

ENROLMENT APPLICATION

Please print and complete this form using a blue or black pen. This form can be filled out digitally but still requires your signature.
Please return this form, along with a copy of all supporting evidence to either our postal or email address:

- Post: ACCCO, PO Box 1108, Fortitude Valley QLD Australia 4006; or
- Email: enrolments@accco.com.au

Course Details

What course do you want to enrol in?					
<input type="checkbox"/> CHC22015 Certificate II in Community Services		<input type="checkbox"/> CHC30213 Certificate III in Education Support			
<input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care		<input type="checkbox"/> CHC40213 Certificate IV in Education Support			
<input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care		<input type="checkbox"/> CHC40113 Certificate IV in School Age Education and Care			
<input type="checkbox"/> CHC50113 Early Childhood Teacher Bridging Program		<input type="checkbox"/> CHC50213 Diploma of School Age Education and Care			
<input type="checkbox"/> CHC62015 Advanced Diploma of Community Sector Management		<input type="checkbox"/> Other:			
Study Load	<input type="checkbox"/> Full time	Study Mode	<input type="checkbox"/> Class	<input type="checkbox"/> VET in School	
	<input type="checkbox"/> Part time		<input type="checkbox"/> External	<input type="checkbox"/> Apprenticeship / Traineeship	

Unique Student Identifier

You may already have a USI if you have done any nationally recognised training. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faws/i-have-forgotten-my-usi/>

<input type="checkbox"/> I already have a USI and it is:	
<input type="checkbox"/> I do not have a USI and require ACCCO to apply for one on my behalf. (complete the agreement to the right)	I, _____, authorise ACCCO to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. <input type="checkbox"/> I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf .

Personal Details

Please print your details clearly and in full, as they appear on your identity documents

Family name: (surname)		Maiden name (if applicable):	
Given names			
Date of birth		Gender (select only one):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Home phone:		Mobile:	Email:

Residential Address

Unit Number:		Street Number:	
Street:		Suburb:	
State:		Postcode:	

Postal Address

- ☐ My postal address is the same as my residential address (do not complete the below)

Unit Number:		Street Number:	
Street:		Suburb:	
State:		Postcode:	

Emergency Contact

Name:		Relationship:	
Phone:		Email:	
Unit Number:		Street Number:	
Street:		Suburb:	
State:		Postcode:	

Language and Cultural Diversity

Citizenship:	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> VISA Holder. Please specify:	
Country of birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
Town/City of birth:			Year arrived in Australia: (if applicable)	
Are you of Aboriginal and/or Torres Strait Islander origin? (mark multiple if applicable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):		
Do you require the services of an interpreter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
How well do you rate your spoken English?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not well	<input type="checkbox"/> Well	<input type="checkbox"/> Very well

Disability

Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No				
	<input type="checkbox"/> Yes (please specify below)				
	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Mental Illness
	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Learning	<input type="checkbox"/> Other (please specify):	

Education History

What is your highest COMPLETED school level?	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent
	<input type="checkbox"/> Year 9 or equivalent	<input type="checkbox"/> Year 8 or below	
Enter your Learner Unique Identifier (LUI):			
Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No. If no, please specify the year you left school:	
What is (or was) the name of your school?			What state is the school in?
Are you currently enrolled in or attending university?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you currently enrolled with another training provider?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you wish to apply for Credit Transfers?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you wish to apply for Recognition of Prior Learning?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you SUCCESSFULLY completed any of the qualifications listed here?	<input type="checkbox"/> Yes – please indicate below all that apply.		<input type="checkbox"/> No
	<input type="checkbox"/> Bachelor's degree or higher degree		<input type="checkbox"/> Advanced diploma or associate degree
	<input type="checkbox"/> Diploma (or associate degree)	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate III
	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other education, please specify:

Please provide details of completed qualifications			
Name of qualification			
Education Provider:		Year Completed:	
Qualification Equivalency:	<input type="checkbox"/> Australian Qualification <input type="checkbox"/> Australian Equivalent Qualification <input type="checkbox"/> International Qualification		
Name of qualification			
Education Provider:		Year Completed:	
Qualification Equivalency:	<input type="checkbox"/> Australian Qualification <input type="checkbox"/> Australian Equivalent Qualification <input type="checkbox"/> International Qualification		

