

ENROLMENT FORM

Please choose the course you want to enrol: (Tick the box)	
Course Code and Name	Tick
CHC30113 - Certificate III in Early Childhood Education and Care	<input type="checkbox"/>
CHC50113 Diploma of Early Childhood Education and Care	<input type="checkbox"/>
SECTION A: PERSONAL DETAILS	
Title	
Given Name (s)	
Family Name / Surname	
Date of Birth: Date/Month/Year	/ /
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
USI Number if available	

SECTION B: ADDRESS DETAILS	
i. RESIDENTIAL ADDRESS	
Number and Street:	Town/Suburb:
State:	Postcode:
ii. POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)	
Number and Street or PO Box:	Town/Suburb:
State:	Postcode:
iii. CONTACT INFORMATION	
Home Phone No:	Work Phone No:
Mobile Phone No:	Email:

SECTION C: EMERGENCY CONTACT DETAILS

Contact Name:	Relationship to you:
Phone No:	Mobile Phone No:

SECTION D: CITIZENSHIP / CULTURAL DIVERSITY

Do you speak a language other than English at home?	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes; more than one language is spoken at home Please specify the one that is spoken most often: _____
How well do you speak English? (Tick)	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all

Were you born in Australia? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Town of birth: _____	If No: Please specify which country: _____ Please specify town of birth: _____ Please specify year of arrival in Australia: _____
Status of Citizenship	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Holder of Permanent Resident Visa <input type="checkbox"/> Holder of a Temporary Protection Visa <input type="checkbox"/> Holder of Special Category Visa (New Zealand subclass 444) <input type="checkbox"/> East Timorese Asylum Seeker
Are you an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> No, Neither Aboriginal nor Torres Strait Islander

SECTION E: MEDICAL DETAILS

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

No - If NO, go to category F
Yes - If YES, please tick one or more of the following

- Hearing/Deaf
 Physical
 Intellectual

- Learning
 Mental illness
 Acquired Brain Injury

- Vision
 Medical condition
 Other, please specify
- _____

If so, do you require special assistance?

- Yes No

SECTION F: PREVIOUS QUALIFICATIONS ACHIEVED

Have you successfully completed any of the following qualifications?

- Yes No

Yes - If YES, tick appropriate boxes below

- Bachelor or Higher Degree
 Advanced Diploma or Associate Degree
 Diploma or Associate Diploma
 Cert IV (Advanced Cert Technical)

- Cert III or Trade Certificate
 Certificate II
 Certificate I
 Other _____

SECTION G: MARKETING SOURCE

How did you find out about this course? (Please select one)

- Information Week /Session
 Newspaper advertisement
 Television advertisement
 Radio advertisement

- Website
 Flyer / Brochure
 Friend
 Other

SECTION H: EMPLOYMENT STATUS

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

- Full-time employee
 Employed – unpaid worker in a family

- Self-employed – not employing others
 Unemployed – seeking part time work

business <input type="checkbox"/> Part-time employee <input type="checkbox"/> Unemployed – seeking full time work	<input type="checkbox"/> Employer <input type="checkbox"/> Not employed – not seeking employment
SECTION I: SECONDARY SCHOOL EDUCATION	
Are you still attending secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your highest completed school level?	
What year your completed school?	
<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10	<input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school

SECTION J: REASON FOR STUDY	
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"/> Career change <input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It is a requirement of my job <input type="checkbox"/> I want extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> Personal interest / Self development <input type="checkbox"/> Other reasons

Student Enrolment Declaration and Agreement:

I, _____ the undersigned, declare and agree as follows:

1. I agree to pay the fees owing
2. That the information entered on this form is, to the best of my knowledge, true, correct and complete.
3. While a student at Advanced Training Institute, I agree to be bound by the code of conduct, policies and procedures of Advanced Training Institute while I remain an enrolled student.
4. I agree to comply with any and all reasonable instructions given to me by staff members of Advanced Training Institute.
5. I have received a copy of the Student Handbook and Course Outline
6. I agree to give my details to the trainer (telephone number, email address) so they can contact me for support during my study period.
7. I agree that ATI can take photos and record classes in which I participate, and I agree that they can use these photos for promotional purposes and the recorded sessions will be used for training Purposes at ATI.
8. I acknowledge that Advanced Training Institute collects student information and as a condition of registration provides this data under AVETMISS. Collection under AVETMISS Release 6.1 is governed by a set of protocols agreed by the Ministerial Council for Tertiary Education and Employment. The key principles of the protocols relate to the need for transparency in processes and access to information about vocational education and training.
9. In particular, the protocols aim to:
Provide access to as much information as possible to stakeholders, consistent with the protection of an individual's and their employer's privacy (consistent with the Information Privacy Principles under the Privacy Act of 1988) and subject to the protection of commercial-in-confidence training provider information ensure the processes used to access the data will be transparent and publicly available to contributors of data and other stakeholders.
10. I declare that I do / do not have any existing condition or injury which may prevent me from either participating in learning and assessment at Advanced Training Institute or performing functions associated with vocational placement. I agree to provide full details of any such limitations to Advanced Training Institute staff.
11. I understand that all personal information collected by ATI is confidential and may be made available for the relevant Commonwealth and State agencies. This information includes personal and contact details, course enrolment details and changes. I may authorize a third party to access records on my behalf contacting ATI Student Services Officer in writing.
12. I understand that at the end of my enrolment I will receive a statement of attainment/Certificate at no extra charge.

