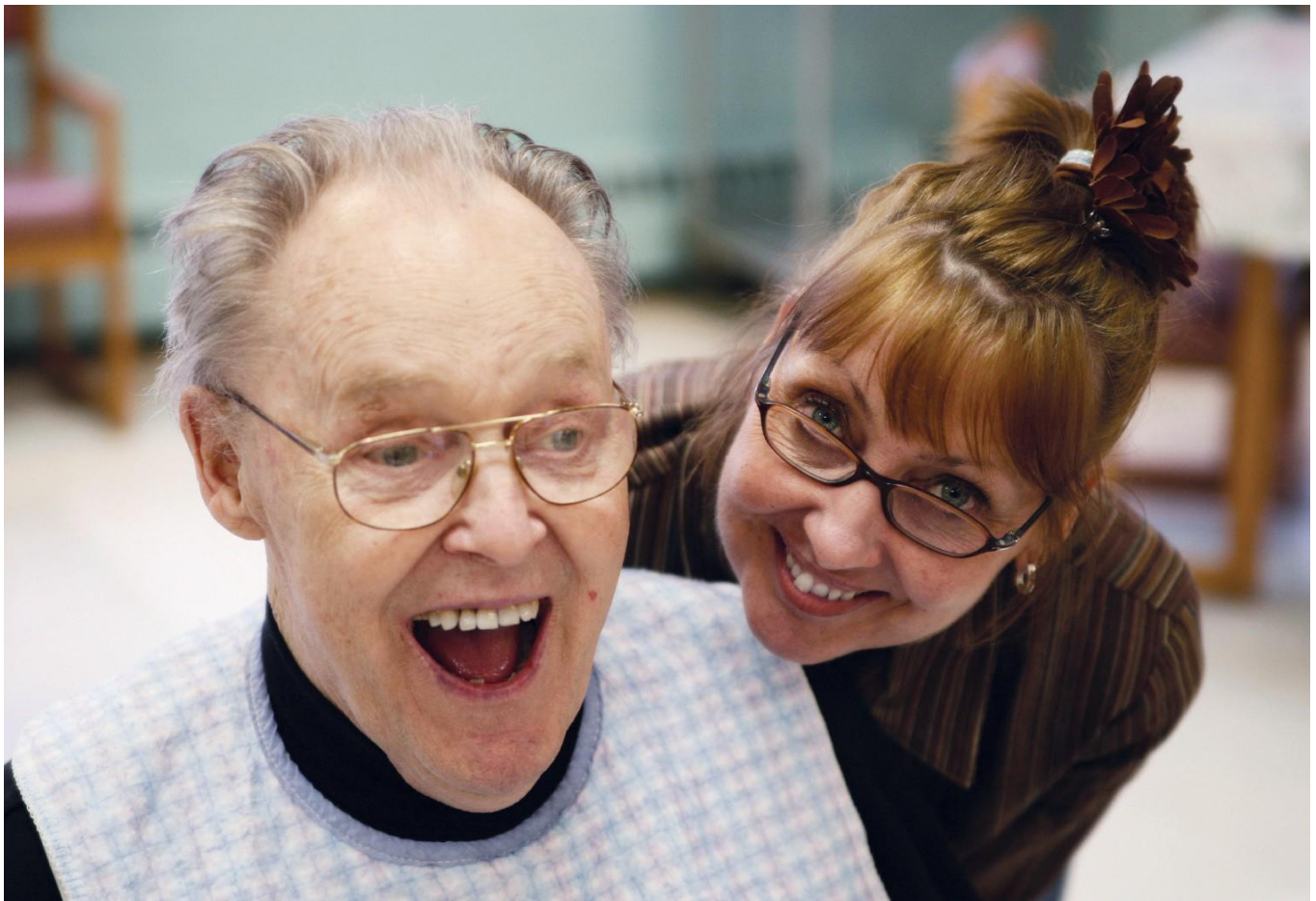


'This training is subsidised by the NSW Government'

Learner Application and Agreement Pack for CHC43015 - Certificate IV in Ageing Support



Course Application Form

What Campus would you like to enrol in?

- CASULA
 NEWCASTLE
 NOWRA

Name: _____

Please write your name exactly as it appears on your primary documentation such as your driver's licence, birth certificate or passport.

DOB: _____ Email: _____

Address: _____

_____ P/Code _____

Phone: _____ Mobile: _____

Emergency contact person: _____ Phone Number: _____

City/Town of Birth: _____ Country of Birth: _____

If you have previously completed a course with us, please state which course and the date completed: _____

Please provide your USI Number (Unique Student Identifier):

Methods of Payment

Cash, Credit Card, Debit Card, Purchase Order, Money Order or Cheque addressed to Nursing Group Pty Ltd.

Please ensure that funds are available for processing. NB: All credit card payments will attract a fee of 2%.