Employment

Of the following categories, which BEST describes your current employment status?			
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Volunteer in an approved education and care service	<input type="checkbox"/> Unemployed, seeking part time work	<input type="checkbox"/> Employed – unpaid work
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Volunteer in an approved school	<input type="checkbox"/> Unemployed, seeking full time work	<input type="checkbox"/> Self employed – employing others
<input type="checkbox"/> Casual employee	<input type="checkbox"/> Volunteer – other workplace	<input type="checkbox"/> Unemployed, not seeking employment	<input type="checkbox"/> Self employed – not employing others
Workplace Details (if applicable)			
Workplace name:			Workplace Phone:
Workplace address:			
Position / Role at the workplace:			
Date commenced employment:		Average hours of work / week:	
Manager name:			
Manager email:			
Are you a Job Active Participant?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you hold a current Working with Children Check / Police Check?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Professional Goals

Which describes the main reason for studying with ACCCO?			
<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 a different career
<input type="checkbox"/> To get a better job	<input type="checkbox"/> It is a requirement of my job	<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> To get into another course
<input type="checkbox"/> For personal interest	<input type="checkbox"/> To get a promotion	<input type="checkbox"/> Other. Please specify:	

Marketing

How did you hear about ACCCO?			
<input type="checkbox"/> Internet search	<input type="checkbox"/> Social Media	<input type="checkbox"/> School visit	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio/Television	<input type="checkbox"/> Previous student	<input type="checkbox"/> Employer Recommendation	<input type="checkbox"/> Careers/Market Expo
<input type="checkbox"/> Word of mouth. Please specify:		<input type="checkbox"/> Other. Please specify:	

Fees

<p>What is your preferred fee option?</p> <p>The fees associated with ACCCO's course can be found in ACCCO's Fee Schedule.</p> <p>ACCCO's Fees Policy describes how fees are administered.</p> <p>Please ensure you read these documents before completing your application to enrol.</p>	<input type="checkbox"/> A Fee for Service course All course fees are covered by the student, or by a third party on behalf of the student.	
	<input type="checkbox"/> A Government subsidised course A portion of the course fees are covered by government funding. The portion of course fees not covered by government funding are called student co-contribution fees and are required to be paid by the student. Information on the funding available in your state can be found on ACCCO's website.	
	<input type="checkbox"/> A VET Student Loan course (CHC50113 qualification only) An Australian Government loan scheme to assist eligible students to pay their course fees. Repayment of the loan is required when your income is above the compulsory repayment threshold. More information can be found on ACCCO's website.	
Have you previously accessed a VET Student Loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, please provide your CHESSN:		
Do you hold a current Centrelink Concession or Health Care Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fee Payment

For course fees that are to be covered by you, please nominate your preferred payment method.		
<input type="checkbox"/> I would like to establish a Direct Debit payment plan for payment of my fees.		
<input type="checkbox"/> I would like to pay for my fees in advance via Credit Card or Debit Card		
<input type="checkbox"/> A third party has agreed to pay my fees (ACCCO will contact the third party for confirmation before accepting enrolment)		
Name:	Contact info:	Relationship to you:

Privacy Notice

Privacy Notice
<p>Under the Data Provision Requirements 2012, Australian Child Care Career Options (ACCCO) Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).</p> <p>Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Australian Child Care Career Options (ACCCO) Pty Ltd for statistical, administrative, regulatory and research purposes. Australian Child Care Career Options (ACCCO) Pty Ltd may disclose your personal information for these purposes to:</p> <ul style="list-style-type: none"> Commonwealth and State or Territory government departments and authorised agencies; and NCVER. <p>Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:</p> <ul style="list-style-type: none"> populating authenticated VET transcripts; facilitating statistics and research relating to education, including surveys and data linkage; pre-populating RTO student enrolment forms; understanding how the VET market operates, for policy, workforce planning and consumer information; and administering VET, including program administration, regulation, monitoring and evaluation. <p>You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.</p> <p>NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).</p> <p>For more information about NCVER's Privacy Policy go to https://www.ncver.edu.au/privacy.</p>

