

# ENROLMENT FORM and AGREEMENT



## 1. Personal Information

Surname			
First Name			
Date of Birth	Age in years		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of birth		Permanent Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
Suburb			
State		Post code	
H Phone		Mobile	
Email:			
Postal address	<input type="checkbox"/> Same as above		
Suburb		Post code	

## 2. Study Details

Course	<b>Community Services</b> <input type="checkbox"/> Certificate II	<b>Children's Services</b> <input type="checkbox"/> Certificate III <input type="checkbox"/> Diploma <input type="checkbox"/> Advanced Diploma	<b>Out of School Hours Care</b> <input type="checkbox"/> Certificate IV <input type="checkbox"/> Diploma
Study mode (you can select more than one option)	<input type="checkbox"/> Full Time (attending day class) <input type="checkbox"/> Part Time (night class) <input type="checkbox"/> External study (study at home – paper based) <input type="checkbox"/> eLearning <input type="checkbox"/> Recognition (RPL) <input type="checkbox"/> Traineeship/Apprenticeship		
Which one BEST describes your main reason for studying?	<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/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/self development <input type="checkbox"/> Other reasons		
I've applied for:	<input type="checkbox"/> Pensioner Education Scheme (PES) <input type="checkbox"/> Austudy <input type="checkbox"/> Other:		

## 3. Employment Details

Are you employed in child care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a volunteer in child care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work status	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual/Relief <input type="checkbox"/> Employer <input type="checkbox"/> Self employed <input type="checkbox"/> Seeking employment full time <input type="checkbox"/> Seeking employment part time If employed, how many hours do you work a week?
Child Care Service	
Address	
Phone number	
Fax number	
Position held	How long have you held this position?

## 4. Next of Kin

Name	
Address	
Phone	(h) (m)
Relationship	

## 5. Enrolment History

What is the highest completed school level? (choose equivalent level)	<input type="checkbox"/> Never attended school <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <i>Year left school:</i> <input type="checkbox"/> Still at school: <i>School name:</i>		
Previous qualifications completed or commenced:	<input type="checkbox"/> None (go to Q.6) <input type="checkbox"/> Bachelor or higher Degree <input type="checkbox"/> Diploma/Associate Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Advanced Certificate/Technician <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than the above		
Qualification/s completed: # For qualifications not studied through ACCCO, please attach a certified copy	Name of Qualification #	Institute	Year completed
Do you wish to apply for credit?	<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please attach a certified copy of your Statement of Attainment		
Do you wish to apply for RPL/Recognition?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach your Resume and evidence of current employment. What areas of learning do you think you can apply for RPL for?  How did you gain the knowledge, skills and attitudes in these areas?  Did you complete the information in Part 3 in full? <input type="checkbox"/> No <input type="checkbox"/> Yes.		

## 6. Other details

Do you hold a current...	Senior First Aid Certificate? <input type="checkbox"/> Yes* <input type="checkbox"/> No CPR Certificate? <input type="checkbox"/> Yes* <input type="checkbox"/> No Blue card/ police check? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>For trainees/apprentices only:</i> Pension or Health Care Card? <input type="checkbox"/> Yes* <input type="checkbox"/> No * If yes to any above, please submit certified copies
Are you:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Language and literacy	<i>What language do you speak at home?</i> <input type="checkbox"/> English <input type="checkbox"/> Other : <i>How well do you speak English?</i> <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <i>Do you require an interpreter?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do you feel you need assistance with language/literacy?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
Do you have a disability, impairment or long term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please circle the area of disability, impairment or long term condition Hearing/Deaf; Learning; Vision; Physical; Mental illness; Medical Illness; Intellectual; Acquired Brain Impairment; Other: _____ If yes, please state how ACCCO can assist you to study:

**7. Fee Information** (tick as many boxes as applicable)

Trainee/ Apprentice	<input type="checkbox"/> I understand I will be charged a prescribed fee decided by DET <input type="checkbox"/> I am entitled to receive partial exemption for these fees and have provided proof (eg health care card, letter of financial hardship)
External Students / Recognition (RPL)	<input type="checkbox"/> I'm a new enrolment <input type="checkbox"/> I'm an existing student <input type="checkbox"/> I wish to pay for my course up front and would like 5% discount <input type="checkbox"/> I will pay for each unit as I order them <input type="checkbox"/> I wish to pay by EZI-Debit and would like to be sent an EZI-Debit form (minimum of \$80 per fortnight)
Class students	<input type="checkbox"/> I wish to pay for my course up front <input type="checkbox"/> I would like to pay \$500 upfront and a payment plan over 40 wks <input type="checkbox"/> I would like to pay \$500 upfront and a payment plan over 20 wks

**ACCCO use only**

Funding Contract:	<input type="checkbox"/> FFS / UC - A / T <input type="checkbox"/> PPP _____ <input type="checkbox"/> None <input type="checkbox"/> Other
Receiving	\$ _____ R.No: _____ Date: ___/___/___ Sent: WP / SP / ED / _____ Unit:

**8. Marketing**

How did you find out about ACCCO?	<input type="checkbox"/> Newspaper (which one): _____ <input type="checkbox"/> Careers Expo <input type="checkbox"/> Previous Student <input type="checkbox"/> Word of mouth (list whom): _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Internet <input type="checkbox"/> Television
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**9. Attachments**