Payment Options

Please tick the payment option you prefer:

- Option 1 – Payment in full
 Option 2 – Payment plan (Please refer to your Learner Information Handbook)

Authority to Deduct – this section is for payment plans only and will be completed at enrolment with your Training Consultant

I, _____ allow Casey College to deduct the following amount of \$ _____ from the card details below, as per the payment plan selected in week _____ and week _____

Credit Card Type Visa MasterCard

Card number: _____

CRC: _____ Expiry date: _____

Name as it appears on the card: _____

Cardholder signature: _____ Date: _____

Please refer to our Learners Information Handbook for full payment and refund terms

Enrolment Questions

Please complete ALL sections:

Sex (tick ONE box only)

- Male
 Female
 Other

Language and cultural diversity

In which country were you born? (please tick one box)

- Australia
 Other

Please specify: _____

Do you speak a language **OTHER THAN ENGLISH** at home?

- No, English only
 Yes

please 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

Disability

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

- Yes
 No

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):

- Hearing/deaf
 Physical
 Intellectual
 Learning
 Mental illness
 Acquired brain impairment
 Vision
 Medical condition
 Other

Schooling

What is your highest COMPLETED school level? (tick ONE box only)

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent
 Year 8 or below
 Never attended school

In which year did you complete that school level?

Are you still attending secondary school?

- Yes
 No

Prior qualifications achieved

Have you SUCCESSFULLY completed any of the following qualifications?

please tick any applicable boxes:

- Bachelor degree or higher degree
 Advanced diploma or associated degree
 Diploma (or associated diploma)
 Certificate IV (or advanced certificate/technician)
 Certificate III (or trade certificate)

- Certificate II
- Certificate I
- Certificates other than the above
- No

Employment

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

- Full time employee
- Part-time/Casual employee
- Self-employed – not employing others
- Employer
- Employer – unpaid family worker
- Unemployed – seeking full time work
- Unemployed – seeking part time work
- Not employed – not seeking employment

Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship (Tick ONE box only).

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement of my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons

Enrolment Checklist

Please use the checklist below to check that you are ready to enrol:

- Read the Learner Information Handbook
- Complete the application and agreement pack
- Book appointment for enrolment by calling (02) 8778 7777
- Ensure you have the required 100 points of Identification E.g. Passport, Medicare card, driver's licence etc.
- Organise payment/deposit for enrolment day
- Create your USI and bring along to enrolment

Learner Agreement

National Crime Check

I declare that I do not have a history of any criminal convictions or a record of any disclosable court outcomes. I understand that if I supply Casey College with incorrect or misleading information it will result in me being withdrawn from the course, losing all fees paid and not receiving a certificate as I will be ineligible to complete the mandatory Work Placement.

Learner signature..... Date:

Witness name..... Witness signature:

I declare that I have been provided with the Learner Information Handbook which outlines terms and conditions of Casey College and requirements of my chosen course.

I have been made aware of the cancellation and refund policy.

I have been provided information and understand the requirements of all assessments.

I have been explained and agree to undertake all assessment required. I understand that if I hand in assessments late, it may take Casey College up to 4 weeks to mark these assessments and this may prevent me attending work placement or progressing in the course until this is attended.

I understand that if I submit an assessment that is identical to another student's (past or present), this will be considered plagiarism and I will receive a "Not Satisfactory" result. I will not be given a second chance to complete the assessment and I will not be able to complete the course and gain my qualification.

I **authorize/do not authorise**, Casey College to use all personal imagery and/or information for marketing purposes

I authorise Casey College to verify my current USI (Unique Student Identifier), or if necessary apply for a USI on my behalf. I understand that Casey College will make enquiries to authenticate any learning I have undertaken, similarly, I authorise Casey College to confirm any learnings I have undertaken with Casey College with any Third Parties enquirers.

I declare that all of my personal details I have provided are accurate and correct.

I understand that my personal details will be viewed by Casey College employees for training and assessment purposes and by Australian Skills Quality Authority (ASQA), Department of Education and Training (DET) for auditing purposes and 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.

I understand that by not abiding by the requirements and condition it may result in me being withdrawn from the course and therefore not obtaining the qualification.

Learner's name: (please print)

Learner's signature

Date:

**CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE
DEPARTMENT OF INDUSTRY, SKILLS and REGIONAL DEVELOPMENT AND OTHER
GOVERNMENT AGENCIES**

I _____
(First, middle and last Name)
Of _____
(Current residential address)

With date of birth _____

Understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) (together personal information) collected by Casey College may be disclosed to the Department of Industry, Skills and Regional Development (**Department**).

The Department may disclose my personal information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with Casey College for the purposes of evaluating and assessing my subsidised training.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** ____/____/____
(Note: if under 18 years of age at the time of giving consent, then the consent of their guardian is required)

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ **DATE:** ____/____/____

Contact

The Casey Centre
445 Hume Highway
CASULA NSW 2170
Ph.: (02) 8778 7777