Student Declaration

Student Declaration		
<div style="margin-bottom: 10px;"><input type="checkbox"/> I have read and understand the Privacy Notice in this enrolment application.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I consent for ACCCO to contact applicable Training Providers to authenticate the certificates I have provided for recognition purposes.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I declare that all the information that I have provided on this form is true and correct.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I acknowledge that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with ACCCO for the purposes of evaluating and assessing my subsidised training.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that as a Centrelink approved provider, ACCCO is obliged to provide study progression reports to Centrelink if I am in receipt of a Centrelink Study Allowance.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I have read and understand the information provided in the Student Handbook and policies available on the ACCCO website www.accco.com.au</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I acknowledge that ACCCO may share information on my course, study and progression with my employer where the employer has requested information for their legislative or operational requirements.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I acknowledge it is my responsibility to ensure my concession evidence is current throughout my enrolment with ACCCO. If my concession evidence becomes out of date, I acknowledge that I may be charged at the non-concessional rate.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I give permission for ACCCO to provide a copy of my completed qualification or Statement of Attainment to my Employer.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that there are fees attached to my enrolment and study as outlined within the fee schedules available on the ACCCO website. www.accco.com.au</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that in the event I access a VET Student Loan, I will owe a debt to the Australian Government for the loan, which will be managed by the Australian Taxation Office (ATO).</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I declare that I have attached all the required evidence to support my application, as stipulated on the enrolment form and nominated on the evidence checklist.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that providing misleading information or failing to attach all required enrolment identification documents may delay my enrolment process.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> As part of my learning program I am required to undertake vocational placement within an approved education and care setting or relevant industry workplace.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I have read and I understand the Fee and Refund Policy located at www.accco.com.au</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand my enrolment in the course will be suspended or cancelled if I act in a manner which breaches a child's protection or rights; places a child in danger of being injured or at risk; have my 'working with children' check cancelled or suspended; knowingly not adhere to legislation, policy or procedure and/or knowingly fail to show duty of care.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> In consideration of accepting this 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 any loss, damage, death or injury which I may suffer or cause during the period of: <div style="margin-left: 20px;"> <ul style="list-style-type: none"> my attendance at any premises owned, operated or controlled by; and/or my attendance at any activity to which has organised or has any knowledge of including any sporting, cultural, social, educational or recreational event </div> </div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that my enrolment is valid until the nominated end date, on the proviso that I remain an active student (refer to Student Handbook for clarification of 'active student').</div>		
Student Name	Student Signature	Date
Parent / Guardian Name	Parent / Guardian Signature	Date

Evidence Checklist

Please complete the following checklist to ensure all relevant evidence is attached with your enrolment form.

If you are unable to supply the required documents, please call 1300 139 406 to discuss alternative documents with an enrolments officer.

☐ Proof of identification (ID). This can be either:

- Colour copy of Passport, or
- Driver's Licence, or
- 18+ Card, or
- Australian Birth Certificate

Please note: A copy of both sides of the Driver Licence will be required

☐ Proof of residential address. For example:

- Driver's Licence with address showing, or
- A Utilities Bill, or
- A Bank Statement

Please note: A copy of both sides of the Driver Licence will be required

☐ Colour copy of Medicare card

Please note: This counts as evidence of Australian citizenship

☐ Copy of Working with Children/Blue Card/Police check (if held)

☐ Qualifications and/or Transcripts of unit's studies in Certificate III in Early Childhood Education and Care (if applicable)

☐ Transcripts and/or qualifications of any previously completed studies for recognition purposes (if applicable)

☐ Evidence of being a Job Active Participant (if applicable)

– e.g. Letter from employment service provider

☐ Evidence of Concession (if applicable), either

- Concession Card, or
- Healthcare Card

☐ Signed Student Declaration

☐ Completed Language, Literacy and Numeracy diagnostic assessment

☐ Marriage Certificate or Name Change Documents (if applicable)

Application Submission

Please return this form, along with a copy of all supporting evidence listed above in the evidence checklist

Via Post: ACCCO, PO Box 1108, Fortitude Valley Qld Australia 4006; or

Via Email: enrolments@accco.com.au

Once your enrolment application is processed you will be issued a Letter of Offer for enrolment into a course with ACCCO.