the proof of the post	Work Phone  x) where you usually reside rather than nome.  property addressing' or 'numbering' system address site, including the name of a	e: n any temporary addre stem as your resident
Name: Home Phone:  4. What is the address Please provide the physical activities and a rural area use street address.  Building/property name is the community, homestead, build bui	s of your usual residdress (street number a , work or other purposes se the address from you e official place name or ding complex, agriculturime -	Mobile Phone:  idence?  Ind name not post office both in the proof of the post	Work Phone  x) where you usually reside rather than nome.  property addressing' or 'numbering' system address site, including the name of a	e: n any temporary addro stem as your resident
Name:  Home Phone:  4. What is the address Please provide the physical activities which you reside for training, If you are from a rural area usstreet address.  Building/property name is the community, homestead, build Building/property na Flat/unit details -  Street or lot number Street name -	s of your usual residdress (street number a , work or other purposes se the address from you e official place name or ding complex, agriculturime -	Mobile Phone:  idence?  Ind name not post office both in the proof of the post	Work Phone  x) where you usually reside rather than nome.  property addressing' or 'numbering' system address site, including the name of a	e: n any temporary addre stem as your residenti

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5. What is your postal address (if different from above)?		
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/territory -		
Postcode -		
		<del>_</del>
5. WORKPLACE EMPLOYER DETAILS (if applicable)		
Frading Name		
Contact Name:	Supervisor Name:	
Fraining Address		
Phone	Employer email	
7. Language and Cultural Diversity		
Are you of Aboriginal/Torres Strait Islander origin?	□ No	☐ Yes, Aboriginal
	☐ Yes, Torres Strait Islander	☐ Yes, Aboriginal & T.S. Islander
In which country were you born?	☐ Australia	☐ Other (please specify below)
Do you speak a language other than English at home?	☐ No (English only)	☐ Yes (please specify below)
If you speak a language other than English at home, how well do you	□ Very Well	□ Well
speak English?	□ Not well	□ Not at all
8. Unique Student Identifier (USI)		
From 1 January 2015, we Montford International College (MIC) can		
qualification or statement of attainment when you complete your addition, we are required to include your USI in the data we submi		
directly at http://www.usi.gov.au/create-your-USI/ on computer o		
gender as 'other' you will need to contact the USI Office for assista	ance.	
Enter your USI		
If you want that RTO will create a USI on your behalf, then go	to point 9 and complete the	e information.

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# 9. USI application through your RTO (if you do not already have one)

## Application for Unique Student Identifier (USI)

If you would like us Montford International College (MIC) to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <a href="https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf">https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf</a>. You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] ......authorise Montford International College (MIC)to apply pursuant to

sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my be	ehalf.
I have read and I consent to the collection, use and disclosure of my person information detailed at <a href="https://www.usi.gov.au/documents/privacy-newton">https://www.usi.gov.au/documents/privacy-newton</a>	onal information (which may include sensitive information) pursuant to the otice-when-rto-applies-their-behalf>.
Town/City of Birth	
(please write the name of the Australian or overseas town or city wi	here you were born)
We will also need to verify your identity to create your USI.	
Please provide details for <u>one</u> of the forms of identity below (numb	pered 1 to 8).
Please ensure that the name written in 'Personal Details' section is	exactly the same as written in the document you provide below.
1. Australian Driver's Licence	2. Medicare Card
State:	Medicare card number
Licence Number:	card): Card colour: (select which applies) Green Expiry date/(format MM/YYYY)
3. Immicard	(month/year)
Immicard Number	Yellow Blue Expiry date/(format DD/MM/YYYY)
4. Certificate of Registration by Descent	(day/month/year)
Acquisition date	
(day/month/year)	
5. Australian Birth Certificate	6. Non-Australian Passport (with Australian Visa)
State/Territory Details vary according to State/Territory (see note above)	Passport number Country of issue
7. Australian Passport	8. Citizenship Certificate
Passport number	Stock numberAcquisition date/day/month/year)

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In accordance with section 11 of the *Student Identifiers Act 2014*, Montford International College (MIC) will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

