

ENROLMENT FORM – FIRST AID

International Students will be required to complete the Enrolment Form for International Students
This Form can be filled out digitally or can be printed and completed with handwriting using blue or black pen.



Please return this form, along with a copy of all supporting evidence:

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

Study Information					
Course: What unit do you wish to enrol in?					
HLTAID003 - Provide first aid			HLTAID004 - Provide an emergency first aid response in an education and care setting		
HLTAID001 – Provide cardiopulmonary resuscitation			Other:		
Unique Student Identifier Number (USI)					
I have a USI and it is: <i><insert your USI number here></i>					
I have a USI but I do not know what it is. I understand I will have to log on to my USI portal to grant permission for ACCCO to access and verify my USI					
I do not have a USI. I have read the USI Privacy Statement located within the ACCCO Student Handbook and give my permission for ACCCO to obtain a USI on my behalf.					
Personal Details					
<i>Please print clearly your full legal name, exactly as it appears on your identity documents</i>					
Given name: (First name)		Middle name:			
Surname:					
Other name/s:					
Date of Birth:		Gender:		Female	Male
Home Phone:		Mobile:			
Email:					
Residential Address:					
Suburb/Town:					
State/Territory:		Postcode:			
<i>A colour copy of identification documents will need to be supplied with your enrolment application and must match the details provided above. Change of name documentation may need to be supplied e.g. marriage certificate.</i>					
Postal Address					
Postal address is the same as your residential address listed previously					Yes
Postal Address:					
Suburb/Town:					
State/Territory		Postcode:			
Emergency Contact Details: (Next of kin)					
Name:		Relationship:			
Address:					
Suburb/ Town:					
State/Territory:		Postcode			
Home phone:		Mobile:			

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Employment information				
Are you currently employed?		Yes	No	
Are you a volunteer in an Approved education and care service or school?		Yes	No	
Work Status: Of the categories listed, which best describes your current employment?				
Full Time Employment	Casual Employment		Unemployed Not seeking work	
Part Time Employment	Volunteer Unpaid Employment		Unemployed Seeking Full Time Work	
Self - Employed	Employed - Unpaid work <i>e.g. family business</i>		Unemployed Seeking Part Time Work	
Workplace Details: (if applicable)				
Workplace Name:				
Address of workplace:				
Suburb/Town:				
Position/Role held:				
Date commenced employment:				
Director/Manager name:				
Director/Manager email:				
If applicable, on average, how many hours do you work per week?				
Do you hold a current Working with Children Check/Police Check? <i>You will be unable to commence your work placement without a relevant 'working with children check' screening. Please read more about the 'working with children checks' in the ACCCO Student Handbook.</i>		Yes	No	
		Expiry Date:		
Cultural information				
Citizenship	Australian Citizen:		Permanent Resident:	
	Other – visa document holder: Please specify			
Country of birth:				
Town/City of birth:		Year arrived in Australia (if applicable)		
Are you of Aboriginal and/or Torres Strait Islander origin?	Aboriginal	Torres Strait Islander	Aboriginal + Torres Strait Islander	No
Do you speak a language other than English at home?	No, English only		Yes – Please specify:	
Do you require the services of an interpreter?	Yes		No	
How well do you speak English?	Very Well	Well	Not Well	Not at all

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Learning needs				
Do you feel you may need assistance with language, literacy or numeracy (LLN)? <i>ACCCO Trainer Assessors conduct LLN diagnostic assessments to determine and plan for individual learning needs.</i>		Yes	No	
Do you consider yourself to have a disability, impairment or long term condition? If yes, please specify below where applicable:		Yes	No	
Hearing/Deaf	Physical	Intellectual		
Learning	Mental Illness	Acquired Brain impairment		
Vision	Medical condition	Other – Specify		
Enrolment history				
What is your highest COMPLETED school level? (or equivalent)				
Year 8 or below	Completed Year 9	Completed Year 10	Completed Year 11	Completed Year 12
Are you still attending school?		Yes	No	
What is (or was) the name of your school?				
What State/Territory did you attend high school?				
What year did you leave high school?				
Are you still attending university?		Yes	No	
Are you still enrolled with another training provider or TAFE?		Yes	No	
Do you wish to apply for Recognised Prior Learning? <i>An RPL interview will be conducted by your Trainer Assessor after enrolment to determine eligibility. Please note, RPL is not necessarily a quick process. A student is required to collate and coordinate evidence to show they have sufficient, valid and current knowledge and skills equivalent to the qualification they are enrolled in</i>		Yes	No	
Have you SUCCESSFULLY COMPLETED any of the following qualifications?				
Certificate I	Certificate II	Certificate III		
Certificate IV	Diploma or Associate Diploma	Advanced Diploma or Associate Degree		
Bachelor Degree or higher	Other education (including certificate or overseas qualifications not listed above) Please specify:			
Professional Goals				
Which best describes you main reasons for studying with ACCCO?				
To get a job		To develop my existing business		
To start my own business		To try a different career		
To get a better job/promotion		It was a requirement for my job		
I wanted extra skills for my job		To get into another course of study		
For personal interest/self-development		Other: please specify		

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Marketing

How did you find out about ACCCO?

