

Application Form

RTO - XXXXXX

All sections of this form must be completed-

Course/Qualification Name:

CHC33015 Certificate III in Individual Support

☐

Preferred Course Start Date: _____/_____/_____

Privacy Statement & Student Declaration

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that Evershine College Pty Ltd is required to submit data sourced from this enrolment form to the national VET administrative collection 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.
- Researchers.

☐ I understand that I may receive a National Centre for Vocational Education Research (NCVER) student survey.

[STUDENT SIGNATURE] [DATE]

Personal details

1. Enter your full name *

Family name (surname) _____

Given names _____

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Evershine College to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

2. Enter your birth date

Day/month/year | | | |

3. Gender (Tick ONE box only)

Male ☐

Female ☐



4. Enter your contact details

Home phone _____ Work phone _____

Mobile _____ Email address _____

5. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

Building/property name _____
Flat/unit details _____
Street or lot number (e.g. 205 or Lot 18) _____
Street name _____
Suburb, locality or town _____
State/territory _____
Postcode _____

6. What is your postal address (if different from above)?

Building/property name _____
Flat/unit details _____
Street or lot number (e.g. 205 or Lot 118) _____
Street name _____
Postal delivery information (e.g. PO Box 254) _____
Suburb, locality or town _____
State/territory _____
Postcode _____

Language and cultural diversity

7. In which country were you born?

Australia ☐ 1101 _____
Other – please specify _____

8. Do you speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often)

No, English only ☐ 1201 _____
Yes, other – please specify _____

9. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No ☐
Yes, Aboriginal ☐
Yes, Torres Strait Islander ☐



Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

Yes ☐ Y

No ☐ N

No – Go to question 13

11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf ☐ 11

Physical ☐ 12

Intellectual ☐ 13

Learning ☐ 14

Mental illness ☐ 15

Acquired brain impairment ☐ 16

Vision ☐ 17

Medical condition ☐ 18

Other ☐ 19

Schooling

12. What is your highest **COMPLETED** school level? (Tick **ONE** box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent ☐ 12

Year 11 or equivalent ☐ 11

Year 10 or equivalent ☐ 10

Year 9 or equivalent ☐ 09

Year 8 or below ☐ 08

Never attended school ☐ 02

Never completed any primary or secondary level education – go to question 15

Please Note the Year of the highest school level you completed e.g. 2005



13. Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/>	Y
No	<input type="checkbox"/>	N

Previous qualifications achieved

14. Have you **SUCCESSFULLY** completed any of the qualifications listed in question 16?

Yes	<input type="checkbox"/>	Y
No	<input type="checkbox"/>	N

No – go to question 17

15. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/>	008
Advanced diploma or associate degree	<input type="checkbox"/>	410
Diploma (or associate diploma)	<input type="checkbox"/>	420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>	511
Certificate III (or trade certificate)	<input type="checkbox"/>	514
Certificate II	<input type="checkbox"/>	521
Certificate I	<input type="checkbox"/>	524
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/>	990

Employment

16. Of the following categories, which **BEST** describes your current employment status?

(Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

Full-time employee	<input type="checkbox"/>	01
Part-time employee	<input type="checkbox"/>	02
Self employed – not employing others	<input type="checkbox"/>	03
Employer	<input type="checkbox"/>	04
Employed – unpaid worker in a family business	<input type="checkbox"/>	05
Unemployed – seeking full-time work	<input type="checkbox"/>	06
Unemployed – seeking part-time work	<input type="checkbox"/>	07
Not employed – not seeking employment	<input type="checkbox"/>	08

Study reason

17. Of the following categories, select the one which **BEST** describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job	<input type="checkbox"/>	01
To develop my existing business	<input type="checkbox"/>	02
To start my own business	<input type="checkbox"/>	03
To try for a different career	<input type="checkbox"/>	04
To get a better job or promotion	<input type="checkbox"/>	05
It was a requirement of my job	<input type="checkbox"/>	06
I wanted extra skills for my job	<input type="checkbox"/>	07
To get into another course of study	<input type="checkbox"/>	08
Other reasons		11



EVERSHINE COLLEGE

PRIDE IN EDUCATION

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Student Support

18. Would you like to receive advice on support services, equipment and facilities which may assist?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

Please let us know about any kind of problem you anticipate by writing here. (You can also email or simply tell our staff):

Unique Student Identifier (USI)

Evershine College can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Do you require assistance with completing your USI?

Yes	<input type="checkbox"/> Y	<i>If yes, we will forward you an application for USI form upon receipt of your enrolment form</i>
No	<input type="checkbox"/> N	

19. Enter your Unique Student Identifier (USI) (if you already have one)

Unique Student Identifier (USI)

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Recognition of Prior Learning

20. Are you applying for Recognition of Prior Learning?

Yes	<input type="checkbox"/> Y	<i>If yes, we will forward you an RPL guide for your selected course.</i>
No	<input type="checkbox"/> N	

Emergency Contact Details

21. Please provide contact details of an emergency contact.

Name _____

Contact Phone number _____

Contact Email address _____

Address _____

Relationship to student _____

If an emergency situation arises do you give permission for EVERSHINE COLLEGE to call an ambulance on your behalf?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N



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Thanks very much for completing this application form. Upon receiving a **signed** and **dated** application form and verification of details, EVERSHINE COLLEGE will forward a Letter of Offer and invoice to you which will include further details regarding your planned studies.

* Before paying any fees, make sure you obtain current, accurate information from our Student Handbook, Website, Application Form and Letter of Offer so you can make informed decisions about undertaking our training.

Evershine College undertakes to always provide quality training and assessment in compliance with current legislation so as to issue AQF standard qualifications. Students have access to an internal complaints and appeals procedure by emailing the college, and information on external complaints and appeals procedures is in the student handbook. * EVERSHINE COLLEGE never requires or accepts prepayment over \$1500.

Please provide a photocopy of one form of ID below with this application form:

Driver's License (or)

Medicare (or)

Passport

AND

English Test Evidence (**Non-native speakers only*)

I have read and understood the terms and conditions above, and as outlined in the student handbook.

Student's signature: _____

Date: _____/_____/_____

Please scan and email a signed enrolment form and evidence of ID to evershine.training@gmail.com

If you have any questions about this application or require assistance please contact us via the email above or on during business hours.

----- **OFFICE USE ONLY** -----

English ability is satisfactory?

Any 'Support Services' to be arranged?

Any particular requirements?

Study Mode:

Start Date:

Course Cost:

Notes/ plans put in place/ Approval or Rejection by PEO: