



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	<input type="checkbox"/> Classroom	<input type="checkbox"/> Distance	<input type="checkbox"/> Recognised Prior Learning (RPL)
Course commencement Date			
Where did you hear about our college			

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	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name		Date of Birth (DD/MM/YY)	
Middle Name		USI	
Surname		Former Name (if applicable)	
Place of Birth		Ph No	
Residential Address		Email	
Suburb		Post Code	
Country			
Emergency Contact Details			
First Name		Relationship	
Middle Name		Phone No	
Last Name		Email	

WHAT IS YOUR POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)?	
Flat/unit details:	Street or Lot Number (e.g., 205 or Lot 118):
Street name:	Suburb:
State:	Post Code
Country	

Note: It is mandatory to provide two IDs to confirm the enrolment. E.g. A copy of license or passport & Medicare. If you do not have Medicare then copy of visa details is mandatory.

2. Disability / Special Need / Learning Support
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Do you have a disability, impairment or long term condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select the areas in the following list. NOTE: You may select more than one area		
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Medical Condition	<input type="checkbox"/> Vision <input type="checkbox"/> Intellectual	<input type="checkbox"/> Other <input type="checkbox"/> Acquired brain

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

Please provide Original Visa documentation (It is required for enrolment)

4. Schooling	
What is the highest level of school that you completed? Note: If you have not attended school go to the next section	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 10 or equivalent
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Previous Qualification achieved		
Have you successfully completed a qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, tick the applicable boxes	
<input type="checkbox"/> Bachelor's degree or higher <input type="checkbox"/> Advanced Diploma or associate degree <input type="checkbox"/> Diploma or associate diploma	<input type="checkbox"/> Certificate IV or advanced certificate technician <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Other Certificate	
If yes, identify the qualification and year completed.	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?	
<input type="checkbox"/> Full- Time Employee <input type="checkbox"/> Self Employed – Not employing others <input type="checkbox"/> Employed- unpaid in a family business <input type="checkbox"/> Part-Time Employee <input type="checkbox"/> Unemployed – Seeking Full-time Work <input type="checkbox"/> Unemployed <input type="checkbox"/> Employer	



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7 . Study Reason

Of the following categories, which best describes your reason for undertaking this course?

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|---|---|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To try for a different career | <input type="checkbox"/> I want extra skills for my job |
| <input type="checkbox"/> For personal reasons or self-development | <input type="checkbox"/> To develop my existing business | |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get into another course of study | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> To get skills for community / voluntary work | |

8. Course (PLEASE TICK)

- | |
|--|
| <input type="checkbox"/> BSB20120 Certificate II in Workplace Skills Online |
| <input type="checkbox"/> BSB50820 Diploma of Project Management Online |
| <input type="checkbox"/> BSB50420 Diploma of Leadership and Management Online |
| <input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care Blended Delivery |
| <input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care Blended Delivery |
| <input type="checkbox"/> CHC52015 Diploma of Community Services Blended Delivery |
| <input type="checkbox"/> CHCSS00074 Child Protection |
| <input type="checkbox"/> ICT50220 Diploma of Information Technology Online |
| <input type="checkbox"/> ICT20120 Certificate II in Applied Digital Technologies Online |
| <input type="checkbox"/> CPCWHS1001 Prepare to Work Safely in the Construction Industry Face to Face |
| <input type="checkbox"/> CPCWHS1001 Prepare to Work Safely in the Construction Industry Real time Remote Learning NSW |
| <input type="checkbox"/> CPCWHS1001 Prepare to Work Safely in the Construction Industry Real time Remote Learning QLD |
| <input type="checkbox"/> FNS40222 Certificate IV in Accounting and Bookkeeping Online |
| <input type="checkbox"/> CHC33015 Certificate III in Individual Support Blended Delivery |
| <input type="checkbox"/> CHC40221 Certificate IV in School Based Education Support Blended Delivery |
| <input type="checkbox"/> CHC43115 Certificate IV in Disability Blended Delivery |
| <input type="checkbox"/> FNS50217 Diploma of Accounting Online |
| <input type="checkbox"/> FSK20119 Certificate II in Skills for Work and Vocational Pathways Online |
| <input type="checkbox"/> HLTAID009 Perform Cardiopulmonary Resuscitation (CPR) Face to Face |
| <input type="checkbox"/> HLTAID011 Provide First Aid Face to Face |
| <input type="checkbox"/> HLTAID012 Provide an Emergency First Aid Response in an Education and Care Setting Face to Face |
| <input type="checkbox"/> HLTINFCOV001 Comply with infection prevention and control policies and procedures Face to Face |

Note: CPCCWHS1001 Prepare to Work Safely in the Construction Industry Real time Remote Learning NSW &QLD

ACSE has applied from both government bodies, Safework NSW and Safework QLD to offer the **CPCCWHS1001 Prepare to Work Safely in the Construction Industry (White Card)** training via real time remote Learning during lockdown period, this is only available during exceptional times, which both government bodies will advise us to.

Real Time Remote Learning will be conducted via a trainer led zoom session accompanied by students having access to our Learning Management System (LMS), which includes online assessments and PowerPoint presentations, any video links as well factsheets and handouts needed for the session.

At enrolment students will be advised of the training method and also be giving a factsheet of the process ACSE will follow.



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One day prior to the training day, students will receive a zoom link to access in addition to their log in details to our LMS.

9. Unique Student Identifier

From 1st 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 <http://www.usi.gov.au/create-your-usi/>. 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 Identifier Act 2014
- ☐ I agree to provide one of the forms of identity required below to create a USI
 1. Australian Driver Licence 2. Medicare card 3. Passport 4. Non-Australian Passport with Australian Visa
 5. Immicard 6. Citizenship Certificate 7. Certificate of registration by Descent
- ☐ I give permission for ACSE to verify my USI

10. 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 the organisation outlined in the Student Handbook and as advised to me by my trainer.
- ☐ I understand that this agreement and the availability of <insert RTO name>'s complaint and appeals process do not remove my right to take action under Australia's consumer protection laws.

Full Name



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