Applicant's Signature: _____

Date: _____

RTO Representative Staff: _____ Signature: _____ Date _____

PRE – TRAINING REVIEW FORM against SRTOs 2015 – Standard 5 Clause 5.1, 5.2

Personal Details – to be completed by applicant

Family Name:	Given Name(s):
Date of birth: (DD/MM/YY)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Credit transfer: Do you wish to apply for a Credit transfer? Yes No

Credit transfer may be granted to those students who have previously completed a course which provides equivalent learning or competency outcomes to those required within the student’s current course of study. You will be required to present your evidence (usually a statement of results) at the time of enrolment

Skills Recognition: Do you wish to apply for Recognition of Prior Learning or Recognition of Current Competencies? Yes No

Recognition of Prior Learning (RPL) or Recognition of Current Competencies (RCC) is an assessment process that recognises the skills and knowledge you have already gained. If you have completed other courses, if you have relevant work experience and work-based training or life experience, you may be able to apply for credit for some or all of the units in the course you are applying for. ***Please attach copies of supporting documents***

Course – please tick the course you are interested in applying for – to be completed by applicant

Code	Course	Tick	Delivery Method
CHC30113	Certificate III in Early Childhood Education and Care	<input type="checkbox"/>	<input type="checkbox"/> Classroom Based
CHC50113	Diploma of in Early Childhood Education and Care	<input type="checkbox"/>	<input type="checkbox"/> Classroom Based

Employment / work experience – to be completed by applicant

Are you currently employed? Yes No

Details of current / past employment/Voluntarily (details of your employment)

Dates (from - to)	Position	Company	Duties

RTO representative Comments:			
ATI representative must use this form to evaluate applicant's Pre-Training Review to determine that the applicant is enrolled in a course according to their needs and abilities, and to recommend appropriate LLN, EAL, learning or other specific support arrangements.			
Some ATI courses require a Working with Children Check and a Police Check before starting each placement; does the applicant agree to provide a valid Working with Children and a Police Check before starting each placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All ATI full time courses require minimum 20 hours' study per week. This includes classroom, Work placement and self-study/research. This may include assessments and/or work-placement (relevant for the community services courses). Is the applicant willing to commit to minimum 20 hours' study?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the applicant been informed that they may receive a survey from the National Centre for Vocational Education Research (NCVER) and/or an invitation to take part in a project endorsed by the funding body or be contacted by the funding body to discuss their training?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a certified copy of the course results attached (Statement of Attainment, Statement of Results, or appropriate RTO verification):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Training Plan content outlined, negotiated agreed?			
Course code and Title <input type="checkbox"/> Yes <input type="checkbox"/> No	Mode of study <input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery Method <input type="checkbox"/> Yes <input type="checkbox"/> No	Course Duration <input type="checkbox"/> Yes <input type="checkbox"/> No
Units to be completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work placement: Expectations discussed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Outcomes <input type="checkbox"/> Yes <input type="checkbox"/> No		Duration <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discussion for future study options <input type="checkbox"/> Yes <input type="checkbox"/> No		Discussion of career pathways <input type="checkbox"/> Yes <input type="checkbox"/> No	

ATI Policies and Procedures and RPL/CT/RCC discussed ---to be completed by ATI Representative		
RPL/CT/ RCC Discussed <input type="checkbox"/> Yes <input type="checkbox"/> No	Will applicant be applying for CT/RCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will applicant be applying for RPL? <input type="checkbox"/> Yes <input type="checkbox"/> No	CT application form given to applicant <input type="checkbox"/> Yes <input type="checkbox"/> NA	
RPL application form given to applicant: <input type="checkbox"/> Yes <input type="checkbox"/> NA		
Can the applicant provide the original or certified copies of prior qualifications? if applying for RPL/CT <input type="checkbox"/> Yes <input type="checkbox"/> No		
Appropriate work experience and level of skill and ability to undertake this course successfully:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Appropriate language, literacy and numeracy level for this course (refer to LLN test result):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student requires additional LLN support to participate in this course (refer to LLN test result):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrolment in this course aligned with the student's work/career plans:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
RPL/Credit Transfer suitable:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training Plan is established based on the information provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Areas requiring assistance Recommendations for support or adjustment.		
FINAL RECOMMENDATION - to be completed by ATI Representative		
Enrolment to proceed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any Final Comments:		
Signature of ATI representative:	Learner signature:	Date: