



# APPLICATION FOR ENROLMENT FORM 2015

## CHC50113 Diploma of Early Childhood Education and Care

ABN: 59 150 737 849

RTO No. 5025

**About this Application** - Use this Enrolment Application to apply for enrolment in the CH530113 Diploma of Early Childhood Education and Care. Before completing this Enrolment Application, please make sure you read and understand the program structure and requirements as outlined in the *Diploma of Early Childhood Education and Care Fact Sheet* and in the *C&K Student Guide*. These documents are available on our website at [www.candk.asn.au](http://www.candk.asn.au).

**Filling out this application** – Please complete all sections within this document as indicated and make sure all information you supply is legible, accurate and correct.

### About the Course

- Attendance Type / Mode:
- Full time on-campus intensive classroom program (Duration 12 months)
  - Full time Blended External Delivery (duration 18 months)
  - Part time off-campus Blended External Delivery (Nominal duration 24 months)

### Fee Schedule and Payment Options

- Payment mode:
- Fee for Service (FFS)
  - VET-FEE Help
  - Apprenticeship \*
  - RPL Credit Transfer \*

If you have specified Apprenticeship, please complete and attach an Expression of Interest Form.

If you have specified RPL, please complete and attach a RPL Context Form.

Have you previously studied with C&K?

Yes

No

C&K Student ID (if known)

Responsible officer: GM, People & Culture	Contact Officer: C&K College Manager	Year: 2015
Effective Date: 06/01/2015	Review Date: 04/01/2016	Version: 1.0



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**Personal Details** – Please enter the following details as shown on your Australian Driver’s License, Passport, or Australian 18+/Over 18 Card. All fields are mandatory.

Title:  Family Name:  Former Surname/ Family Name (if Applicable)

Given First Name:  Preferred Name (optional):  Middle Name:

Gender:  Female  Male Date of Birth: \_\_/\_\_/\_\_

Please attach a copy of your chosen form of photo identification to confirm these details

**Contact Details** - All fields are mandatory.

Telephone (Home):  Telephone (Work):

Mobile:  Email: (this will be used as the primary form of communication)

**Home Address:**  
Number:  Street Name and Type (eg. Smith St.):

Town/ Suburb:  State/ Region:  Postcode:

**Postal Address** (if different from above):  
Number:  Street Name and Type or PO Box (e.g. Smith St.):

Town/ Suburb:  State/ Region:  Postcode:

**Emergency Contact Details:**  
Name:  Contact Number:  Relationship to you:

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### Cultural background - All fields are mandatory.

Australian  New Zealand  Other If other please specify

Are you of Aboriginal and/or Torres Strait Islander origin?

Aboriginal  Torres Strait Islander

Which best describes your current citizenship/residency status? (Please select from the following)

Australian Citizen  Australian Permanent Resident  
 NZ Passport holder who has resided in Australia for 6 months or longer  
 Other – current visa document holder (please specify)

If you have specified you were not born in Australia, please provide a Justice of the Peace Certified copy of your passport and visa, residency information, or proof of citizenship along with this Enrolment Application.

What is the main language you speak at home?

English only  Language other than English (please specify)

How well do you speak English?  Very well  Well  Not well  Not at all

### Disability - All fields are mandatory.

Do you consider yourself to have a disability, impairment or long term condition?  Yes  No

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

### Employment Details – complete this section if employed

Employer Name

Employer Address

Telephone

Fax:

Email:

Of the following categories, which best describes your current employment status?

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- Full time     
  Part time     
  Casual  
 Not employed (not seeking employment)     
  Not employed (seeking employment)

### Education

What is your highest completed school level? (tick one box only)

- Year 10   
  Year 11   
  Year 12   
  Other

Name of School:  Year of Completion:

Are you still attending secondary school?  Yes  No

Have you successfully completed any of the following qualifications?  Yes  No

If yes, tick any applicable boxes:

- Bachelor (or higher) Degree     
  Advanced Diploma/Associate Degree  
 Diploma (or Associate Diploma)     
  Certificate IV (or Advanced Certificate/Technician)  
 Certificate III (or Trade Certificate)     
  Certificate II     
  Certificate I  
 Certificates other than the above

Please provide details for your qualifications below:

Institution Attended	Qualification Gained	Year Qualified

### Credit Transfer

Do you wish to apply for Credit Transfers?  Yes  No

If yes, please provide a Justice of the Peace Certified copy of a relevant qualification with this Enrolment Application.

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### Unique Student Identifier (USI)

As of 1 January 2015 students will need to give their USI to each new training organisation they enrol with. Your USI will help keep your training records and results together in an online account controlled by you. The C&K College of Early Childhood requests this information as part of the enrolment process.

USI number:

### Reason for studying

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> To get a job                     | <input type="checkbox"/> To develop existing business | <input type="checkbox"/> To start own business            |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Position requirement         | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To try a different career        | <input type="checkbox"/> Personal interest            | <input type="checkbox"/> Other (please specify below)     |

### Language, Literacy and Numeracy (LNN)

Good skills in reading, writing, oral language, and numeracy are necessary foundational skills required to be employed within the early learning sector, however it is not assumed that you, the learner, already possess these skills upon enrolment.

It is the responsibility of all C&K teaching and assessing staff to ensure they are considerate of individual learning needs when assessing, facilitating workshops and/or delivering content, and will adapt the learning and assessment methods to suit the individual needs of their learners.

Please indicate below if you would like additional support from the C&K College of Early Childhood team in the following areas:

- Reading    Writing    Oral communication    Learning    Numeracy

I do not require additional support in any of these areas

Candidate Name

Candidate Signature

Date: \_\_\_/\_\_\_/\_\_\_

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### Terms and conditions

Enrolment into this program will be assessed on the information you have provided on this form. You will be notified by the C&K College of Early Childhood once your eligibility has been assessed.

I acknowledge:

1. I have read the C&K Student Guide located at [www.candk.asn.au](http://www.candk.asn.au)
2. I have read the CHC30113 Certificate III in Early Childhood Education and Care Fact Sheet located at [www.candk.asn.au](http://www.candk.asn.au)
3. I may receive newsletters and other general communications via email which I may opt out of any time
4. As part of this program I am required to undertake vocational placement within a licenced early childhood education and care setting
5. As part of this program I am required to provide a Certified Copy of a 'HLTAID004 Provide an emergency first aid response in an education and care setting' first aid certificate. This is to be sourced by me.
6. Information such as my academic progression, enrolment information, and results may be shared with government departments and/or my employer where it relates to legislative requirements.

### Declaration

I understand the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that the giving of false, incomplete, or misleading information may lead to the refusal of my application or cancellation of enrolment at any time. I give permission to obtain official records from any educational institutions attended by me. I also authorise the C&K College of Early Childhood to supply any relevant official records to education institutions to which I am seeking admission and to government bodies/institutions and to my employer.

By signing this form I confirm that I have supplied all the relevant information required; I have read and understood the declaration above; and I accept the terms and conditions of this application.

Candidate Signature

Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature \*

Date: \_\_\_/\_\_\_/\_\_\_

\*if candidate is under 18 years of age

**Submitting this Application** - Once you have completed all the sections of this application, sign where applicable, and send the completed document along with any additional forms as required via post to:

The C&K College of Early Childhood, 257 Gympie Road, KEDRON QLD 4031

**If you have any questions about the enrolment application process, please contact the C&K College of Early Childhood on 1800 177 092, or email [ckcollege@candk.asn.au](mailto:ckcollege@candk.asn.au).**

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