

2015 ENROLMENT APPLICATION

RTO CODE 21607

Instructions:

Fill in all sections clearly and carefully by printing in block letters.

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification assurance as required.

All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

Information on training, assessment, access to support services and student rights and obligations is detailed in the Glenvale Education Student Handbook.

SECTION 1 – PERSONAL DETAILS

Title: *(Please tick)* Mr Mrs Miss

Family Name: _____

Given Names: _____

Residential address: _____ Suburb: _____ State: _____ Postcode: _____

Delivery address: _____ Suburb: _____ State: _____ Postcode: _____
(not a PO Box)

Phone Numbers: Home: () Work: () Mobile: _____

Email: _____

Date of Birth: _____ Gender: _____

Emergency/Next of Kin Contact name: _____ Phone: _____

Victorian student number _____ (if known)

Unique student identifier (USI) _____ (mandatory)

SECTION 2 – COURSE SELECTION

Please Tick Your Course Selection:

- Certificate IV in Accounting
- Certificate IV in Business
- Certificate IV in Business Sales
- Certificate IV in Marketing
- Certificate IV in Project Management Practice
- Diploma of Project Management (postgraduate only)
- Diploma of Accounting (postgraduate only)

Other by negotiation (please detail):

SECTION 3 – EMPLOYMENT / SPONSORING EMPLOYER DETAILS

Business name: _____

Manager name: _____ Accounts contact: _____

Business address: _____ Postcode: _____

Business phone: _____

Manager email: _____

Occupation: _____ Office use: Student number: _____

SECTION 4 – LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin? No
 (For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes) Yes, Aboriginal
 Yes, Torres Strait Islander

Were you born in Australia? _____ If not, please specify _____

Do you speak a language other than English at home? No, English only (Go to disability section)
 Yes, other – please specify

How well do you speak English? Very Well Well Not well Not at all

SECTION 5 - DISABILITY

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

No Vision Hearing/Deaf Physical Medical Condition
 Other Intellectual Mental Illness Learning Acquired Brain Impairment

SECTION 6 - EDUCATION

Currently attending Secondary School
 Completing year 12 Completing year 11 Completing year 10

Completed Secondary Education in (year) _____ Indicate the level below:
 Completed year 12 Completed year 11 Completed year 10
 Completed year 9 or equivalent Completed year 8 or lower Did not go to school

Have you successfully completed any of the following qualifications?

Yes (please tick ANY applicable boxes)
 Bachelor Degree or Higher Degree Certificate III (or Trade Certificate)
 Advanced Diploma or Associate Degree Certificate II
 Diploma (or Associate Diploma) Certificate I
 Certificate IV (or Advanced Certificate/Technician) Certificates other than the above

No (Go to the Employment section)

Please provide details of any qualifications related to the one that you are applying for. **Attach** relevant statements of attainment (listing individual units) if you believe that you may be entitled to credit transfer/s or recognition of current competency for unit/s completed in previous VET study.

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION 7 - EMPLOYMENT

Of the following categories, which best describes your current employment status? (*Tick ONE box only*)

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment / still a full time student |

SECTION 8 – STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course? (*Tick ONE box only*)

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It is a requirement of my job / future career |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self development | <input type="checkbox"/> Other reasons |

SECTION 9 – COURSE PAYMENT DETAILS

Upon successful application I will be sent confirmation of enrolment and a student handbook. If I wish to cease enrolment before commencing training, I will not incur any course charges. Each unit of competency is charged at \$400 per unit and is invoiced on a module basis in accordance with Glenvale Education marketing material.

The cost of each module of units is to be invoiced to:

Name (*Business name if applicable*): _____

Attention: _____

Address: _____ Suburb: _____ State: _____ Postcode: _____

Phone: () _____ Fax: () _____ Email: _____

SECTION 10 – TRAINEESHIP INFORMATION

This course will be undertaken as part of a Traineeship Yes No

If yes, do you need assistance with the documentation to formulate the Traineeship Yes No

If this course is to be undertaken as a traineeship, please outline work duties/experience that you will be undertaking that are relevant to this course.

SECTION 11 - DECLARATIONS

STUDENT DECLARATION

I understand Glenvale Education’s conditions of training and assessment, provision of support services and students’ rights and obligations.

I understand that in the case where my employer is paying my course fees, Glenvale Education will provide progress updates to my employer (or person representing my employer) with regard to my training.

I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

Print Name _____ Signed: _____ Date: _____

EMPLOYER DECLARATION

The employer must also sign the application if the applicant is to go on a Commonwealth Government Traineeship or if the account is to be paid by the employer.

Print Name _____ Signed: _____ Date: _____

STATE ADMINISTRATOR DECLARATION

The school State Administrator must also sign the application if the applicant is still completing secondary school.

Print Name _____ Signed: _____ Date: _____

Please return this completed form to:

**Glenvale Education
PO Box 224 Campbellfield VIC 3061
For enquiries telephone 03 9355 0730**

DO NOT EMAIL THIS FORM. A COPY OF THE ORIGINAL IS REQUIRED FOR ENROLMENT.