



## Enrolment Booklet

Student Name: SAIM AHMED

### 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 type="checkbox"/>            | CPP30411    | Certificate III in Security Operations                |
| <input checked="" type="checkbox"/> | CHC33015    | Certificate III in Individual Support                 |

### Attachments (Please tick)

|                                     |                                               |                                    |
|-------------------------------------|-----------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> | Student Induction Form                        |                                    |
| <input checked="" type="checkbox"/> | Pre-Assessment interview completed            |                                    |
| <input checked="" 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 checked="" type="checkbox"/> | USI Permission and Verification Form          |                                    |
| <input checked="" type="checkbox"/> | Recognition Prior Learning                    | <input type="checkbox"/> N/A       |
| <input checked="" type="checkbox"/> | Credit Transfer Form                          | <input type="checkbox"/> N/A       |
| <input checked="" type="checkbox"/> | Statement of Fees                             | <input type="checkbox"/> Discussed |