

## 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	<table border="1"> <tr> <td></td> <td></td> <td></td> <td>Gender</td> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> Male</td> </tr> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> <td></td> <td></td> <td></td> </tr> </table>				Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	DD	MM	YYYY			
			Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male								
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

UNIQUE STUDENT IDENTIFIER (USI)																					
From 1 January 2015, all Vocational Education and Training (VET) students in Australia must have a Unique Student Identifier (USI) to be issued their qualifications. The USI will stay with the student for life and be recorded with any nationally recognised VET training that is completed from when the USI comes into effect. The USI will be available online and at no cost to the student. You can apply now: <a href="http://www.usi.gov.au">www.usi.gov.au</a> <b>Note:</b> CEACA cannot confirm your enrolment until a USI has been provided. CEACA cannot issue your certificate until a USI is received.																					
<input type="checkbox"/> I have applied for a USI; the number is	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

STUDY REASON		
<b>Of the following categories, which BEST describes your main reason for undertaking this course?</b>		
<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job	
<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> I wanted extra skills for my job	
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study	
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development	
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other reasons	
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

HEALTH CARE CARD (CONCESSION)		
If you present a valid Health Care Card (HCC) at enrolment, you may be eligible for concession rates on your course fees. <u>A copy of the original must be supplied and attached to enrolment form.</u>		
Course fees will be calculated and concession eligibility will be determined at the start of each term. If you become a holder of a valid HCC anytime during the year, you may present this for eligibility for concession fees for the following term/s.		
<b>Do you hold a valid and current Health Care Card?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>My Health Care Card is:</b>	<input type="checkbox"/> Digital Wallet, through Centrelink Express Plus Mobile App	<input type="checkbox"/> Physical
<input type="checkbox"/> Presented via Digital Wallet	<input type="checkbox"/> Physically presented	
OFFICE USE ONLY		
<input type="checkbox"/> Authenticated by _____	<input type="checkbox"/> Copied by _____	
Card Number		Expiry date

SCHOOLING		
Are you still attending secondary school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What is your highest completed school level?</b>		
<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
<b>In which year did you complete that school level?</b>		

QUALIFICATIONS		
Have you successfully completed any of the following qualifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Please indicate by ticking under the letter if your qualification is:</b>		
<b>A   Australian qualification, E   Australian equivalent, I   International Qualification</b>		
<b>A E I</b>	<b>A E I</b>	
<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?  Yes  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?  Australia  Other, specify \_\_\_\_\_

Do you speak a language other than English at home?  No  Yes, specify \_\_\_\_\_

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

Are you of Aboriginal or Torres Strait Islander origin?  No  Yes, Aboriginal  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.

EMERGENCY CONTACT (NEXT OF KIN)	
Contact name	
Contact number	
Relationship	
DECLARATION AND PRIVACY STATEMENT	
<p>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 <a href="http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx">http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx</a>). 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.</p> <p><b>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.</b></p> <p>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 <a href="mailto:admin@ceaca.com.au">admin@ceaca.com.au</a>.</p> <p><input type="checkbox"/> I acknowledge and agree to the terms described in this privacy statement.</p> <p><input type="checkbox"/> I acknowledge CEACA has provided me with all necessary information about my training, assessment and available support services, as well as my rights and obligations.</p> <p><input type="checkbox"/> I agree to be assessed for this accredited course.</p> <p><input type="checkbox"/> I am aware that CEACA's policies, including refund policy, can be viewed on the website <a href="http://ceaca.com.au">ceaca.com.au</a></p> <p><input type="checkbox"/> I acknowledge and agree to the terms described in this privacy statement.</p> <p><input type="checkbox"/> I must pay my enrolment fees in full and supply a Unique Student Identifier (USI) before my credential(s) will be issued.</p> <p><input type="checkbox"/> 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.</p>	
<b>Student Signature</b>	
<b>Date</b>	
<b>If student is under 18 years old at time of enrolment, a parent must sign:</b>	
<b>Parent Signature</b>	
<b>Date</b>	

