

## FRM004: Application for Enrolment Form 2019

| Intended Course of Study |             |
|--------------------------|-------------|
| Course Code              | Course Name |
|                          |             |

| Personal Details   |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| <p><b>Enter your full name</b></p> <p>Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI please write your name <b>exactly as written in the identity document</b> you choose to use.</p> |                                      |                                 |
| Title  | Given names                          | Family Name (Surname)           |
|  |                                      |                                 |
| <p><b>List Previous Family Name/s (Surname)</b></p>  |                                      |                                 |
| Enter your birth date<br><i>(Day/month/year)</i>   | Gender<br><i>(Tick ONE box only)</i> |                                 |
|  | <input type="checkbox"/> Male        | <input type="checkbox"/> Female |
| <p><b>Enter your contact information</b></p>   |                                      |                                 |
| Home phone<br><i>(including area code)</i>   | Mobile                               |                                 |
|  |                                      |                                 |
| Email address  |                                      |                                 |
|  |                                      |                                 |
| Alternative email address<br><i>(optional)</i>   |                                      |                                 |
|  |                                      |                                 |
| Enter contact information in case of emergency   |                                      |                                 |
| Emergency contact name   | Relationship to you                  | Emergency contact number        |
|  |                                      |                                 |

**What is the address of your usual residence?**

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

|                                 |  |                 |  |
|---------------------------------|--|-----------------|--|
| <b>Building/Property name</b>   |  |                 |  |
| <b>Flat/Unit details</b>        |  |                 |  |
| <b>Street or lot number</b>     |  |                 |  |
| <b>Street name</b>              |  |                 |  |
| <b>Suburb, locality or town</b> |  |                 |  |
| <b>State/territory</b>          |  | <b>Postcode</b> |  |

**What is your postal address (if different from above)?**

|  |  |                 |  |
|--|--|-----------------|--|
| <b>Building/Property name</b>                                  |  |                 |  |
| <b>Flat/Unit details</b>                                       |  |                 |  |
| <b>Street or lot number</b>                                    |  |                 |  |
| <b>Street name</b>   |  |                 |  |
| <b>Postal delivery information</b><br><i>(e.g. PO Box 254)</i> |  |                 |  |
| <b>Suburb, locality or town</b>                                |  |                 |  |
| <b>State/territory</b>   |  | <b>Postcode</b> |  |

| <b>Language and Cultural Diversity</b>   |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
|--|--|---------------------------------------|--|-----------------------------------|---------------------------------|---------------------------------------|--|-----------------------------------|---------------------------------|---|--|
| <b>In which country were you born?</b>   |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify:  |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <b>Do you speak a language other than English at home?</b><br><i>(If more than one language, indicate the one that is spoken most often)</i>   |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <input type="checkbox"/> No – English only <input type="checkbox"/> Yes – please specify:  |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <b>Are you of Aboriginal or Torres Strait Islander origin?</b><br><i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</i>   |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander  |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <b>Disability</b>  |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <b>Do you consider yourself to have a disability, impairment or long-term condition?</b>   |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to the next section)  |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <b>If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:</b><br><i>(You may indicate more than one area)</i><br>Please refer to the Disability supplement <a href="#">on the following page</a> for an explanation of the following disabilities.   |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Hearing/deaf</td> <td style="width: 50%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Acquired brain impairment</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Physical</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Vision</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Intellectual</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Medical condition</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Learning</td> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Other:</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"><input type="checkbox"/> Mental illness</td> <td></td> </tr> </table> |  | <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Physical | <input type="checkbox"/> Vision | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Learning | <input type="checkbox"/> Other: | <input type="checkbox"/> Mental illness |  |
| <input type="checkbox"/> Hearing/deaf  | <input type="checkbox"/> Acquired brain impairment |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <input type="checkbox"/> Physical  | <input type="checkbox"/> Vision                    |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <input type="checkbox"/> Intellectual  | <input type="checkbox"/> Medical condition         |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <input type="checkbox"/> Learning  | <input type="checkbox"/> Other:                    |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <input type="checkbox"/> Mental illness  |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <b>If you answered YES to the above question do you require any assistance to participate in this course?</b>  |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (We'll arrange a meeting to discuss this with you)  |  |                                       |  |                                   |                                 |                                       |  |                                   |                                 |   |  |

## Disability Supplement

The purpose of this information is to assist you in answering the disability question (on the previous page).

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

### ***'Hearing/deaf'***

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

### ***'Physical'***

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

### ***'Intellectual'***

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

### ***'Learning'***

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

### ***'Mental illness'***

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

### ***'Acquired brain impairment'***

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

### ***'Vision'***

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

### ***'Medical condition'***

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

### ***'Other'***

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

## Schooling

### What is your highest COMPLETED school level?

If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.

