



## ENROLMENT FORM: AUSTRALIAN COLLEGE OF SKILLS & EDUCATION RTO ID: 45310

Students who would like to enroll 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.

<b>Qualification/ Short Course Name</b>				
<b>Qualification/ Short Course Code</b>				
<b>Delivery Method</b>	<input type="checkbox"/> Classroom	<input type="checkbox"/> Mixed Mode	<input type="checkbox"/> Distance	<input type="checkbox"/> Recognised Prior Learning (RPL)
<b>Course commencement Date</b>				
<b>Where did you hear about our college</b>				

**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		<b>USI</b>	
Surname		Former Name (if applicable)	
Place of Birth		Ph No	
Residential Address		Email	
Suburb		Post Code	
Country			
<b>Emergency Contact Details</b>			
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.**



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**2. Disability / Special Need / Learning Support**

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 were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Others- Please specify		
If you are <b>not</b> an Australian Citizen or permanent Resident, please list your Visa Type	Visa Type:		
Do you speak a language other than English 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 11 or equivalent <input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below
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 III <input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I <input type="checkbox"/> Other Certificate	
If yes, identify the qualification and year completed.  Note: If applying for credit transfer please attach a copy of your Qualification and Transcript of Results	Qualification	Year	Country Completed



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<b>6. Employment Status</b>
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

<b>7. Study Reason</b>
Of the following categories, which best describes your reason for undertaking this course?
<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

<b>8. Course (PLEASE TICK )</b>
<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"/> CHC30125   Certificate III in Early Childhood Education and Care   Blended Delivery
<input type="checkbox"/> CHC50125   Diploma of Early Childhood Education and Care   Blended Delivery
<input type="checkbox"/> CHC52025   Diploma of Community Services   Blended Delivery
<input type="checkbox"/> ICT50220   Diploma of Information Technology   Online
<input type="checkbox"/> ICT20120   Certificate II in Applied Digital Technologies   Online
<input type="checkbox"/> CHC33021   Certificate III in Individual Support   Blended Delivery
<input type="checkbox"/> CHC40225   Certificate IV in School Based Education Support   Blended Delivery
<input type="checkbox"/> CHC43121   Certificate IV in Disability Support   Blended Delivery
<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
<input type="checkbox"/> SITXFSA005   Use hygienic practices for food safety   Blended Delivery
<input type="checkbox"/> SITXFSA006   Participate in safe food handling practices   Blended Delivery
<input type="checkbox"/> CPP41419   Certificate IV in Real Estate Practice   Online
<input type="checkbox"/> CPP51122   Diploma of Property (Agency Management)   Online

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.



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### 9. 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 <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 enroll 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.
- I understand that this agreement and the availability of ACSE's complaint and appeals process do not remove my right to take action under Australia's consumer protection laws.

**Full Name**

**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 )	
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