

## What are Vocational Educational Training (VET) Government Statistics?

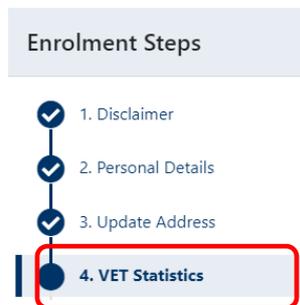
As a part of your study within Australia, there is certain information the Australian Government Requires Avondale to gather and provide to them through various reporting mechanisms. These questions are required as a part of that process and are specific to the VET Sector. The answering and submission of these questions is a mandatory requirement should you wish to study at Avondale in a VET course. You must complete and submit responses to these questions.

## How do I submit my VET Statistics?

Step 1: Go the VET Statistics Step

Go to the menu item 'VET Statistics' in the Self-Enrolment Process.

### Self-Enrolment



Step 2: Answer Questions as Listed

Question 1: What is the postcode of the suburb or town or locality in which you usually live?

Enter your postcode in the box if your postcode is within Australia

Australian Postcode

If it the postcode is from overseas, select the box below.

I have an overseas address (postcode not required)

Question 2a: Do you speak a language other than English at home?

If you speak only English at home select the following box.

Only speak English (continue to question 3)



**Important:**

If you have selected the box above. 'Only speak English please continue to question 3. Please do not select from the 'Other Language' drop down.

If you speak a language other than English please indicate which language by selecting from the dropdown listing.

Other Language  
(spoken most often)

Once you have highlighted and selected the Language from the listing it should appear as follows:

Other Language  
(spoken most often)

AFRIKAANS

Question 2b: If you speak another Language at home, how well do you speak English?

If you speak another language at home, please also state how you speak English by selecting the most appropriate radio button.

How well do you speak English?

- Can speak English very well
- Can speak English well
- Cannot speak English at all
- Cannot speak English well

Question 3: In what country were you born?

If you were born in Australia please select tick the box below

Born In Australia

Otherwise, select the Country from the dropdown list.

Overseas Country

Once you have highlighted and selected the country from the listing it should appear as follows:

Overseas Country

AFGHANISTAN

Question 4: Are you of Aboriginal or Torres Strait Islander origin?

Select the most appropriate option by using the radio buttons.

**\*4. Are you of Aboriginal or Torres Strait Islander origin?**

- No, Neither Aboriginal nor Torres Strait Islander
- Yes, Aboriginal
- Yes, Aboriginal AND Torres Strait Islander
- Yes, Torres Strait Islander

Question 5: Which of the following categories, BEST describes your current employment status?

Select the most appropriate option by using the radio buttons.

**\*5. Which of the following categories BEST describes your current employment status?**

- Employed - unpaid worker in a family business
- Employer
- Full-time employee
- Not employed - not seeking employment
- Part-time employee
- Self-employed - not employing others
- Unemployed - seeking full-time work
- Unemployed - seeking part-time work

Question 6: Are you still attending school?

Select the most appropriate option by using the radio buttons.

**\*6. Are you still attending school?**

- Yes
- No

Question 7: What is your highest COMPLETED school level?

Select the most appropriate option by using the radio buttons.

**\*7. What is your highest COMPLETED school level?**

- Completed Year 12
- Completed Year 11
- Completed Year 10
- Completed Year 9 or lower
- Year 8 or below
- Did not go to school

Question 8: In which year did you complete your highest school level?

Enter the year in the field provided.

Year

Question 9: Have you SUCCESSFULLY completed any of the following qualifications?

Please select ALL applicable boxes by selecting the boxes that apply. You can select multiple options

**9. Have you SUCCESSFULLY completed any of the following qualifications? Please select ALL applicable boxes:**

- Bachelor Degree or Higher  
Degree level
- Advanced Diploma or  
Associate Degree Level
- Diploma Level
- Certificate IV
- Certificate III
- Certificate II
- Certificate I
- Miscellaneous Education

Question 10: Do you consider yourself to have a disability, impairment or long-term medical condition, which is likely to affect your study?

	<b>Note:</b> The disclosure of a disability is confidential information
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If your answer is 'No' then select the box as highlighted.

**\*10. Do you consider yourself to have a disability, impairment or long-term medical condition which is likely to affect your study? The disclosure of a disability is confidential information.**

No

If your answer is 'Yes' please select from the type of disability, impairment or long-term medical condition and whether you wish to be contacted by Avondale's Support and Equity services. This is so that Avondale can assist and support you throughout your studies with Avondale. You can select multiple items for the listing.

**\*10. Do you consider yourself to have a disability, impairment or long-term medical condition which is likely to affect your study? The disclosure of a disability is confidential information.**

No

If yes, please indicate the areas of disability, impairment or long-term condition.

For each area selected, please indicate if you would like Support and Equity Services to contact you and provide you with information about support and equipment to complete your studies.

**OR**

**Please contact me**

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Acquired Brain Injury        | <input type="checkbox"/> |
| <input type="checkbox"/> Hard of Hearing/Deaf         | <input type="checkbox"/> |
| <input type="checkbox"/> Intellectual                 | <input type="checkbox"/> |
| <input type="checkbox"/> Low Vision/Blind             | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Condition            | <input type="checkbox"/> |
| <input type="checkbox"/> Mental Health Condition      | <input type="checkbox"/> |
| <input type="checkbox"/> Neurological Condition       | <input type="checkbox"/> |
| <input type="checkbox"/> Physical                     | <input type="checkbox"/> |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> |
| <input type="checkbox"/> Unspecified                  | <input type="checkbox"/> |
| <input type="checkbox"/> Other                        | <input type="checkbox"/> |

### Step 3: Review your answers and Save

Once you have checked to make sure you have answered all the questions correctly. Save your responses by selecting 'Save & Continue.

**Example:**

[Confirm & Continue →](#)

If you have answered all questions you will see a 'Record successfully updated' message upon saving.