



Enrolment Booklet

Student Name: _____

Qualifications (Please tick)

Tick	Course Code	Course Name
<input checked="" type="checkbox"/>	CHC30113	Certificate III in Early Childhood Education and Care
<input checked="" type="checkbox"/>	CHC50113	Diploma of Early Childhood Education and Care
<input checked="" type="checkbox"/>	CPP20212	Certificate II in Security Operations
<input checked="" type="checkbox"/>	CPP30411	Certificate III in Security Operations
<input checked="" type="checkbox"/>	CHC33015	Certificate III in Individual Support

Attachments (Please tick)

<input type="checkbox"/>	Student Induction Form	
<input type="checkbox"/>	Pre-Assessment interview completed	
<input type="checkbox"/>	Language, Literacy and Numeracy Completed	
<input checked="" type="checkbox"/>	Skills First Program Enrolment Form Completed	
<input checked="" type="checkbox"/>	Student ID's Checked and Completed	
<input type="checkbox"/>	USI Permission and Verification Form	
<input type="checkbox"/>	Recognition Prior Learning	<input type="checkbox"/> N/A
<input type="checkbox"/>	Credit Transfer Form	<input type="checkbox"/> N/A
<input type="checkbox"/>	Statement of Fees	<input type="checkbox"/> Discussed