



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 | |

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 | |
|--|--|
| 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"/> Learning |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Mental Illness |
| | <input type="checkbox"/> Vision |
| | <input type="checkbox"/> Intellectual |
| | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Acquired brain |



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| 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's 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 Degree or higher | <input type="checkbox"/> Certificate IV or advanced certificate technician | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Advanced Diploma or associate degree | <input type="checkbox"/> Certificate III | <input type="checkbox"/> Other Certificate |
| <input type="checkbox"/> Diploma or associate diploma | <input type="checkbox"/> Certificate II | |
| 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 |

| 7 . Study Reason |
|---|
| 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 |



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8. 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

8. Course (PLEASE TICK)

- BSB20115 | Certificate II in Business | Online
- BSB41515 | Diploma of Project Management | Online
- BSB51918 | Diploma of Leadership and Management | Online
- CHC30113 | Certificate III in Early Childhood Education and Care | Blended Delivery
- CHC50113 | Diploma of Early Childhood Education and Care | Blended Delivery
- CHC52015 | Diploma of Community Services | Blended Delivery
- FNS40217 | Certificate IV in Accounting and Bookkeeping | Online
- FNS50217 | Diploma of Accounting | Online
- FSK20119 | Certificate II in Skills for Work and Vocational Pathways | Online
- CHCSS00074 | Child Protection
- FSK20113 | Certificate III in Individual Support | Online
- CHCSS00098 | Individual Support - Disability Skill Set
- CHC43115 | Certificate IV in Disability
- CHCSS00072 | Building Inclusive Practices in Early Childhood Education and care Skill Set | Blended Delivery
- CHCSS00073 | Case Management Skill Set | Online

9. 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.



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| | | | |
|---|--|---|--|
| <input type="checkbox"/> I understand that I may receive a National Centre for vocational Education Research (NCVER) student survey. | | | |
| <input type="checkbox"/> 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. | | | |
| <input type="checkbox"/> if applicable, I agree to the fee/s being charged, payment terms and refund policy and procedure. | | | |
| <input type="checkbox"/> 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. | | | |
| 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) | |

Skilled Capital Eligibility Checklist 2020

This form will be used to determine your eligibility for ACT Skilled Capital subsidized training. Please complete all of the areas below.

| | | | |
|---|------------------------------|-----------------------------|--|
| Full Name: | | | |
| Date of Birth: | | Current Age: | |
| What is your residency status: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Humanitarian Visa <input type="checkbox"/> New Zealand Citizen (with 6 months' residency at least) | | | |
| Are you at least 15 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you live or work in the ACT? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Are you still enrolled in or attending Secondary School or College? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Have you already completed the qualification you are enrolling in or its replacement within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |



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Are you currently enrolled in another Skilled Capital program with another provider? Yes No

The following information will be used to determine your further eligibility for a Fee Concession or additional support funding.

| | |
|---|--|
| Are you Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you the holder of an Australian Government Health Care Card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you the holder of an Australian Government Low Income Health Care Card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you the holder of an Australian Government Pensioner Concession Card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you the holder of a Veterans Gold Card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I am currently receiving the following Entitlements(s): | |
| <input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Exceptional Circumstances Relief Payment <input type="checkbox"/> Family Tax Benefit Part A (maximum rate) <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Newstart Allowance | <input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Payments <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow Pension <input type="checkbox"/> Widow 'B' Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance |

Do you wish to claim a fee waiver for financial hardship? Yes _____ No _____



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Skilled Capital Eligibility Checklist 2020

| | |
|--|--|
| Are you a client of an Employment Service Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes what is your Employment Service Provider Client ID _____ | |
| Have you been referred to this training by an Employment Service Provider client? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you completed a Job Seeker Referral Form? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you long term unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you living in ACT Public Housing? This includes: | |
| Public housing (owned and managed by the ACT Government or managed by a community housing provider) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Community housing (owned and/or managed by community housing providers) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aboriginal housing (owned and/or managed by the Aboriginal Housing Office (AHO) and Aboriginal Community Housing Providers) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Clients receiving crisis accommodation/supported accommodation (Specialist Homelessness Services) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Evidence must be sighted and a copy retained or the reference number recorded

| Document | Sighted by | Date |
|---|------------|------|
| <p>Citizenship and Permanent Residency</p> <p>A copy or signed and dated document that one or more of the following evidence of Australian or New Zealand citizenship or permanent residency has been sighted and the reference number recorded: Australian Birth Certificate; Australian Passport; Visa; Nationalization Certificate; Green Medicare Card.</p> <p>Note: the residency status for New Zealand Passport holders must be longer than six months.</p> | | |
| <p>ACT Residency</p> <p>A copy or signed and dated document that one or more of the following evidence of ACT residency has been sighted and the reference number recorded: current ACT drivers license; Health Care Card; Pension Card; ACT Proof of Age Card; utilities account relating to the street address issued within the last three (3) months (e.g. mobile, telephone, electricity etc.); contract of purchase, current lease or rental document.</p> | | |



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|--|--|--|
| <p>ACT Employment A letter or email from an ACT employer to show the street address where the student is working in the ACT, or a Statutory Declaration.</p> | | |
| <p>Proof of Age over 15 years or between 17 yrs to 24 yrs for Job Trainer Course Date of birth being stated on the AVETMISS compliant enrolment form and a copy or signed and dated document that one or more of the following proof of age evidence has been sighted and the reference number recorded: any document showing the student's date of birth, such as a Driver's License; Health Care Card; ACT Proof of Age Card.</p> | | |
| <p>Eligibility under Job Trainer Program A person aged 17-24 years of age, regardless of employment status, who is NOT enrolled in or attending a school or college, or another program leading to the completion of year 12, OR a job seeker who is: i) out of work; and/or ii) in receipt of income support payments Please provide evidence (STATUTORY DECLARATION NEEDED)</p> | | |