## 10. Education Details

.Are you still enrolled in secondary o			·····	
education?	or senior secondary	□ No		☐ Yes
What is your highest COMPLETED sch	anal laval?	☐ Complet	ed Year 12	☐ Completed Yr. 9 or equival
What is your highest <b>COMPLETED</b> sch (Not inclusive of highe		☐ Complet	ed Year 11	☐ Completed Yr. 8 or lower
Tick one box only	·	☐ Complet	ed Year 10	☐ Never attended school
In which year did you complete this	school level?			
(must be answered – even if educat	ion was completed overseas)			
If still attending school, name of scho	ool:			
Previous secondary school (if applica	ble):			
11. Employment Status				
	☐ Employed – unpaid worker	in a family business	☐ Full time	employee
Which of the following categories	☐ Self-employed – not emplo	ying others	☐ Part time	employee
BEST describes your current			☐ Employer	•
employment status?	☐ Not employed – not seekir	ng employment		
Tick one box only	☐ Unemployed – seeking full	time work		
,	☐ Unemployed – seeking par	t time work		
Where are you employed?				
	_			
How many employees are at your cu employer?	rrent		□ Over 20	
	rrent		□ Over 20	
employer?  12. Occupation	rrent □ Up to 20 □ 1 - Managers			les Workers
employer?  12. Occupation  Which of the following			□ 6 – Sal	les Workers achinery Operators & Drivers
employer?  12. Occupation  Which of the following classifications BEST describes your current (or recent)	☐ 1 - Managers	Workers	□ 6 – Sal	achinery Operators & Drivers
employer?  12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?	☐ 1 - Managers ☐ 2 - Professionals		□ 6 – Sal □ 7 – Ma □ 8 - Lab	achinery Operators & Drivers ourers
employer?  12. Occupation  Which of the following classifications BEST describes your current (or recent)	☐ 1 - Managers ☐ 2 - Professionals ☐ 3 — Technicians & Trade	onal Service Workers	□ 6 – Sal □ 7 – Ma □ 8 - Lab	achinery Operators & Drivers ourers
employer?  12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.	☐ 1 - Managers ☐ 2 - Professionals ☐ 3 — Technicians & Trade ☐ 4 — Community and Pers ☐ 5 — Clerical & Administr	onal Service Workers	□ 6 – Sal □ 7 – Ma □ 8 - Lab	achinery Operators & Drivers ourers
employer?  12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.	☐ 1 - Managers ☐ 2 - Professionals ☐ 3 — Technicians & Trade ☐ 4 — Community and Pers ☐ 5 — Clerical & Administr	onal Service Workers ative Workers	□ 6 – Sal □ 7 – Ma □ 8 - Lab □ 9 – Ot	achinery Operators & Drivers ourers
employer?  12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.	☐ 1 - Managers ☐ 2 - Professionals ☐ 3 — Technicians & Trade ☐ 4 — Community and Pers ☐ 5 — Clerical & Administr	onal Service Workers ative Workers	□ 6 – Sal □ 7 – Ma □ 8 - Lab □ 9 – Ot	achinery Operators & Drivers nourers her
employer?  12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.  13. Industry of Employmen	□ 1 - Managers □ 2 - Professionals □ 3 - Technicians & Trade □ 4 - Community and Pers □ 5 - Clerical & Administr □ A - Agriculture, Forestry □ B - Mining	onal Service Workers ative Workers	□ 6 – Sal □ 7 – Ma □ 8 - Lab □ 9 – Ot □ K – Fir □ L – Re	achinery Operators & Drivers nourers her
### 12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.  13. Industry of Employment which of the following classifications	□ 1 - Managers □ 2 - Professionals □ 3 - Technicians & Trade □ 4 - Community and Pers □ 5 - Clerical & Administr □ A - Agriculture, Forestry □ B - Mining	onal Service Workers ative Workers 	6 - Sal   7 - Ma   8 - Lab   9 - Ot   K - Fir   L - Re   M - Pr	achinery Operators & Drivers nourers her nancial & Insurance Services ntal, Hiring & Real Estate Services
12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.  13. Industry of Employmen  Which of the following classifications BEST describes the Industry of your	☐ 1 - Managers ☐ 2 - Professionals ☐ 3 - Technicians & Trade ☐ 4 - Community and Pers ☐ 5 - Clerical & Administr	onal Service Workers ative Workers 	6 - Sal   7 - Ma   8 - Lab   9 - Ot   K - Fir   L - Re   M - Pr	achinery Operators & Drivers sourers ther nancial & Insurance Services ntal, Hiring & Real Estate Services
12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.  13. Industry of Employmen  Which of the following classifications BEST describes the Industry of your	1 - Managers 2 - Professionals 3 - Technicians & Trade 4 - Community and Pers 5 - Clerical & Administr  A - Agriculture, Forestry B - Mining C - Manufacturing D - Electricity, Gas, Wat	onal Service Workers ative Workers 	6 - Sal   7 - Ma   8 - Lab   9 - Ot     K - Fir   L - Re   M - Pr   N - Ad   O - Pu	achinery Operators & Drivers nourers her nancial & Insurance Services ntal, Hiring & Real Estate Services rofessional, Scientific & Technical Sv
### 12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.  13. Industry of Employmen  Which of the following classifications BEST describes the Industry of your current (or recent) Employer?	□ 1 - Managers □ 2 - Professionals □ 3 - Technicians & Trade □ 4 - Community and Pers □ 5 - Clerical & Administr □ A - Agriculture, Forestry □ B - Mining □ C - Manufacturing □ D - Electricity, Gas, Wat □ E - Construction	onal Service Workers ative Workers 	6 - Sal   7 - Ma   8 - Lab   9 - Ot   K - Fir   L - Re   M - Pr   N - Ad   O - Pu	achinery Operators & Drivers nourers her nancial & Insurance Services ntal, Hiring & Real Estate Services rofessional, Scientific & Technical Sv lministrative Support Services
12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.  13. Industry of Employmen  Which of the following classifications BEST describes the Industry of your current (or recent) Employer?  Tick one box only if you never	1 - Managers 2 - Professionals 3 - Technicians & Trade 4 - Community and Pers 5 - Clerical & Administr  A - Agriculture, Forestry B - Mining C - Manufacturing D - Electricity, Gas, Wat E - Construction F - Wholesale Trade	onal Service Workers ative Workers and Fishing er & Waste Services	6 - Sal   7 - Ma   8 - Lab   9 - Ot   L - Re   M - Pr   N - Ad   O - Pu   P - Ed   Q - He	achinery Operators & Drivers sourers ther  nancial & Insurance Services ntal, Hiring & Real Estate Services rofessional, Scientific & Technical Sv Iministrative Support Services ablic Administration and Safety ucation & Training
12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never employed go to next section.  13. Industry of Employmen  Which of the following classifications BEST describes the Industry of your current (or recent) Employer?  Tick one box only if you never	1 - Managers 2 - Professionals 3 - Technicians & Trade 4 - Community and Pers 5 - Clerical & Administr  A - Agriculture, Forestry B - Mining C - Manufacturing D - Electricity, Gas, Wat E - Construction F - Wholesale Trade G - Retail Trade	onal Service Workers ative Workers and Fishing er & Waste Services	6 - Sal   7 - Ma	achinery Operators & Drivers courers her  nancial & Insurance Services ntal, Hiring & Real Estate Services rofessional, Scientific & Technical Sv Iministrative Support Services ablic Administration and Safety ucation & Training ealth Care & Social Assistance
employer?  12. Occupation  Which of the following classifications BEST describes your current (or recent) occupation?  Tick one box only if you never	□ 1 - Managers □ 2 - Professionals □ 3 - Technicians & Trade □ 4 - Community and Pers □ 5 - Clerical & Administr  □ A - Agriculture, Forestry □ B - Mining □ C - Manufacturing □ D - Electricity, Gas, Wat □ E - Construction □ F - Wholesale Trade □ G - Retail Trade □ H - Accommodation & F	onal Service Workers ative Workers and Fishing er & Waste Services Geed Services	6 - Sal   7 - Ma   8 - Lab   9 - Ot   L - Re   M - Pr   N - Ad   O - Pu   P - Ed   Q - He   R - Art	achinery Operators & Drivers courers ther  mancial & Insurance Services moders

