

## APPLICATION FORM FOR DIPLOMA OF CHILDREN'S SERVICES

<b>Citizenship / Residency Eligibility Criteria for Government Funded Places</b>		
<i>To be eligible for a government funded place you must be able to provide proof of your Australian citizenship /Residential status. Documents providing proof of one of the following must be attached to this application</i>		
Are you an Australian citizen? <small>Australian Birth Certificate, Australian Passport, Naturalisation Certificate, Medicare / Health Care Card</small>	Yes	No
Are you an Australian Permanent Resident (holder of a permanent visa)?	Yes	No
Do you hold a Special Category Visa (sub-class 444, New Zealand citizen)?	Yes	No
Do you hold a Temporary Protection Visa?	Yes	No
Are you an East Timorese asylum seeker?	Yes	No
<b>Please note:</b> Applicants with a Temporary Business (Long Stay) – Standard Business Sponsorship (subclass 457) are not eligible for a government funded place. bestchance Training is not registered at this time to deliver courses to overseas students.		

<b>Age Eligibility Criteria</b>		
<i>Applicants under 20 on 1 January in the year in which the course commences will be eligible for a government funded place. Applicants over 20 on 1 January will need to meet Qualification Eligibility Criteria to be eligible for a government funded place.</i>		
Are you under 20 on 1 January?	Yes	No

<b>Qualifications Eligibility Criteria, if any.</b>		
<i>Applicant must declare all previous qualifications and must have a Certificate III in Children's Services. Applicants who hold a higher qualification than a Diploma qualification will not be eligible for a government subsidised place. Documents providing proof of prior qualifications must be attached to this application</i>		
<i>Qualification</i>	<i>Where completed</i>	<i>Year of completion</i>

<b>Applicant Details</b>				
<i>Title</i>	<i>Mr</i>	<i>Mrs</i>	<i>Ms</i>	<i>Miss</i>
<i>First / Christian Name</i>				
<i>Family Name / Surname</i>				
<i>Date of Birth</i>		<i>Gender</i>	<i>Male</i>	<i>Female</i>
<i>Address</i>	<i>Suburb</i>			
	<i>Postcode</i>			
<i>Home Phone</i>		<i>Mobile</i>		
<i>Business Phone</i>		<i>E-mail</i>		

<b>Employer Details</b>			
<i>You must be working at least 2 days per week to apply for the course</i>			
<i>Employer</i>			
<i>Contact Name</i>		<i>Contact Phone</i>	
<i>Address</i>	<i>Suburb</i>		
	<i>Postcode</i>		
<i>Employment Status</i>	<i>Part Time</i>	<i>Full Time</i>	<i>Casual</i>

<b>Where did you find out about his course?</b>				
Friend	Agency	Employment	Website	Other

<b>Do you wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer?</b> <i>Please indicate units applying for. An RPL Application Kit is available from the Training Program Leader</i>			Yes	No

<b>Do you have basic computer skills in Word Processing, Internet &amp; Email?</b>		Yes	Yes
<b>Do you have any difficulty with the English language?</b> <i>(Reading, Writing, or Speech)</i>		No	No

<b>What are your expectations of the course?</b>

<b>What are three personal qualities that are important for someone working in this industry?</b> <i>e.g. consideration</i>

<b>What made you interested in this type of work / study?</b>

<b>Medical Conditions</b> <i>We endeavour to provide support for students with special needs. Failure to indicate a disability may hinder our ability to assist you, and may incur additional costs.</i>				
<b>Do you have any of the following medical conditions?</b>			Yes	No
Acquired Brain Injury	Hearing	Intellectual	Learning	
Mental Illness	Physical	Vision	Other	
<i>Please provide details of any medication you are currently taking. You may choose to leave an emergency supply with our First Aid person.</i>				

<b>Signature and declaration</b>			
I hereby declare that the information in this application is complete and accurate.			
Signed		Date	

**Course fills quickly; please return this application form as soon as possible to avoid disappointment:**  
 bestchance Training  
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 Fax: 8562 5111  
 Email: [trainingadmin@bestchance.org.au](mailto:trainingadmin@bestchance.org.au)