

Please complete all sections of the form in black or blue ink only.

<b>Course applying for</b>	<input type="checkbox"/> Certificate III in Children's Services <input type="checkbox"/> Diploma of Children's Services <input type="checkbox"/> Certificate III in Education Support <input type="checkbox"/> Certificate III in Aged Care & HACC <input type="checkbox"/> Assess and provide services for clients with complex needs
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**Contact Details**  
*Please use name as you wish it to appear on your certificate*

Title <i>Please circle</i>	Mr / Mrs / Ms / Miss	Date of Birth			
Given Names / First		Surname / Family Name			
Residential Address	Gender	Male	Female		
	Home Phone				
	Mobile				
	Email				
Country of Birth <i>If not Australia</i>		Language/s other than English spoken at home			
Are you of Aboriginal Origin?	Yes	No	Are you of Torres Strait Islander Origin?	Yes	No
Emergency Contact Name			Business Hours Telephone		
Relationship			Mobile		

**Eligibility Criteria for Government Funded Places**  
*To be eligible for a government funded place you MUST meet one of the following citizen / residency status criteria.*

Are you an Australian citizen? <i>One of the following documents MUST be attached.</i>	Yes	No
<input type="checkbox"/> an Australian Birth Certificate <input type="checkbox"/> a current Australian Passport <input type="checkbox"/> a Naturalisation Certificate <input type="checkbox"/> a <u>green</u> Medicare Card		
Are you an Australian PERMANENT resident (holder of permanent visa)? <i>One of the following documents MUST be attached.</i>	Yes	No
<input type="checkbox"/> an Australian Visa <input type="checkbox"/> other formal documentation issued by the Australian Department of Immigration and Citizenship		
Do you hold a Special Category Visa (sub-class 444, New Zealand citizen)? <i>The following document MUST be attached.</i>	Yes	No
<input type="checkbox"/> a current New Zealand Passport		
Are you an East Timorese Asylum seeker? <i>One of the following documents MUST be attached.</i>	Yes	No
<input type="checkbox"/> a Resolution of Status Visa <input type="checkbox"/> other formal documentation issued by the Australian Department of Immigration and Citizenship		
<i>To be eligible for a government funded place you MUST ALSO meet one of the following</i>		
<i>One of the following documents MUST be attached if date of birth is not included as proof of eligibility as stated above</i>		
<input type="checkbox"/> a current Drivers Licence <input type="checkbox"/> a current Learner Permit <input type="checkbox"/> a Proof of Age Card <input type="checkbox"/> a 'Keypass' Card		
Under 20 years old (on 1 January)	Yes	No
Over 20 and applying for entry to a Foundation Skills Course	Yes	No
Over 20 and applying for a course at a higher level than the highest qualification already held	Yes	No

**Where did you find out about this course?**

Friend	Employment Service Provider	Employer	Newspaper	bestchance Program	bestchance Website	Other website	Other
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**Reasons for choosing this course**  
*Please circle ONE only*

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

**National Police Certificate and Working With Children Check**  
*Do you have the following checks? If yes, please attach a copy.*

National Police Certificate <i>If no, provide National Police Check Information</i>	Yes	No	Working With Children Check <i>If no, provide Working With Children Application form</i>	Yes	No
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**School / Training details**  
*Please only indicate schooling and qualifications completed in Australia*

Highest school level completed <i>Please circle and indicate the year you left</i>	Year 12	Year 11	Year 10	Year 9 (or Equivalent)	Year 8 (or lower)
Have you <b>successfully</b> completed any of the following qualifications in Australia? <i>If yes please tick all qualifications that apply</i>	Yes				No
<input type="checkbox"/> Bachelor or Higher Degree	<input type="checkbox"/> Advanced Diploma or Associate Degree				
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)				
<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Certificate II				
<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificates other than those indicated				
Please indicate full title of highest qualification completed					