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14. Disability							
Do you consider yourself to have a d	isability, im	pairment or lo	ong term condition	? 🗆 YES		□ NO	
If yes, please indicate the areas of di impairment or long term condition. indicate more than one.  15. Previous Qualifications/E	You may		Hearing/deaf Intellectual Mental illness Vison Other (Please spec	,,		☐ Physical☐ Acquired brain imp☐ Learning☐ Medical condition☐	
Have you successfully <b>COMPLETED</b> any							
If yes, please tick ONE applicable box relating to your prior education at ANY applicable Level as follows:  A = Australian Qualification  E = Australian Equivalent*  I = International  If multiple of one type, use above priority order (A), (E) and then (I).	A E	I Bachelor De Advanced D Diploma or A Certificate I' Technician	gree or Higher Deg iploma or Associate Associate Diploma V or Advanced	Degree	c	ertificate III or Trade Co ertificate II ertificate I Other (please specify) verseas Qualifications Un	
16. Study Reason							
Of the following reasons, which <b>BEST</b> describes your main reason for undertaking this course / traineeship / apprenticeship?  Tick one box only	□ To st	t a job	nt career		I wanted ex To get into a For personal To get skills	uirement of my job tra skills for my job another course of study I interest or self-develo for community/volunta	pment
17. Student Contact  How did you find out about the course you are enrolling in?  Tick one box only	☐ Job So☐ Staff		nt			of mouth Media (e.g. Facebook) ntice Centre	

 $\ \square \ \ Newspapers$ 

 $\square$  Workplace

 $\square$  Other (please specify)

☐ Flyer

☐ Website

☐ Radio advertising



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1	Q	Stud	ent	Hanc	łhaa	k

The student
handbook outlines
the following:

- Student fee information
- Refund Policy
- Code of conduct
- Complaints procedure
- Appeals procedure
  - Assessment guidelines
- Student welfare and support

services

Recognition of prior learning

I declare that I have read and understood RTO student handbook and their policies & procedures regarding the above.

