Enrolment form

This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at Hope Centre Education are required by law to protect the information provided on this Enrolment Form.

PERSONAL DETAILS			
1. Enter your full name*			
Surname			
Given names			
**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 and want Hope Centre Education to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose*			
2. Enter your birth date	Day /Month /Year: _____ / _____ / _____		
3. Gender	☐Male ☐ Female ☐Other:		
4. Email address			
5. What is your overseas address?			
Address			
Country		Postcode	
Contact number			
6. What is your address in Australia?			
Address			
State/Territory		Postcode	
Contact number			

Tick	COURSE DETAILS (Please indicate the course (s) you are applying for)						
	Course& Code	**Duration (weeks)**	**Tuition Fee**	**Enrolment Fee** *(non- refundable)*	**Material Fee**	**Placement Fee**	**Intake Month**
	CHC33021 Certificate III in individual support	52	$2,999	$300	$200	$250	
	CHC43015 Certificate IV in aging support	48	$4,999	$300	$200	$250	
	CHC43015 Certificate IV in aging support (Blended streamlined delivery)	17	$2,999	$300	$200	$250	
	CHC53315 Diploma of mental health	52	$6,000	$300	$250	$300	
	BSB40520 Certificate IV in Leadership and Management (Online)	26	$4,000	$300	$200		
	BSB50420 Diploma of Leadership and Management (Online)	56	$6,000	$300	$200		
	BSB60420 Advanced Diploma of Leadership and Management (Online)	90	$8,000	$300	$200		
	SINGLE UNIT						
	HLTAID011- Provide First Aid	3 hrs	$149	-	-		
	HLTWHS005- Conduct manual tasks safely	2 hrs	$99	-	-		
	HLTHPS006 -Assist client with medication	1day	$199	-	-		
	HLTINF006 - Apply basic principles and practices of infection prevention and control	1day	$199	-	-		

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	HLTWHS004 – Manage work health and safely	1day	$199				
	SITHFAB021 - Provide responsible service of alcohol (Self learning)	1day	$40	-	-		

LANGUAGE AND CULTURAL DIVERSITY	
7. In which country were you born?	☐Australia ☐Other, please specify: _____
8. Do you speak a language other than English at home? *If more than one language, indicate the one that is spoken most often.*	☐No, English only ☐Yes, other, please specify: _____
9. Are you of Aboriginal or Torres Strait Islander origin? *For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.*	☐No ☐Yes, Aboriginal ☐Yes, Torres Strait Islander

10. DISABILITY			
Do you consider yourself to have a disability, impairment, or long-term condition?	☐No ☐Yes- tick below		
☐ Hearing/deaf	☐ Vision	☐ Medical Condition	☐ Other
☐ Physical	☐Intellectual	☐ Learning	
☐ Mental Illness		☐ Acquired brain impairment	

SCHOOLING		
11. What is your highest COMPLETED school level *(tick one box only)*		
☐ Year 12 or equivalent	☐Year 11 or equivalent	☐ Year 10 or equivalent
☐ Year 9 or equivalent	☐ Year 8 or below	☐ Never attended school
12. Are you still enrolled in secondary or senior secondary education? ☐ Yes ☐ No		

13. PREVIOUS QUALIFICATION ACHIEVED			
Qualification (Highest Qualification First)	Institution	Country	Date of Completion

14. WORK HISTORY		
Do you have any experience that is relevant to your chosen course?		
Company	**Position title**	**Years of service**
		From To
		From To
		From To

15. Unique Student Identifier (USI)
From 1 January 2015, Hope Centre Education 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/
Enter your unique student identifier

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If you already have one										
Victorian Student Number To be completed by all Victorian students aged up to 24 years										
A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.										
16. Enter your Victorian Student Number (VSN) :										
17. Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?										
☐ No - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. ☐Yes - I have attended a Victorian school since 2009 Most recent Victorian school attended: ☐Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011 List the most recent training organisations with which you have participated in training in Victoria since 2011 *(List up to 3 training organisations)* 1._____ 2._____ 3_____										

18. STUDY REASON	
Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? *(Tick one box only)*	
☐ To get a job	☐ It was a requirement of my job
☐ To develop my existing business	☐ I wanted extra skills for my job
☐ To start my own business	☐ To get into another course of study
☐ To try for a different career	☐ For personal interest or self-development
☐ To get a better job or promotion	☐ Other reasons

19. NEXT OF KIN/ EMERGENCY CONTACT			
These are people that Hope Centre Education may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Hope Centre Education.			
Name		Relationship to you	
Address			
Home phone	( )	Work	( )
Mobile		Email	

20. AGENT DETAILS		
Which Country/ City are you in when completing this form?		(if the agent is a registered migration agent) Migration Agents Registration Number:
Agent's Name		Agent's Email

PRIVACY NOTICE

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Under the Data Provision Requirements 2012, Hope Centre Education 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 Hope Centre Education for statistical, regulatory and research purposes. Hope Centre Education may disclose your personal information for these purposes to third parties, including: 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 statements of attainment or 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 programme administration, regulation, monitoring and evaluation.
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). 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.

21. Student Declaration and Consent (***please tick both***)			
☐ 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.			
Student Signature		Date	_____ / _____ / _____
Student Name			

FOR OFFICE USE ONLY

DATE RECEIVED	_____ / _____ / _____	**DATE APPROVED**	_____ / _____ / _____
Approved by		**Signature**	