

RTO 1373

Enrolment Form

OFFICE USE ONLY	Enrolment registered in RTO Data	Student or employer invoiced	Nominated Trainer/Assessor
	Actioned by:	Actioned by:	
	Student number:		

Please complete ALL areas of this form. This form can be completed digitally or neatly using blue or black pen. Please note that we are unable to finalise your enrolment until all required information and supporting evidence has been provided.

USI	<p>Students undertaking nationally recognised training are required to have a Unique Student Identifier (USI). If you do not have a USI or have forgotten your USI or want further information about USIs you can visit the following website http://usi.gov.au.</p>										
	<p>Must be 10 digits PRINT CLEARLY</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
	<input type="checkbox"/> I give permission for YWCA Canberra to access and verify my USI										
<input type="checkbox"/> I have forgotten my USI and give permission for YWCA Canberra to access and verify my USI											

PERSONAL DETAILS	Please PRINT clearly and neatly, your name and date of birth must match your legal documents and USI.			
	Given Name: (First Name)		Middle Name/s: (Second Name)	
	Surname: (Last Name)		Date of Birth:	DD / MM / YYYY
	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Preferred name:	
	Home Phone:		Mobile:	
	Email:			
	Residential Address:			
	Suburb/town:		State/Territory:	
		Post Code:		
Please note you will need to submit a copy of your photo ID and proof of residency *see page 4 for details.				

POSTAL ADDRESS	Postal Address:	<input type="checkbox"/> As above		
	Suburb/town:		State/Territory:	
		Post Code:		

CULTURAL BACKGROUND	Citizenship:	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident
		<input type="checkbox"/> Other - visa document holder. Please specify: VISA Number (provide copy)	
	Country of Birth:		Town of Birth:
	Do you identify as:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
		<input type="checkbox"/> Aboriginal and Torres Strait Islander	<input type="checkbox"/> Neither
	What is the main language you speak at home?	<input type="checkbox"/> English	<input type="checkbox"/> Other 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

EDUCATION HISTORY	Schooling	What is your highest COMPLETED school level? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 8 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Never attended school What YEAR did you complete that school level? YYYY
		Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Previous qualifications achieved	Have you SUCCESSFULLY completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate II <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificates other than the above

LEARNING NEEDS	YWCA Canberra will conduct a Language Literacy and Numeracy (LLN) assessment to ensure you have the required LLN abilities to undertake the course you are enrolling in.		
	Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Please select the area(s) disability, impairment or long-term condition:	<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired brain impairment
	Do you have any support needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify

NEXT OF KIN	Name:		Relationship:	
	Home Phone:		Mobile:	
	Email:			

EMPLOYMENT INFORMATION	Are you currently unemployed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Work Status:	Of the following categories, which BEST describes your current employment status? (Tick ONE box only)			
		<input type="checkbox"/> Full time	<input type="checkbox"/> Self employed	<input type="checkbox"/> Unemployed - seeking full time work	
		<input type="checkbox"/> Part time	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed - seeking part time work	
		<input type="checkbox"/> Casual	<input type="checkbox"/> Employed - unpaid worker in a family business	<input type="checkbox"/> Not employed - not seeking employment	
	Workplace details (if applicable)				
	Workplace name:				
	Address:				
	Suburb/town:		State/Territory:		Postcode:
	Manager's name:				
Manager's email:			Manager's phone:		
Date commenced:			Average hours worked per week:		
Position held:					

STUDY INFORMATION	What course do you wish to enrol in?	
	<input type="checkbox"/> BSB30415 Certificate III in Business Administration <input type="checkbox"/> BSB51915 Diploma of Leadership and Management <input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care <input type="checkbox"/> Other Please specify	
	Do you hold a current Working with Vulnerable Peoples card? [^] <input type="checkbox"/> Yes Expiry: DD/MM/YYYY <input type="checkbox"/> No	
	Do you wish to apply for recognition?	Credit Transfer/s (CT) <input type="checkbox"/> Yes <input type="checkbox"/> No
		Recognition of Prior Learning (RPL) <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: If you are applying for CT or RPL please fill in the General Recognition of Assessment Application Kit available from the YWCA Canberra Education and Training team.		
Which one BEST describes your main reason for studying this course:	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons
	[^] applicable to Early Childhood Education and Care courses only	

