

# Learner Application and Agreement Pack for CHC33015 – Certificate III in Individual Support

*'This training is subsidised by the NSW Government'*



**Casey College**

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**Smart and Skilled**

<https://smartandskilled.nsw.gov.au/home>  
1300 772 104

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## 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

### What is your Residency status?

- Australian Resident   
 Australian permanent resident   
 Humanitarian Visa   
 New Zealand citizen   
 None of the above

### 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

### Do you live in social housing, or are you or your household on the NSW Housing Register?

- Yes
- No

### Have you undertaken any other Smart and Skilled qualification this calendar year?

- Yes
- No

### Do you receive any of the following benefits?

- Age Pension
- Austudy
- Carer Payment
- Exceptional Circumstance Relief Payment
- Family Tax Benefit Part A - Maximum Rate
- Farm Household Allowance

- Newstart Allowance
- Parenting Payment (Single)
- Sickness Allowance
- Special Benefit
- Veterans' Affairs Pensions
- Veterans' Children Education Scheme
- Widow Allowance
- Widow B Pension
- Wife Pension
- Youth Allowance

### Are you with an Employment Provider Client?

- Yes
- No

If yes,

Employment Service Provider Organisation Name?

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Your Service Provider Client ID?

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Did this Employment Service Provider refer you for this training?

- Yes
- No

If so, employment Service Provider referral ID

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### Do you have appropriate evidence of long term unemployment status?

- Yes
- No

## 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 and/or bring 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: .....

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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 acknowledge that I have been made aware of my rights and options for making a complaint or providing feedback about my training.

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: .....

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**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_