Internet search	Social Media	School visit
Newspaper	Careers Market/Expo	Work of mouth: Whom?
Radio/Television	Previous Student	Employer recommended? Whom?

Other:

Fees

It is your responsibility to ensure you have read our Fees and Refunds Policy. By submitting your enrolment application you are acknowledging that there are fees attached to your enrolment.

I have a promotional code to complete the qualification at a reduced price	Yes Promotional Code:	No
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Please select your preference for payment of your enrolment and tuition fees:

I would like to establish a Direct Debit payment plan (Pay Way) for payment of my fees.

I would like to pay for my fees via Master Card or Visa Card.

My fees will be paid by a third party other than an employer.
Please specify contact name and contact details:

My fees will be paid by my employer.
Please provide contact name and contact details:

By submitting your enrolment application you are agreeing to the terms and conditions stipulated in our Student Handbook and policies/procedures available on the ACCCO website. www.accco.com.au. It is important that you read the information so you are aware of terms you are agreeing to. Please note: The Enrolment Fee is non-refundable, except in extenuating circumstances as outlined in our Fees and Refunds Policy.

Student Agreement

Your enrolment will be assessed on the information you have provided on this form. You will be notified by an enrolments officer on the status of this application once your eligibility has been assessed.

By submitting your enrolment application, I acknowledge:

- ✓ It is my responsibility to read and abide by the information provided within the Student Handbook located on the ACCCO website: www.accco.com.au
- ✓ I had read and understood the requirement for a Unique Student Identifier (USI) to process my enrolment, in-line with the USI Privacy Statement provided within the Student Handbook. I understand that my Qualification/Statement of Attainment may not be issued to me without a USI number.
- ✓ Information such as my academic progression, enrolment information, and results may be shared by ACCCO with government departments, regulatory agencies and/or my employer where it relates to legislative requirements.
- ✓ If I withdraw from my course at any time prior to the completion date determined within ACCCO's Confirmation of Enrolment, I may be liable for any fees owing, in line with the Fee and Refund Policy.

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- ✓ I have read and understand the Fee and Refund Policy located at www.accco.com.au
- ✓ Confirmation of enrolment will only be confirmed once the enrolment process has been completed, with all relevant supporting evidence provided within the application
- ✓ 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 does not adhere to legislation, policy or procedure and/or knowingly fail to show duty of care.
- ✓ I understand that ACCCO may request a medical certificate in order to continue my studies in circumstances where ACCCO believes they need to adequately protect the student's or child's welfare, wellbeing or similar. Where this is not forthcoming, suspension or cancellation of the course may occur.
- ✓ 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:
 - i. my attendance at any premises owned, operated or controlled by ; and/or
 - ii. my attendance at any activity to which has organised or has any knowledge of including any sporting, cultural, social, educational or recreational event
- ✓ I understand that my enrolment is accepted under the condition that applicable tuition and other fees are paid on or before the due date.
- ✓ I understand that issuance of my qualification or final assessment may be withheld until my account has been finalised (*pending funded study contractual requirements*)
- ✓ I understand that ACCCO reserves the right to vary fees without prior notice
- ✓ 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').
- ✓ I understand that in the event I become inactive, I may incur additional administration fees, as outlined within the Fees and Refunds Policy.
- ✓ I understand all enrolment documentation to support my enrolment application is required to finalise my enrolment application and understand my enrolment may be delayed due to evidence that I have not provided.
- ✓ I understand that a course commencement date and nominated completion date will be provided to me on my Confirmation of Enrolment letter.
- ✓ I understand that as a Centrelink approved provider, ACCCO is obliged to provide study progression reports to Centrelink in the event that I am in receipt of a Centrelink Study Allowance.
- ✓ It is my responsibility to ensure my concession evidence is current throughout my enrolment with ACCCO. In the event that my concession evidence becomes out of date, I acknowledge that I may be charged at the non-concessional rate.

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Student Declaration

By ticking the below listed statements and signing this application, I declare:

I have honestly and accurately provided information contained within this enrolment application I declare that all of the information that I have provided on this form is correct as of the date of signing.

I declare that I have read, completed and understood all of the details of this enrolment form and that I have been given the opportunity to ask questions and raise any concerns about the content of this form prior to signing this agreement.

I have read, understood and agree to the information provided within the Student Handbook and policies available on the ACCCO website www.accco.com.au.