FEES	<input type="checkbox"/> I understand that there are fees attached to my enrolment, which are outlined in the Fee Schedule			
	I am interested in applying for subsidised training under the following scheme/s and understand that eligibility for funding is dependent on specific eligibility criteria*		<input type="checkbox"/> Skilled Capital**	
			<input type="checkbox"/> User Choice Traineeship***	
	Payment of Fees	<input type="checkbox"/> I will be responsible for payment of fees and understand where course fees are more than \$1500 that a payment plan will be set up using direct debit. ****		
		<input type="checkbox"/> My Work will be responsible for paying my fees. (Employer to confirm below)		
		<input type="checkbox"/> My Work and I will be responsible for paying my fees. Please specify percentage/amount to each (Employer to confirm below)		
	The below section is to be filled out by the PERSON WITHIN THE WORKPLACE who is responsible for the approval of paying the fees for the student			
	Workplace name:			
	Name:			
	Position:			
Email:		Phone:		
Signature:		Date:		
* See funding information on website or contact the Education and Training team ** Please fill in Skilled Capital Application Form *** Please fill in Traineeship Application Form **** Please fill in Direct Debit Authority Form				

STUDENT HANDBOOK	YWCA Canberra Student Handbook outlines important information to support students in making informed choices about their education:	<ul style="list-style-type: none"> • Fees and Refunds • Complaints and Appeals • Credit Transfer • Recognition of Prior Learning 		<ul style="list-style-type: none"> • Student Code of Conduct • Plagiarism • Privacy and Confidentiality 		
		I have been provided with access to the Student Handbook (available on YWCA Canberra website www.ywca-canberra.org.au) and have read the above mentioned			<input type="checkbox"/> Yes <input type="checkbox"/> No+	
		+ A YWCA Canberra Education and Training team representative will contact you to provide access to the information within the Student Handbook prior to finalising your enrolment				

Please complete the following checklist to ensure all relevant evidence is attached with your enrolment form		
Attached	Required evidence to support enrolment	Office Use - Confirmation of Receipt Staff member to sign and date
ENROLMENT CHECKLIST	<input type="checkbox"/>	Copy of Photo ID (i.e. Drivers Licence or Passport)
	<input type="checkbox"/>	Proof of residency Australian citizen - Birth certificate, Australian Passport, Green Medicare card Permanent resident - Copy of Visa or Green Medicare Card OR New Zealand Passport
	<input type="checkbox"/>	Copy of Working with Vulnerable Person Card or proof of application (if enrolling in an Early Childhood Education Qualification)
	<input type="checkbox"/>	Funding Application Form (if applicable)
	<input type="checkbox"/>	Direct Debit Form (if applicable)
	<input type="checkbox"/>	General Recognition of Assessment Application Form (if applicable)
	<input type="checkbox"/>	

Student declaration

By ticking the following statements and signing this form, I declare that I have honestly and accurately provided information contained within the enrolment form.

- I declare that I have read, understood and completed all the details of this form and have been given the opportunity to ask any questions about the content or course prior to signing this agreement.
- I have read and understood the requirements of the course as specified in the course information and the terms and conditions as set out in the student handbook.
- I give permission for YWCA Canberra to contact relevant Training/Education Providers, to authenticate any academic transcript/s and Statements of Attainment/s I have submitted.
- I declare that the information provided by me on this form is accurate and correct, and I understand that this information will be treated as private and confidential and will not be divulged by YWCA Canberra, except where YWCA Canberra is required to do so by law, under contractual arrangements with funding bodies or as stipulated in the Privacy Statement contained within the Student Handbook.
- I give permission for YWCA Canberra to take my photo and to use them without compensation in productions, publications, on the web, social media and other printed or electronic materials related to the role and function of YWCA Canberra.
- I give permission for my student feedback/testimonials to be used in productions, publications, on the web, social media and other printed or electronic materials related to the role and function of YWCA Canberra.

A copy of the student hand book can be accessed from the website www.ywca-canberra.org.au

- Subscribe me to the weekly YWCA Canberra ENews
- Send me a link to sign up as a member of YWCA Canberra and my discount code

Signature:..... Full Name:.....

Date:

Office use only

Superseded version	New version	New version date	Date to review	Changes
	1	June 2017	June 2018	New form for all course enrolments