

FRM004: APPLICATION FOR ENROLMENT FORM 2018

About this Application - Use this Enrolment Application to apply for enrolment in the following courses. Please complete all sections within this document and make sure all information you supply is legible, accurate and correct. Further information on the program structure and course requirements can be found in the *Fact Sheet* for each course and the *C&K Student Guide*. These documents are available on our website at www.candk.asn.au.

Qualifications

- CHC30113 Certificate III in Early Childhood Education and Care
- CHC50113 Diploma of Early Childhood Education and Care
- Early Childhood Teacher Bridging Program (CHC50113) **

Select Attendance Type / Mode:

- Full time on-campus Intensive Classroom Program (Duration 12 months)
- Full time Blended External Delivery (Duration 18 months)
- Part time Blended External Delivery (Nominal duration 24 months)

Skillsets

- CHCSS00072 Building Inclusive Practices in Early Childhood Education and Care skill set
- CHCSS00091 Team Leader skill set

Fee Schedule and Payment Options

- | | |
|--|---|
| <input type="checkbox"/> Fee for Service (FFS) | <input type="checkbox"/> Apprenticeship # |
| <input type="checkbox"/> Certificate 3 Guarantee * | <input type="checkbox"/> Traineeship # |
| <input type="checkbox"/> Higher Level Skills * | <input type="checkbox"/> RPL |
| <input type="checkbox"/> VET Student Loan * | <input type="checkbox"/> Concessional Pricing (<i>available for payment options marked with * or #</i>) |

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

* If you have specified **Concessional**, please provide a copy of your Pensioner Concession Card or Health Care Card along with this enrollment application and/or record on page 3 of this application form that you are an Aboriginal or Torres Strait Islander person, as applicable.

** If you have specified **Early Childhood Teacher Bridging Program**, please provide proof of Australian Teacher Registration, Primary Teaching Qualification(s), Marriage certificate or similar (if necessary)

Have you previously studied with C&K? Yes No Student ID (if known)

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 Other 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 (e.g. 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:

Cultural background - All fields are mandatory.

Australian Other If other, Country of Birth

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

Aboriginal Torres Strait Islander

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

Australian Citizen Australian Permanent Resident

Other – current visa document holder (please specify)

If you have specified you were not born in Australia, please provide a 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

Hearing/deaf Physical Intellectual Learning Mental Illness Vision

Acquired Brain Injury Medical Condition Other

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?

Full time employee Part time employee Self-employed (not employing others)

Self-employed (employing others) Unpaid - in family business Unemployed - seeking full time employment

Unemployed - seeking part time employment Not employed - not seeking employment

Education

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

Year 12
 Year 11
 Year 10
 Year 9
 Year 8
 Never attended school

Name of School: Year of Completion (e.g. 2011):

Are you still attending secondary school? Yes No

Have you successfully completed, or are currently enrolled in 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
 Certificates other than the above
 Certificate I

Please provide details for your qualifications below:

Institution Attended	Qualification Gained (or currently enrolled in)	Year Qualified

Do you wish to apply for Credit Transfers? Yes No

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

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 course of study | <input type="checkbox"/> Personal interest/development | Other <input type="text"/> |

Unique Student Identifier (USI)

From 1 January 2015, it is mandatory to have a Unique Student Identifier (USI) when undertaking nationally recognised training. Your USI account will contain all your nationally recognised training records and results. The college is required to include your USI in the data we submit to NCVET and under Commonwealth Government legislation, we cannot issue a qualification until your USI is received. You can create your USI directly online at <http://www.usi.gov.au/create-your-USI/>. Alternatively, you can give us permission to create a USI on your behalf.

USI number:

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
2. I have read the relevant course Fact Sheet
3. If applying for Certificate 3 Guarantee funding, I can confirm that I have read the Certificate 3 Guarantee student fact sheet published by the Queensland Department of Education found at <https://training.qld.gov.au/providers/funded/certificate3>
4. If applying for Higher Level Skills funding, I can confirm that I have read the Higher Level Skills student fact sheet published by the Queensland Department of Education found at <https://training.qld.gov.au/providers/funded/higher-level-skills>
5. If requesting a VET student loan, I can confirm that I have read the VET Student Loans information booklet published by the Federal Government Department of Education and Training found at <https://docs.education.gov.au/node/42391>
6. I give permission for C&K to conduct the relevant checks to confirm eligibility for subsidised training
7. I may receive newsletters and other general communications via email which I may opt out of any time
8. If studying CHC30113 or CHC50113, I acknowledge that I am required to undertake vocational placement within a licenced early childhood education and care setting. Applicants in skillset courses (CHCSS00072 or CHCSS00091) are required to be actively employed in a licenced early childhood education and care setting
9. If studying CHC30113 or CHC50113, 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
10. 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.

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:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

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

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- 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 an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. 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).

Declaration

I understand information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false, incomplete, or misleading information may lead to refusal of my application or cancellation of enrolment at any time. I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

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 (if candidate is under 18 years of age)

Date: ___/___/___

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 (as detailed in the **Enrolment Checklist**) to ckcollege@candk.asn.au. 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.