

PRE-ACCREDITED ENROLMENT FORM

It is a government requirement that CEACA collects and reports information related to your enrolment. For this reason it is IMPORTANT that you complete this form accurately and in full.

COURSE INFORMATION					
Course name					
PERSONAL INFORMATION					
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other, please specify _____					
Surname					
Given name(s)					
Date of birth				Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
	DD	MM	YYYY		
CONTACT INFORMATION					
Email address					
Mobile number					
Home number					
RESIDENTIAL ADDRESS					
Property name					
Flat / unit number		Street number			
Street name					
Suburb or town					
State				Postcode	
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)					
Property name					
Flat / unit number		Street number			
Street name					
PO BOX					
Suburb or town					
State				Postcode	
EMERGENCY CONTACT (NEXT OF KIN)					
Contact name					
Contact number					
Relationship					

Are you registered with a Job Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously undertaken a course at CEACA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to receive the CEACA brochure through email?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDY REASON		
Of the following categories, which BEST describes your main reason for undertaking this course?		
<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 was a requirement of my job <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	
SCHOOLING		
Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your highest completed school level?		
<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 8
<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 9	<input type="checkbox"/> Did not go to school
In which year did you complete that school level?		
QUALIFICATIONS		
Have you successfully completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate by ticking under the letter if your qualification is:		
A Australian qualification, E Australian equivalent, I International Qualification		
A E I	A E I	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bachelor degree or Higher degree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate III (or trade certificate)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Advanced diploma or associate degree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate II	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diploma	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate I	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificate IV	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certificates other than above	
MEDICAL DISCLOSURE		
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the areas of disability, impairment or long-term condition:		
<input type="checkbox"/> Hearing / deaf	<input type="checkbox"/> Acquired brain impairment	
<input type="checkbox"/> Physical	<input type="checkbox"/> Vision	
<input type="checkbox"/> Intellectual, _____	<input type="checkbox"/> Medical condition	
<input type="checkbox"/> Learning, _____	<input type="checkbox"/> Other, _____	
<input type="checkbox"/> Mental health conditions ie: Depression		
LANGUAGE AND CULTURAL DIVERSITY		
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other, specify _____		
Do you speak a language other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____		
How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		
EMPLOYMENT		
Of the following categories, which BEST describes your current employment status?		
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Unemployed – seeking full time work	
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Unemployed – seeking part time work	
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Not employed – not seeking employment	
<input type="checkbox"/> Employer	<input type="checkbox"/> Retired	
<input type="checkbox"/> Employed – unpaid worker in family business		

Which of the following best describes your current or most recent occupation? (Tick one box only)

- | | |
|--|--|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Sales worker |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Machinery operations and driver |
| <input type="checkbox"/> Technician or trade worker | <input type="checkbox"/> Labourer |
| <input type="checkbox"/> Community and personal service worker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clerical and administration worker | |

Which of the following best describes the industry of your current or most recent employer? (Tick one box only)

- | | |
|---|--|
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Transport, postal and warehousing |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Information, media and telecommunications |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Financial and insurance services |
| <input type="checkbox"/> Electricity, gas, water and waste services | <input type="checkbox"/> Rental, hiring and real estate services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Professional, scientific and technical services |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Administration and support services |
| <input type="checkbox"/> Retail trader | <input type="checkbox"/> Public administration and safety |
| <input type="checkbox"/> Accommodation and food services | <input type="checkbox"/> Education and training |
| <input type="checkbox"/> Health care and social assistance | <input type="checkbox"/> Other services |
| <input type="checkbox"/> Arts and recreation services | |

VICTORIAN STUDENT NUMBER – VSN (Students aged up to 24 years)

Do you have a Victorian Student Number?

- Yes, it is _____ (unknown). I have attended a Victorian school since 2009 **OR** I have participated in training at a TAFE or other training organisation since the beginning of 2011.
- No, I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

DECLARATION AND PRIVACY STATEMENT

I understand that CEACA is required to provide the Victorian Government, through the Department of Education and Training, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review. **The Education and Training Reform Act 2006 requires CEACA to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.**

For more information in relation to how student information may be used or disclosed please contact CEACA's Privacy Officer on phone 5772 1238 or email admin@ceaca.com.au.

- I acknowledge and agree to the terms described in this privacy statement.
- I am aware that CEACA's policies, including refund policy, can be viewed on the website ceaca.com.au
- I confirm that the details provided on this form are true and correct to the best of my knowledge and that I have not provided any wrong or misleading information.

Student Signature

Date

If student is under 18 years old at time of enrolment, a parent must sign:

Parent Signature

Date

Part 1 – Learning Plan	
Your goals	
Why are you doing this course? (please tick any options that apply to you)	
<input type="checkbox"/> To learn a new skills <input type="checkbox"/> To help me find work	<input type="checkbox"/> To improve skills at work <input type="checkbox"/> To join community activities
For something else _____	
Some experience I have already for this course	
Your future	
What do you see yourself doing after this course?	
<input type="checkbox"/> Further study <input type="checkbox"/> Further study towards a qualification <input type="checkbox"/> Paid work	<input type="checkbox"/> Volunteer or unpaid work <input type="checkbox"/> Community activities <input type="checkbox"/> I don't know yet
Your skills	
<p>In this course you will learn a range of skills. Some of them are general skills that help you with learning and study, and some are important for getting a job and doing well in it. These skills are also important for living well and being part of the community.</p> <p>I would like to get better at: (please tick any options that apply to you)</p>	
<input type="checkbox"/> Speaking and listening <input type="checkbox"/> Reading and writing <input type="checkbox"/> Numeracy <input type="checkbox"/> Teamwork (working in groups, giving feedback) <input type="checkbox"/> Problem solving (working out ways to do things) <input type="checkbox"/> Initiative and enterprise (trying new things, being creative, following up ideas)	<input type="checkbox"/> Planning and organising (making decisions, organising things) <input type="checkbox"/> Self-management (taking responsibility, organising myself) <input type="checkbox"/> Learning (learning new things) <input type="checkbox"/> Technology (using computers, machines, mobile phones)
Your learning experience	
How do you think you learn best? (please tick any options that apply to you)	
<input type="checkbox"/> Listening <input type="checkbox"/> Reading <input type="checkbox"/> Making or doing things <input type="checkbox"/> Being shown how to do things	<input type="checkbox"/> In groups <input type="checkbox"/> Online <input type="checkbox"/> I am not sure

During the course

Do you want help to plan for further study or work?

Yes

No

Anything else you would like to add?