(Tick ONE box only)

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Year 12 | <input type="checkbox"/> Completed Year 9 or equivalent |
| <input type="checkbox"/> Completed Year 11 | <input type="checkbox"/> Completed Year 8 or lower      |
| <input type="checkbox"/> Completed Year 10 | <input type="checkbox"/> Never attended school          |

### Are you still enrolled in secondary or senior secondary education?

- Yes       No

## Previous Qualifications Achieved

### Have you SUCCESSFULLY completed any of the following qualifications listed below?

- Yes       No

#### If YES tick all that apply

- A – Australian  
E– Australian equivalent  
I – International

**Note:** If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use

1. A – Australian
2. E– Australian equivalent
3. I – International

|  | A                        | E                        | I                        |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Bachelor Degree or Higher Degree                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Advanced Diploma or Associate Degree                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Diploma (or Associate Diploma)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Certificate III (or Trade Certificate)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Certificate II                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Certificate I                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Certificates other than the above                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Employer Details  |  |                      |  |
|---|--|----------------------|--|
| <b>Enter your current employment information</b> (where applicable) |  |                      |  |
| <b>Employer organisation name</b>                                   |  | <b>Your position</b> |  |
| <b>Supervisor name</b>  |  |                      |  |
| <b>Employers street address</b>                                     |  |                      |  |
| <b>Suburb, locality or town</b>                                     |  |                      |  |
| <b>State/territory</b>  |  | <b>Postcode</b>      |  |
| <b>Telephone</b>  |  | <b>Fax</b>           |  |
| <b>Email</b>  |  |                      |  |
| <b>Website</b>  |  |                      |  |

| Employment  |  |
|---|--|
| <p><b>Of the following categories, which BEST describes your current employment status?</b></p> <p>For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).</p> <p><i>(Tick ONE box only)</i></p> |  |
| <input type="checkbox"/> Full-time employee<br><br><input type="checkbox"/> Part-time employee<br><br><input type="checkbox"/> Self-employed – not employing others<br><br><input type="checkbox"/> Self-employed – employing others  | <input type="checkbox"/> Employed – unpaid worker in a family business<br><br><input type="checkbox"/> Unemployed – seeking full-time work<br><br><input type="checkbox"/> Unemployed – seeking part-time work<br><br><input type="checkbox"/> Unemployed – not seeking employment |

**Occupation**

**Which of the following classifications BEST describes your current or recent occupation?**  
*(Tick ONE box only)* If unemployed, go to the next question.

- |   |  |
|---|--|
| <input type="checkbox"/> Managers                               | <input type="checkbox"/> Sales Workers                   |
| <input type="checkbox"/> Professionals                          | <input type="checkbox"/> Machinery Operators and Drivers |
| <input type="checkbox"/> Technicians and Trade Workers          | <input type="checkbox"/> Labourers                       |
| <input type="checkbox"/> Community and Personal Service Workers | <input type="checkbox"/> Other:                          |
| <input type="checkbox"/> Clerical and Administrative Workers    |  |

**Industry**

**Which of the following classifications BEST describes the Industry of your current or previous Employer?**  
*(Tick ONE box only)* If unemployed, go to the next question.

- |   |  |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing          | <input type="checkbox"/> Financial and Insurance Services                |
| <input type="checkbox"/> Mining                                     | <input type="checkbox"/> Rental, Hiring and Real Estate Services         |
| <input type="checkbox"/> Manufacturing                              | <input type="checkbox"/> Professional, Scientific and Technical Services |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Administrative and Support Services             |
| <input type="checkbox"/> Construction                               | <input type="checkbox"/> Public Administration and Safety                |
| <input type="checkbox"/> Wholesale Trade                            | <input type="checkbox"/> Education and Training                          |
| <input type="checkbox"/> Retail Trade                               | <input type="checkbox"/> Health Care and Social Assistance               |
| <input type="checkbox"/> Accommodation and Feed Services            | <input type="checkbox"/> Arts and recreation Services                    |
| <input type="checkbox"/> Transport, Postal and Warehousing          | <input type="checkbox"/> Other Services                                  |
| <input type="checkbox"/> Information Media and telecommunications   |  |

**Study Reason**

**Study Reason – Of the following categories, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only)**

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

**Unique Student Identifier**

From 1 January 2015, C&K College of Early Childhood can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

**Enter your Unique Student Identifier (USI) (if you already have one)**

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

In providing my USI, I confirm C&K College of Early Childhood is authorised to collect, use and disclose my student identifier for the purposes required under the *Student Identifiers Act 2014*.

I understand that I will receive a notice regarding C&K College of Early Childhood's use of this information to confirm my USI.

**Learner Unique Identifier (Queensland Students only)**

**Do you have a Learner Unique Identifier?**

If yes, please provide the 10 digit number.  
 If no, or don't know, tick box

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|



**Unique Student Identifier – Approval for RTO to apply on your behalf (optional)**

If you would like us C&K College of Early Childhood to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>. You must also provide some additional information as noted below so that we can apply for a USI on your behalf.