I give my consent to ACCCO to verify, locate, or create a Unique Student Identifier (USI) in order to process my enrolment, in-line with the USI Privacy Statement provided within the Student Handbook. I understand that in order to grant ACCCO permission to view my USI transcripts I will have to do so through the USI portal.

I accept that my qualification will not be issued without a USI number.

I accept that information contained in these forms may be provided to State and Commonwealth agencies; and research organisations and I consent to that occurring.

I acknowledge that ACCCO may share information on my progression of study with my employer where it relates to legislative requirements.

I give permission for ACCCO to contact the relevant Training providers, in order to authenticate competencies awarded to me as listed on the certificates I have provided for recognition purposes. I understand that my details on the certificate I have provided will be discussed with the training providers to authenticate any academic transcript/s and Statement of Attainment/s I have submitted for recognition purposes.

I acknowledge it is my responsibility to ensure my concession evidence is current throughout my enrolment with ACCCO. In the event that my concession evidence becomes out of date, I acknowledge that I may be charged at the non-concessional rate.

I give permission for ACCCO to provide a copy of my completed qualification or Statement of Attainment to my Employer.

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.

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).

I declare that I have attached all of the required evidence to support my application, as stipulated on the enrolment form and nominated on the checklist on page 8.

I understand that failure to attach all required enrolment identification documents may delay my enrolment process.

Student name	Student signature	Date
Parent/Guardian name <i>Required for students under the age of 18</i>	Parent/Guardian signature	Date
Witness name	Witness signature	Date

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Privacy Consent Statement

Consent To Use And Disclosure Of Personal Information To Commonwealth, State And Territory Regulatory Agencies; Other Government Agencies/Departments; Or Educational Institutions

I (First, middle and last name) -

Of (current residential address) -

With (date of birth) -

- ✓ I declare that the information I have provided within this enrolment application, to the best of my knowledge is true and correct.
- ✓ I, the above mentioned, understand and agree that personal information (*information or an opinion about me*), collected from me, my parent or guardian, such as my name; Unique Student Identifier; date of birth; contact details; training outcomes and performance; or sensitive personal information (*including my ethnicity or health information*); in addition to Personal Information collected by Australian Child Care Career Options (ACCCO) PTY LTD, may be disclosed to Commonwealth, State and Territory regulatory agencies; and other government agencies.
- ✓ The government agency may disclose my Personal Information to other Australian government agencies, including those located in other Australian States and Territories.
- ✓ The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.
- ✓ I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.
- ✓ I consent for ACCCO to contact applicable Training Providers to authenticate the issuance of qualifications/Statement of Attainments I have provided for recognition purposes (*where applicable*).
- ✓ I also acknowledge and agree 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.
- ✓ I understand ACCCO, as my training provider, is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:
 - School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
 - Employer – if I am enrolled in training paid by my employer.
 - Government departments and authorised agencies.
 - NCVER.
 - Organisations conducting student surveys.
 - Researchers.
- ✓ I understand that I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. Please note you may opt out of the survey at the time of being contacted.
- ✓ I understand that as a Centrelink approved provider, ACCCO is obliged to provide study progression reports to Centrelink in the event that I am in receipt of a Centrelink Study Allowance.

Student name	Student signature	Date
Parent/Guardian name <i>Required for students under the age of 18</i>	Parent/Guardian signature	Date

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Enrolment application 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.

Attached	Required evidence to support enrolment application
	Proof of identification (ID) - Colour copy of Passport or Driver's Licence or 18+ Card or Australian Birth Certificate – Please note: A copy of <u>both sides</u> of the Driver Licence will be required
	Proof of residential address – e.g. Driver's Licence with address showing; or utilities bill; or bank statement – Please note: A copy of <u>both sides</u> of the Driver Licence will be required
	Colour copy of Medicare card (please note that this constitutes as evidence of Australian citizenship)
	Copy of Working with Children/Blue Card/Police check (<i>if held</i>)
	Qualifications and/or Transcripts of units studies in Certificate III in Early Childhood Education and Care (<i>if applicable</i>)
	Transcripts and/or qualifications of any previously completed studies for recognition purposes (<i>if applicable</i>)
	Evidence of being a Job Active Participant – e.g. Letter from employment service provider (<i>if applicable</i>)
	Evidence of Concession - Concession Card or Healthcare Card (<i>if applicable</i>)
	(Page 7) Signed Student Declaration including witness signature signed on the same date
	(Page 8) Completed and signed Privacy Consent Statement
	Completed Language, Literacy and Numeracy diagnostic assessment
	Marriage Certificate or Name Change Documents (<i>if applicable</i>)

Please return this form, along with a copy of all supporting evidence as listed above:

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

If your enrolment application is accepted, you will be issued a Letter of Confirmation, confirming acceptance into the qualification.