

Section 1: Personal Details

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|---|--|---|--|
| Title: Mr/Mrs/Miss/Ms | | Last Name: | |
| Given Names: | | Preferred name: | |
| Date of birth: (Day/Month/Year) | | Indigenous status: Aboriginal /Torres Strait Islander | |
| Are you an Australian Citizen? (yes or no) | Yes <input type="checkbox"/> No <input type="checkbox"/> | If NO, are you a permanent resident? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Rate your language and communication skills in both written and spoken English: | Very good... <input type="checkbox"/> | What is your country of birth? | |
| | Good..... <input type="checkbox"/> | | |
| | Average.... <input type="checkbox"/> | What is your home language? | |
| Poor..... <input type="checkbox"/> | | | |
| Please state any medical conditions or disability that First Door should be aware of, such as diabetes, epilepsy | | | |

Section 2: Communication contacts

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|--|--|----------------|--|-----------|--|
| Street address: | | | | | |
| Suburb: | | State: | | Postcode: | |
| Postal Address (if different) | | | | | |
| Suburb: | | State: | | Postcode: | |
| Home Phone: | | Mobile: | | | |
| Email: | | | | | |
| Skype name: | | | | | |
| My best time of day for First Door contact is: | | | | | |
| Emergency contact Name of relative or friend | | | | | |
| Their address: | | | | | |
| Suburb: | | State: | | Postcode | |
| Their home phone: | | Mobile: | | | |

Section 3: Employment information

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|--|--|---|--|-----------|--|
| Current employer: | | | | | |
| Street address: | | | | | |
| Suburb: | | State: | | Postcode: | |
| Work Phone: | | Work email: | | | |
| Name of workplace supervisor/mentor: | | Name of ECEC centre Director: | | | |
| Current position held: | | Year commenced: | | | |
| Employment status: Full time OR part time? | | Unemployed: Seeking, OR not seeking work? | | | |
| Contract OR casual? | | Self-employed? | | | |

SECTION 4: Education and Training

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| Highest level of post school qualification: | | Year completed: | |
| Highest level of high school education: | | Year completed: | |
| Other relevant training: e.g. First Aid training | | Year completed: | |
| Do you hold any previous credits of units towards this course | Yes <input type="checkbox"/> No <input type="checkbox"/> | Please attach a certified copy of attained units <input type="checkbox"/> e.g. Unit HLTAID004 Provide emergency first aid response in an education care setting | |

SECTION 5: Recognised Prior Learning (RPL) application

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| I would like more information on what is required to RPL unit/s | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Note: Please complete this RPL section below only if you consider that you would qualify to apply for RPL for one or more leadership and management units | |
| Relevant training/courses: | Name of training provider: |
| Please attach a copy of your current resume outlining your related work and life experience <input type="checkbox"/> | |

SECTION 6: About my learning

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| I wish to enrol in the following units from TAEDEL301A Certificate IV in Training and Assessment TAEDEL301A Provide work skill instruction.... <input type="checkbox"/> TAEDEL404A Mentor in the work place..... <input type="checkbox"/> BSBLED401A Develop teams and individuals..... <input type="checkbox"/> | |
| I wish to enrol in the following units from BSB51107 Diploma of Management BSBMGT406A Plan and monitor continuous improvement.... <input type="checkbox"/> BSBLED501A Develop a work place learning environment..... <input type="checkbox"/> BSBHRM405A Support the recruitment, selection and induction of staff.... <input type="checkbox"/> | |
| I have completed the preferred learning style quiz on www.firstdoor.com.au and I believe my preferred learning style is: Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Kinaesthetic <input type="checkbox"/> | |
| My particular learning needs are: (please state any area of difficulty in learning or learning disability) | |
| My best time of day for study is usually: | |
| How did I learn about First Door? e.g: workplace/internet/recommended by | |
| What made studying with First Door appealing to me? | |
| I believe I am best suited to success using the flexi or structured training plan | Flexi plan <input type="checkbox"/> Structured plan <input type="checkbox"/> |
| Please share your personal viewpoint on these two questions: 1. What motivates me to study and complete the selected units in leadership/management? 2. How will completing this study improve my practice/career? | |

SECTION 7: Student fees

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| I would like more information on an apprenticeship/traineeship scheme | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I would like to pay by direct debit from my bank account a regular nominated amount on a weekly/fortnightly/monthly basis (as agreed with First Door based on individual training plans) , OR | Direct debit \$_____ per _____ |
| I would like to pay by internet banking prior to commencing each unit (Flexi plan), OR | Internet Flexi before new unit <input type="checkbox"/> |
| I would like to pay by direct debit from my bank account for each new unit on the 28 th of the month (Structured plan) | Direct debit Structured: 28 th month <input type="checkbox"/> |

SECTION 9: Declaration and checklist

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| I have read and accept all the policies, procedures and guidelines contained within the First Door Student Handbook and Course Guide. In particular, I understand the student standards and fees policy. I shall abide by these for the duration of my training with First Door Training and Development. | Initial as read and understood X |
| I understand the course timeline and assessment requirements, I am required to complete a training plan with agreed assessment due dates. My assignments are to be received by First Door by 4pm on due date unless an extension has been requested and granted. I understand that a new unit of study is not able to be commenced until the previous unit is submitted. To complete these leadership and management units, I also understand that I am required to achieve the necessary workplace experience, activities and assessment. I give First Door staff permission to discuss my progress with my workplace supervisor and/or Centre Director. | Initial as read and understood X |
| I give First Door Training and Development Pty Ltd permission to indefinitely use my image and quotes in a respectful and positive manner for use in First Door training resources and in other media (e.g. First Door website). | Initial as read and understood X |
| Please note that the information you provide on this form is private and confidential. All student records are kept for thirty years by First Door Training and Development, as required by law. You are entitled to view your records upon written request to First Door Training and Development. | Initial as read and understood X |
| Checklist: Please ensure that you have: <input type="checkbox"/> completed all sections of this application form <input type="checkbox"/> attached all relevant supporting documentation <input type="checkbox"/> paid the \$65 non-refundable enrolment fee and \$195 first course unit fee Should you be required for an interview or for more information, you will be contacted by telephone or email. | Initial as read and actioned X |
| I declare that the information contained in this application is true and correct to the best of my knowledge. Signed by enrolling student (over 18 years of age): X | Enrolling student's full name: Dated: |
| I declare that the information contained in this application is true and correct to the best of my knowledge. Signed by parent/guardian (if the student is under 18 years of age) X | Parent/guardian's full name Dated: |

| First Door Admin Use Only: | | | | Initial |
|--|-------|---|-------|---------|
| Enrolment received | Date: | Enrolment fee and first unit fee received and entered | Date: | |
| Info/interview required? | Date: | | | |
| Training Plan | | | | |
| Individual needs | | | | |
| Payment plan | | | | |
| RPL information/interview | Date: | | | |
| Introduction: face to face | Date: | | | |
| Welcome pack sent | Date: | | | |
| Entered student information to WiseNet | Date: | | | |
| First mentor meeting and drink bottle | Date: | | | |
| Notes: | | | | |