



# Rowe Training & Consulting Advanced Diploma Enrolment Form 2012

**Instructions:** Fill in all sections clearly and carefully by writing in **block** letters.

Information requested on this form is for national data base and tracking purposes and assists in ongoing qualification issuance as required.

## 1. Personal Details

Title:  Mr:  Mrs:  Miss:  Ms:  Dr:  Other:

Family Name:

Phone No: Home:

Given Names:

Mobile:

Residential Address:

Post Code

Postal Address:

Post Code:

\*Email

Date of Birth:

Gender:

Emergency Contact/Next of Kin Details:

Name:

Contact:

Relationship:

## 2. Course Details

Name of the course/qualification you are applying for: **CHC60208 Advanced Diploma of Children's Services**

I, \_\_\_\_\_, agree to pay the the subsidised course fees of **\$581.00**, being the total after subsidy of Productivity Places Program (DET/DEEWR) which includes the compulsory administration fee of \$154.00 (GST inc), textbook and course fees.  Fee for Service  Traineeship  Employer Funded

\*Signed \_\_\_\_\_ \*Date: \_\_\_\_/\_\_\_\_/2012

## 3. Employment Details

Business Name:

Contact Name:

Contact Number:

Address:

Town/Suburb:

Post Code:

## 4. Language and Cultural Diversity

Are you of Aboriginal or Torres Strait Islander Origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander

Were you born in Australia? \_\_\_\_\_ If not, Please specify \_\_\_\_\_

Do you speak a language other than English at home?

No, (Go to Section 5. Disability)  Yes, Please specify: \_\_\_\_\_

How well do you speak English?

Very Well  Well  Not Well  Not at all

## 5. Disability

Please indicate if you have any of the following disabilities, impairments or long term conditions

- |  |                                       |   |                                   |  |
|--|---------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> No Disability | <input type="checkbox"/> Vision       | <input type="checkbox"/> Hearing/Deaf   | <input type="checkbox"/> Physical | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Other         | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning | <input type="checkbox"/> Brain Impairment  |

## 6. Education

Indicate the highest completed school level

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Completed Year 12 | <input type="checkbox"/> Completed Year 11 | <input type="checkbox"/> Completed Year 10    |
| <input type="checkbox"/> Completed Year 9  | <input type="checkbox"/> Completed Year 8  | <input type="checkbox"/> Did not go to school |

In which year did you complete that school level? \_\_\_\_\_  
Are you still attending secondary school? \_\_\_\_\_

Please tick any qualifications you have obtained

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Bachelor Degree or Higher | <input type="checkbox"/> Advanced Diploma | <input type="checkbox"/> Diploma       | <input type="checkbox"/> Certificate IV |
| <input type="checkbox"/> Certificate III           | <input type="checkbox"/> Certificate II   | <input type="checkbox"/> Certificate I | <input type="checkbox"/> Other          |

## 7. Employment

Of the following categories, which best describes your current employment status? (Tick **one** only)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Full Time                               | <input type="checkbox"/> Part Time                              | <input type="checkbox"/> Self Employed – not employing others | <input type="checkbox"/> Employer                                 |
| <input type="checkbox"/> Employed - Unpaid<br>in family business | <input type="checkbox"/> Unemployed –<br>seeking full time work | <input type="checkbox"/> Unemployed – seeking part time work  | <input type="checkbox"/> Not employed – not<br>seeking employment |

## 8. Terms and Conditions

1. Enrolment into this course will be assessed on the information you have provided on this form. You will be notified by Administration on the status of your application once your eligibility has been assessed.
2. I have read the Student Information Handbook located at <http://www.rowetraining.com.au/studying-us/nrt-student-handbook-download>
3. I have read and signed the *Terms and Conditions* form located within this enrolment package
4. I understand that I may receive newsletters via email which I may opt out of at any time
5. I understand as part of this course I am required to undertake practical assessments within a licensed Children's Services provider
6. I understand that the classes delivered require compulsory attendance and any absences are to be notified to Administration on [info@rowetraining.com.au](mailto:info@rowetraining.com.au) or on (08) 8927 5950

## 9. Declaration

I understand that 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 Rowe Training and Consulting to supply any relevant official records to education institutions to which I am seeking admission and to government bodies/institutions.

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

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_/\_\_\_\_/2012

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18 years of age)

Date: \_\_\_\_/\_\_\_\_/2012