

## **ENROLMENT FORM: AUSTRALIAN COLLEGE OF SKILLS & EDUCATION**

Students who would like to enrol in a program or qualification must complete all areas of the Enrolment Application Form. Please note that the information contained with this document must be supplied to, and used by governments and other agencies for administration and research in accordance with legislation requirements.

Qualification/ Short Course			
Name			
Qualification/ Short Course			
Code			
Delivery Method	Classroom	□ Recognition	Work based Training &
			Assessment
Proposed Course Dates			

When completing the table below please write the name used when you applied for your Unique Student Identifier (USI), including any middle names and the physical address (Centre) where you usually reside.

1. PERSONAL DETAILS				
TITLE	🗆 Mr 🗆 Mrs 🗆 Miss 🗆 Ms	Gender	🗆 Male 🗆 Female	
First Name		Date of Birth		
Middle Name		USI		
Surname		Former Name (if applicable)		
Place of Birth				
Residential Addres				
Suburb				

2. Disability / Special Need / Learning Support			
Do you have a disability,	impairme 🗆 Yes 🗆 No		
or long term condition?	If yes, Please selec	t the areas in the following list.	NOTE: You may select more
	than one area		
Hearing/Deaf	🗆 Learning	🗆 Vision	🗆 Other
Physical	Mental Illness	Intellectual	□Acquired brain
Impairment			

3 . Language and Cultural Diversity	
Are you an Australian Citizen ?	□ Yes □ No Are you a permanent resident □ Yes □ No
In which country were you born?	□ Australia □Others- Please specify
If you are <b>not</b> an Australian Citizen or	Visa Type :
permanent	
Resident, please list your Visa Type	
Do you speak a language other than English a	🛛 No 🛛 Yes- Please Specify
home?	
How well do you speak English ?	□ Very Well □ Well □ Not Well □ Not at all
Are you Aboriginal or Torres Strait Islander ?	$\square$ No $\square$ Yes, Aboriginal $\square$ Yes, Torres Strait Islander $\square$ Yes , Both



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4. Schooling	
What is the highest level of school that you completed ?	🗆 Year 12 or equivalent 🛛 Year 9 or equivalent
Note: If you have not attended school go to the next section	Year 11 or equivalent  Year 8 or below
	Year 10 or equivalent
Are you still attending secondary school?	🗆 Yes 🗆 No

5. Previous Qualification achieved				
Have you successfully completed a qualification ?		🗆 Yes 🗆 No	If YES , tick the applicable bo	xes
□ Bachelor Degree or higher □	Certifica	ate IV or advanced	l certificate technician 🛛 Cert	tificate I
$\square$ Advanced Diploma or associate degree $\square$	Certific	ate III	🗆 Othe	er Certificate
Diploma or associate diploma	] Certific	ate II		
If yes, identify the qualification and year com	pleted.	Qualification		Year
Note: If applying for credit transfer please attach				
a copy of your Qualification and				
Transcript of Results				

6 . Employment Status					
Of the following categories, which describes your current employment status?					
□Full- Time Employee	□Self Employed – Not employing others	$\Box$ Employed- unpaid in a family business			
□Part-Time Employee	□ Unemployed – Seeking Full-time Work	Unemployed			
🗆 Employer					

7 . Study Reason				
Of the following categories , which best describes your reason for undertaking this course?				
$\Box$ To get a job $\Box$ To try for a different career $\Box$ I want extra skills for my job				
□ For personal reasons or self-development □ To develop my existing business				
□ To get a better job or promotion □ To get into another course of study □ Other reason		Other reasons		

8. Course (PLEASE TICK )
BSB20115   Certificate II in Business   Online
BSB41515   Diploma of Project Management   Online
BSB51918   Diploma of Leadership and Management   Online
CHC30113   Certificate III in Early Childhood Education and Care   Blended Delivery   Mt Druitt Hub
CHC50113   Diploma of Early Childhood Education and Care   Blended Delivery   Mt Druitt Hub
CHC52015   Diploma of Community Services   Blended Delivery   Mt Druitt Hub
CPCCWHS1001   Prepare to Work Safely in the Construction Industry   Face to Face   Mt Druitt Hub
□ FNS40217   Certificate IV in Accounting and Bookkeeping   Online
FNS50217   Diploma of Accounting   Online
□ FSK20113   Certificate II in Skills for Work and Vocational Pathways   Online
HLTAID001   Perform Cardiopulmonary Resuscitation (CPR)   Face to Face  Mt Druitt Hub
HLTAID003   Provide First Aid  Face to Face   Mt Druitt Hub
HLTAID004   Provide an Emergency First Aid Response in an Education and Care Setting   Face to Face   Mt Druitt Hub



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#### 8. Unique Student Identifier

From 1<sup>st</sup> January 2015 all students undertaking nationally training must have a Unique Student Identifier (USI) and provide that USI to their Registered Training Organisation for verification. If you do not have a USI number you need to directly apply at <a href="http://www.usi.gov.au/create-your-usi/">http://www.usi.gov.au/create-your-usi/</a>. ACSE is not able to issue AQF certification documentation ( your certificate, record of results or statement of attainment ) without a verified USI. Read the permission statements below and tick all 3 if you would like ACSE to create a USI on your behalf.

□ I give my permission to ACSE to **apply** for a USI on my behalf pursuant to subsection 9(2) of the Student Identif Act 2014

 $\Box$  I agree to provide one of the forms of identity required below to create a USI

Australian Driver Licence
Medicare card
Passport
Non-Australian Passport with Australian Visa
Immicard
Citizenship Certificate
Certificate of registration by Descent

 $\Box$  I give permission for ACSE to verify my USI

#### 9. Declaration and Consent

All information provided to ACSE as part of the enrolment process is true and correct to the best of my knowledge and understanding. I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of the offer made.

□ I understand that personal information collected by ACSE may be supplied to and used by government and other agencies for administration, regulation and research. I understand that my information may be disclosed to my employer( If I am enrolled in training paid by my employer) or school ( if I am a school based apprentice/trainee or VET in Schools student) if applicable/ I consent for the information collected to be used and disclosed by ACSE in accordance with legal , regulatory and data provision requirements.

□ I understand that I may receive a National Centre for vocational Education Research (NCVER) student survey.

□ I would like to enrol in this course having been provided with sufficient information (e.g student handbook, pre enrolment information, and course information ) in which to make an informed decision prior to enrolment.

□ if applicable, I agree to the fee/s being charged, payment terms and refund policy and procedure.

□ I am aware of my rights and responsibilities as a student and agree to abide by the policies and procedures of organisation outlined in the Student Handbook and as advised to me by my trainer.

Full Name

Signature

Parent/ Guardian Name	Parent/ Guardian Signa	ture
(Required if student is	(Required if student is	under
under 18 years of age )	18 years of age )	