**VICTORIAN TRAINING GUARANTEE**  
**2016 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION**

Section A – To be completed by an authorised delegate of the RTO

**Evidence of citizenship / residency and age**

I confirm that in relation to \_\_\_\_\_  
(Student's full name)

I have sighted an original, or a certified copy, or an uncertified copy that I have verified through use of a document verification service of **one** of the following:

- an Australian Birth Certificate (not Birth Extract)
- a current Australian Passport
- a current New Zealand Passport
- a naturalisation certificate
- a current *green* Medicare card
- a signed declaration by a relevant referee
- formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence

**and** I have retained:

a copy of the original or certified copy, or  the certified copy, or  the uncertified copy and a receipt from a document verification service;

**and if** the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth:

a current driver's license, or  a current learner permit, or  a Proof of Age card, or  a 'Keypass' card

Section B – To be completed by the student

**Education history**

Q1. The highest qualification that I have completed is:

\_\_\_\_\_  
(Include full title of qualification, eg. Certificate III in Aged Care)

Q2. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

0      1      2      3      4 +      (circle number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?

0      1      2      3      4 +      (circle number)

Q4. In your lifetime, how many government subsidised courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

0      1      2      3      4 +      (circle number)

**VICTORIAN TRAINING GUARANTEE**  
**2016 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION**

*Section B – Continued*

**Student declaration**

I \_\_\_\_\_, in seeking to enrol in  
(Student's full name)

\_\_\_\_\_  
(Include full title of qualification/s in which you are seeking to enrol)

**declare the following to be true and accurate statements:**

- I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. *(circle appropriate response).*
- I AM / AM NOT enrolled in a Commonwealth Government's *Skills for Education and Employment* program. *(circle appropriate response).*
- I understand that my enrolment in the above qualification/s may be subsidised under the Victorian and Commonwealth Governments under the Victorian Training Guarantee. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the Victorian Training Guarantee.
- I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Section C – To be completed by an authorised delegate of the RTO*

**Number of courses student is currently eligible for:**  1  2

**RTO declaration**

*Based on discussion with the student, the above evidence I have sighted (and retained a copy of) in Section A, and the information provided to me by the student in Section B of this form I believe that the above individual satisfies the Victorian Training Guarantee eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Victorian Training Guarantee for the following qualification/s:*

\_\_\_\_\_  
(Include full title of qualification/s in which the student is seeking to enrol)

Authorised RTO delegate:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:** Use this section to record additional, relevant eligible information, including information used by the RTO to verify the individual's eligibility that is not captured in Sections A, B or C.

<b>STATEMENT OF FEES</b>			
Student Name			
Course and course code			
<b>FEE CATEGORY</b>			
I understand that based on the answers I provided in the enrolment form and the eligibility declaration, I will fall under the category of:			
<input type="checkbox"/> Fee for Service	<input type="checkbox"/> Eligible Funded	<input type="checkbox"/> Concession	<input type="checkbox"/> RPL
(Write total fee above under fee category)			
<b>FEE BREAKDOWN</b>			
Amenities \$			
Materials \$			
Tuition \$			
<b>DEPOSIT</b>			
A deposit of <b>\$400</b> must be paid at enrolment		\$	Date deposit paid
Comments (if lower deposit is approved, why?)			
Balance owing after deposit		\$	
<b>PAYMENT OPTIONS</b>			
CVGT (Job agency)			
Payment plan		<i>(Should be attached)</i>	
Monthly			
Fortnightly			
Instalment dates			
<b>COMMENTS</b>			
I understand that CEACA can withhold my credential until my account is paid in full. I understand that if I enter into a payment plan, I am entering into a legally-binding contract and am responsible for the fees stated above.			
<b>Student Signature</b>			
<b>Date</b>			