I have attached <i>certified</i> copies of the following:  <b>PLEASE NOTE: If documentation is not supplied, delays will be experienced during enrolment while we request this information. If certified copies are not provided, delays may be experienced in processing qualifications</b>	All Students:	<input type="checkbox"/> Senior First Aid Certificate <input type="checkbox"/> CPR Certificate (if held) <input type="checkbox"/> Working with Children Check/Blue Card/Police Check (if held)
	Trainee/Apprentice	<input type="checkbox"/> Health Care Card/Pension Card (if held)
	Student applying for RPL:	<input type="checkbox"/> Current resume <input type="checkbox"/> Evidence of current employment in a position
	Students applying for Diploma courses:	<input type="checkbox"/> Cert III in Children's Services or Cert IV in Outside School Hours Care <input type="checkbox"/> Transcripts of units studied in the Certificate III or Certificate IV
	Students applying for the Advanced Diploma:	<input type="checkbox"/> Certificate III in Children's Services <input type="checkbox"/> Transcripts of units studied in the Certificate III in Children's Services <input type="checkbox"/> Diploma of Children's Services <input type="checkbox"/> Transcripts of units studied in the Diploma of Children's Services

**CONDITIONS OF ENROLMENT**

In consideration of ACCCO accepting my application for enrolment as a student and providing tuition to me, I agree that I will not hold ACCCO, and/or its employees, and/or agents liable for and will not make any claim against them for any loss, damage, death or injury which I may suffer or cause as a result of or in connection with or during the period of:

- my attendance at any premises owned, operated or controlled by ACCCO; and/or
- my attendance at any activity of which ACCCO has any knowledge (whether sporting, cultural, social, educational, recreational or otherwise) organised by or on behalf of or with the assistance of ACCCO or any activity of which ACCCO; and /or
- in any way whatsoever my association with ACCCO.

On behalf of myself, executives, administrators and assigns, I hereby release ACCCO and/or its employees, and/or its agents from loss, damage, death or injury and from any actions, claims and demands which, if I have not entered into this Agreement, I might otherwise have been entitled to take or make in respect of any such loss, damage, death or injury and I hereby indemnify ACCCO, and/or its employees, and /or agents against any such liability. I agree that this agreement shall be governed in all respects by and interpreted with the laws of the State of Queensland in the Commonwealth of Australia.

**REFUND POLICY (excluding User Choice contracts)**

I agree to the following refund policy...

- The enrolment fee is non-refundable
- A \$200 cancellation fee applies to all accounts should a student cancel their course before completion.
- There is no refund for ANY units or RPL's purchased and/or issued under any circumstances
- If fees are paid in advance, a student MAY receive a refund at the discretion of the Principal under extenuating/extreme circumstances only. I understand section 1, 2 and 3 above applies when calculating refunds.
- To apply for a refund, submit your application in writing. You will be informed of the result within 10 days.
- Results of refund applications will be fair and equitable
- If a student is unhappy with the decision relating to their refund application, the student has the option to take action through external agencies. Contact the College for information regarding your right to seek external remedies.

**DECLARATION and AGREEMENT**

- I certify that I have read this form thoroughly and agree to the conditions stated herein.
- I certify that I have read the Conditions of Enrolment and the Student Handbook which I have obtained from ACCCO or have read at <http://www.accco.com.au/media/handbook.pdf> which incorporates the code of practice, client services policies and the code of behaviour thoroughly and agree to the conditions stated
- If accepted as a course participant, I agree to abide by the rules and regulations of ACCCO.
- I understand that enrolment is accepted under the condition that my tuition and other fees are paid on or before the due date.
- All information provided by me is correct and complete, at date of enrolment and I agree to notify ACCCO of any change to my details.
- I understand that ALL qualifications will be withheld until account is finalised.
- In the event that I do not pay my account, I will be charged an extra 20% of the total invoice from the debt-collecting agency. I understand that a copy of my personal details will be passed onto a Debt collecting agency in the event I do not pay my outstanding account.
- I understand information about my enrolment, studies and/or progress will be provided, if requested, to my employer, to Centrelink if I receive study related entitlements, and/or the relevant Government Department in the State in which I am employed to meet the relevant Act and/or Regulation (Eg Queensland Child Care Regulation 2003, section 119) under which the service is licensed.
- I understand ACCCO reserves the right to vary fees without prior notice**
- I understand I must commit to the purchase of at least the full qualification units with ACCCO eg 15 units for Certificate III.**
- I understand I may be exempt from paying the full qualification at the discretion of the Principal under extenuating/extreme circumstances.**
- I understand a \$200 cancellation fee will be charged to my account if I cancel my enrolment in this course**

**Student:** Name \_\_\_\_\_ Signature: \_\_\_\_\_ Application Date: \_\_\_/\_\_\_/\_\_\_

**If under 18 years:** Parent/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Witness:** Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**ACCCO acceptance of enrolment:** Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please return this form, along with a *Module Order Form* to: ACCCO, PO Box 1108, Fortitude Valley Qld 4006

**Once the form is processed by Queensland Head Office, it will be forwarded to your local trainer who will support you to complete your qualification**