**Approval to create a Unique Student Identifier (USI)**

- I authorise C&K College of Early Childhood to apply for a USI on my behalf.
- I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) as per the information detailed at <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

**Verify your Identity (required to create USI)**

|                            |  |
|----------------------------|--|
| <b>Town/City of Birth:</b> |  |
|----------------------------|--|

Please provide details for one of the forms of identity below

|  |                     |  |
|--|---------------------|--|
| <b>Australian Driver's Licence:</b>            | State:              | Licence No:  |
| <b>Medicare Card:</b>                          | Number:             | Individual Reference No:   |
|  | Expiry Date:        | <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Blue |
| <b>Australian Birth Certificate:</b>           | State or Territory: |  |
| <b>Passport:</b>                               | Passport No:        | Country of Issue:  |
| <b>Immicard:</b>                               | Immicard No:        |  |
| <b>Citizenship Certificate:</b>                | Stock No:           | Acquisition Date:  |
| <b>Certificate of Registration by Descent:</b> | Acquisition Date:   |  |
| <b>Applicant Signature:</b>                    |                     | <b>Date:</b>   |

## Privacy Notice & Applicant Declaration

### Privacy Notice

Under the *Data Provision Requirements 2012*, C&K College of Early Childhood is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by C&K College of Early Childhood for statistical, regulatory and research purposes. C&K College of Early Childhood may disclose your personal information for these purposes to third parties, including:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third-party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

C&K College of Early Childhood retains a record of personal information about all individuals with whom we undertake any form of business activity. C&K College of Early Childhood must collect, hold, use and disclose information from our clients and stakeholders for a range of purposes.

As a government registered training organisation, regulated by the Australian Skills Quality Authority, C&K College of Early Childhood is required to collect, hold, use and disclose a wide range of personal and sensitive information on Students in nationally recognised training programs. This information requirement is outlined in the *National Vocational Education and Training Regulator Act 2011* and associated legislative instruments.

C&K College of Early Childhood must require and confirm identification however in services delivery to individuals for nationally recognised course programs. We are authorised by Australian law to deal only with individuals who have appropriately identified themselves. That is, it is a *Condition of Registration* for all RTOs under the *National Vocational Education and Training Regulator Act 2011* that we identify individuals and their specific individual needs on commencement of services delivery, and collect and disclose Australian Vocational Education and Training Management of Information Statistical Standard (AVETMISS) data on all individuals enrolled in nationally recognised training programs. Other legal requirements, as noted earlier in this policy, also require considerable identification arrangements.

For information about how C&K College of Early Childhood collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to C&K College of Early Childhood privacy policy which can be found within the Student Handbook and on the web at <https://www.candk.asn.au/ck-policies-and-procedures>.

This Privacy Policy contains information about how individuals may access and seek correction of the personal information held by us, and how to complain about a breach of privacy, and how we will deal with such a complaint.

In providing your personal information as requested and signing this notice, you are confirming your receipt of, and understanding of these details, and providing your consent for the collection, storage, use and disclosure of your personal information as outlined.

### Applicant Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

In making this application for enrolment, 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 any offer made by C&K College of Early Childhood.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed, and NCVER policies, procedures and protocols published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au).

#### Marketing Use Content

I give C&K College of Early Childhood permission to use photos in public material and social media (including any photos where I may be recognised) as may be useful.

I authorise images of my participation in training to be used by C&K College of Early Childhood for future marketing and business purposes.

I understand that I retain the right to withdraw my consent at any time.

I choose to opt-out of this marketing and usage consent.

|                      |  |       |  |
|----------------------|--|-------|--|
| Applicant Signature: |  | Date: |  |
|----------------------|--|-------|--|

|  |  |               |  |
|--|--|---------------|--|
| <i>*Parental/guardian consent is required for all students <u>under</u> the age of 18.</i> |  |               |  |
| Parent / Guardian Name:  |  |               |  |
| Email Address:   |  | Phone Number: |  |
| Parent / Guardian Signature:   |  | Date:         |  |

I have completed all section of the enrolment form and attached the following additional documents:

- Photo ID and Date of Birth** (Drivers Licence, Passport or Proof of Age Card)
- Proof of Citizenship** (Birth Certificate, Passport, Green or Blue Medicare Card)
- Proof of Queensland Residency** (Drivers Licence - Front and Back, Utility Bill or Bank Statement)
- A copy of your Blue Card** (or Blue Card application form)
- A copy of your Year 10 Certificate** (if enrolling in the Certificate III)
- A copy of your Senior Secondary Certificate** (if enrolling in the Diploma)

### 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 documents to [ckcollege@candk.asn.au](mailto:ckcollege@candk.asn.au).

Note: Your enrolment cannot be processed without the additional requested evidence.

If you have any questions, please contact C&K College of Early Childhood Helpdesk on 07 3513 2524 or [ckcollege@candk.asn.au](mailto:ckcollege@candk.asn.au).