Signature:			Date:		
The Student Handbook	can be found on RTC	) website.			
19. Australian Citiz	enship Status				
☐ Australian Citizen	☐ New Zealand Citiz	zen 🗆 Pern	nanent Resident	☐ Other (please provide details)	
20. Training produc	t to be enrolled ir	ո.			
Course Code	(	Course Name			

# 21. Pre-Training Checklist (Please tick the correct boxes)

☐ Pre-training form completed	☐ Entry Requirements discussed
☐ Language, Literacy and Numeracy(LLN) assessment	☐ Credit Transfer discussed
completed by student and attached	
☐ Delivery Mode discussed	☐ Location of the course discussed
☐ Recognition of prior learning(RPL) discussed	☐ Tuition fees, Concession and Exemption discussed
☐ Refund policy discussed	☐ Student question answered
$\ \square \ $ I have read and understand the student handbook	☐ Please indicate any special needs, assistance you may require during the course (e.g Writing assistance)



## **Privacy Statement & Student Declaration**

### **Privacy Notice**

Under the *Data Provision Requirements 2012*, Montford International College (MIC) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed Montford International College (MIC) for statistical, administrative, regulatory and research purposes. Montford International College (MIC) may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at <a href="https://www.ncver.edu.au">www.ncver.edu.au</a>).

### Consent for publication of photographs and student work

- RTO occasionally takes photos of students participating in classes for publicity purposes. These photos may be displayed on our website. The names and details of the people in the photos are not released or published. Staff will always identify when they are taking photos so students who don't wish to have their photo taken can be excluded from the photo. If at any time your photo is published on the website and you would like it removed, we will do so within 24 hours of receiving a written request to remove it.
  - Do you consent to the use of your photo under these conditions? Please circle one:
     Yes No.
  - If you indicated NO please ensure you advise the staff member at the time the photo is being taken to ensure you are excluded from the photo.

### Consent/authority to release information and view documents

Please be assured that any discussions held with this representative will be for the purposes of your assessment and for your skills development.

During the process we do not plan to discuss your evidence or work practices with other trainees, unless we have your written permission to do so.

You are required to give permission in writing for any of these discussions or viewing of evidence to occur.

• I will be required to participate in the completion of a National Students Outcomes Survey [NCVER], during the course of my training program.

### **Declaration of Information Accuracy**

In signing or emailing this form I acknowledge and declare that;

- 1. I have read and understood and consent to the privacy notice and have completed all questions and details on the enrolment forms.
- 2. Arrangements have been made to pay all fees and charges applicable to this enrolment.
- 4. I have read and understand the RTO Information for Learners Handbook



- 5. I agree to be bound by the RTO's Student Code of Conduct, regulations, policies and disciplinary procedures whilst I remain an enrolled student.
- 6. I am 18 years of age or older, or have permission to access the internet from my parent(s) or guardian(s) if under 18.
- 7. My participation in this course is subject to the right of RTO to cancel or amalgamate courses or classes. I agree to abide by all rules and regulations of RTO.
- 8. I understand and have been provided with information by RTO in relation to Credit Transfer and Recognition of Prior Learning (RPL).
- 9. I confirm that I have been informed about the training, assessment and support services to be provided, and about my rights and obligations as a student at RTO.
- 10. I have also visited RTO website to review Training and Assessment options available to me including but not limited to duration, location, mode of delivery and work placement (if any), fees, refunds, complaints and withdrawals.
- 11. I authorise RTO or its agent, in the event of illness or accident during any RTO organised activity, and where emergency contact next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- 12. My academic results will be withheld until my debit is fully paid and any property belonging to RTO has been returned.
- 13. I acknowledge that from time to time RTO may send me information regarding course opportunities and other promotional offers and that I have the ability to opt out.
- 14. I declare that the information I have provided to the best of my knowledge is true and correct.
- 15.I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Signed (Student)	Date:
Signed (PARENT/GUARDIAN)	Date:

\*Parental/guardian consent is required for all students under the age of 18.



# **Disability supplement**

### Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

# If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

### '11 - Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates or ally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

#### '12 - Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

### '13 - Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in a daptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection b efore or after birth, trauma during birth, or illness.

#### '14 - Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

### '15 - Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

### '16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

### '17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

### '18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating le vels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's di sease, cystic fibrosis, asthma or diabetes.

### '19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.