<b>Do you wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer?</b> <i>Please bring documentation to your interview.</i>				Yes	No
<b>Do you have basic computer skills in Word Processing, Internet &amp; Email?</b>				Yes	No
<b>Do you have any difficulty with the English language?</b> ( <i>Reading, Writing, or Speech</i> )				Yes	No
<b>How well do you speak English?</b>	Very well	Well	Not well	Not at all	
<b>Employment Status</b> <i>Please circle one response only</i>					
Full Time Employee	Part Time Employee	Self Employed Not employing others	Employed Unpaid family worker		
Unemployed Seeking part time work	Unemployed Seeking full time work	Employer Employing others	Not Employed Not seeking employment		
<b>Medical Conditions</b> <i>We endeavour to provide support for students with additional 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> <i>Please indicate</i>				Yes	No
Acquired Brain Impairment	Hearing/Deaf	Intellectual	Learning		
Mental Illness	Physical	Vision	Medical Condition		
Other, please specify					
<b>What are your expectations of the course?</b>					
<b>If you were to gain employment in this area, what tasks do you think it would involve?</b>					
<b>What are three personal qualities that are important for someone working in this industry? e.g. consideration</b>					
<b>Why do you feel you are suitable to work in this industry?</b>					
<b>Have you been involved in any kind of work experience or work within this industry?</b>					
<b>What made you interested in this type of work / study?</b>					
<b>Numeracy Question: How many hours did Jill work?</b>					
<p>On Monday Jill started work at 0700 am. At 1300 hrs she had 30 minutes for lunch and finished work at 1500 hrs.  On Tuesday Jill started at 0730 am, had 30 minutes for lunch and finished work at 1700 hrs.  On Wednesday Jill started at 0700, had 60 minutes for lunch and finished work at 1600 hrs.</p> <p>Jill worked.....Hours</p>					

**Victorian Student Number**

The Victorian Student Number (VSN) is a student identification number that is being assigned to all students in government and non-government schools and students up to the age of 24 in the Vocational Education and Training Sector. The number, which is unique to each student, will be used as a key identifier on student records and will remain with the student throughout their education until they reach the age of 25.

Do you have a Victorian Student Number (VSN)? (tick one box only)

Yes, please specify 

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Yes, but VSN is unknown

No, I have never been issued a VSN

**Privacy Statement, Signature and Declaration *Please read before signing.***

I DO / DO NOT give consent for photographs/recordings to be taken as part of my involvement with programs of **bestchance**. Types of publicity may include display boards, PowerPoint presentations, web pages or CD Rom, informational brochures/posters, video/audio, newsletters, newspaper articles or Annual Reports.

In case of emergency I authorise those in charge to take any steps they may consider necessary for my safety or well-being, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for all medical bills and expenses. I understand that I will be notified in advance with details of any proposed excursions.

- I have downloaded and read all the details of the student handbook, and understand my obligations during my time at **bestchance** Training. A copy of the student handbook can be downloaded at [bestchance.org.au](http://bestchance.org.au).
- I have attached proof of my Australian Citizenship or Permanent Residency Status. I understand my application will not be processed unless documents providing proof are attached.

In accordance with The Privacy Act, (2001) **bestchance** Training will not release any personal information about you to any third party without your expressed written permission.

I understand that:

**bestchance** Training is required to provide the Victorian Government, through Skills Victoria, 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 Guideline (which is available at <http://www.skills.vic.gov.au/corporate/providers/data-collection>). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training reform Act 2006 requires **bestchance** Training 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.

For more information in relation to how student information may be used, supplied or disclosed please contact the **bestchance** Training Manager on 8562 5177 or [training@bestchance.org.au](mailto:training@bestchance.org.au)

I acknowledge and agree to the terms described in this privacy statement.

I hereby declare that the information provided in this application for enrolment form is complete and accurate.

Signature		Date	
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**Applicant Under 18 years**

Parent / Guardian Name		Parent / Guardian Signature	
Residential Address	Home Phone		
	Mobile		
	Date		

**Courses fill quickly; please return this application form as soon as possible to avoid disappointment:**  
**bestchance** Training PO BOX 4190 Mulgrave 3170 Fax: 8562 5111 Email: [trainingadmin@bestchance.org.au](mailto:trainingadmin@bestchance.org.au)

Office Use Only (VETtrak entries)			
Date Details Recorded	Date RPL & CT Recorded	Occurrence Code	Entered by (print name)
Date Student Enrolled	<b>bestchance</b> Training Student ID	Victorian Student Number	Signature