

APPLICATION FOR ENROLMENT FORM – ELICOS STUDENTS

ABOUT THIS FORM

Thank you for your interest in seeking enrolment into Australian College of Community and Health Services (ACCHS). This application for enrolment form must be completed in English. If you require any assistance in completing this form, please contact us by phone or email.

You can send this form to us by post or email. Please provide a copy of your passport and your visa (if relevant).

COURSE DETAILS

COURSE YOU WISH TO ENROL IN	
REQUESTED START DATE	

STUDENT DETAILS

GIVEN NAME/S <i>(including middle name if any)</i>			
SURNAME			
DATE OF BIRTH	/ /	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
PREFERRED FIRST NAME IF DIFFERENT TO THE ABOVE		PREFERRED TITLE	

CURRENT RESIDENTIAL ADDRESS

Please provide the physical address (street number and name –not post-office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from overseas, you need to put the exact address listed in your passport or driving licence or birth certificate, official document recognised in your country.

PHONE NUMBER/S	
EMAIL ADDRESS	
NATIONALITY	
EMERGENCY CONTACT <i>(name, relationships and mobile phone number)</i>	
DO YOU HOLD A CURRENT AUSTRALIAN VISA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF VISA AND EXPIRY DATE	Type of visa: Expiry date: / /

LANGUAGE AND CULTURAL DIVERSITY

IN WHICH COUNTRY WERE YOU BORN?	<input type="checkbox"/> Australia [1101] <input type="checkbox"/> Other; please specify:
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only [1201] <input type="checkbox"/> Yes other; please specify:
ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

DISABILITY

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No – go the question about schooling
<p>If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list.</p> <p>Review the disability supplement to help you select the right area(s).</p>	<input type="checkbox"/> Hearing/deaf 11 <input type="checkbox"/> Physical 12 <input type="checkbox"/> Intellectual 13 <input type="checkbox"/> Learning 14 <input type="checkbox"/> Mental illness 15 <input type="checkbox"/> Acquired brain impairment 16 <input type="checkbox"/> Vision 17 <input type="checkbox"/> Medical condition 18 <input type="checkbox"/> Other 19

SCHOOLING

<p>WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL?</p> <p><i>Tick ONE box only.</i></p>	<input type="checkbox"/> Year 12 or equivalent 12 <input type="checkbox"/> Year 11 or equivalent 11 <input type="checkbox"/> Year 10 or equivalent 10 <input type="checkbox"/> Year 9 or equivalent 09 <input type="checkbox"/> Year 8 or below 08 <input type="checkbox"/> Never attended school 02
ARE YOU STILL ENROLLED IN SECONDARY OR SENIOR SECONDARY EDUCATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS QUALIFICATIONS STUDIED

HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE QUALIFICATIONS LISTED BELOW?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, tick ANY applicable boxes.	<input type="checkbox"/> Bachelor degree or higher degree 008

	<input type="checkbox"/> Advanced diploma or associate degree	410
	<input type="checkbox"/> Diploma (or associate diploma)	420
	<input type="checkbox"/> Certificate IV (or advanced certificate/technician)	511
	<input type="checkbox"/> Certificate III (or trade certificate)	514
	<input type="checkbox"/> Certificate II	521
	<input type="checkbox"/> Certificate I	524
	<input type="checkbox"/> Other education (including certificates or overseas qualifications not listed here)	990

EMPLOYMENT

<p>OF THE FOLLOWING CATEGORIES, WHICH BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS? (Tick ONE box only)</p> <p><i>For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).</i></p>	<input type="checkbox"/> Full-time employee	01
	<input type="checkbox"/> Part-time employee	02
	<input type="checkbox"/> Self-employed – not employing others	03
	<input type="checkbox"/> Self-employed – employing others	04
	<input type="checkbox"/> Employed – unpaid worker in a family business	05
	<input type="checkbox"/> Unemployed – seeking full-time work	06
	<input type="checkbox"/> Unemployed – seeking part-time work	07
	<input type="checkbox"/> Not employed – not seeking employment	08

STUDY REASON

<p>OF THE FOLLOWING CATEGORIES, SELECT THE ONE WHICH BEST DESCRIBES THE MAIN REASON YOU ARE UNDERTAKING THIS COURSE. (Tick ONE box only)</p>	<input type="checkbox"/> To get a job	01
	<input type="checkbox"/> To develop my existing business	02
	<input type="checkbox"/> To start my own business	03
	<input type="checkbox"/> To try for a different career	04
	<input type="checkbox"/> To get a better job or promotion	05
	<input type="checkbox"/> It was a requirement of my job	06
	<input type="checkbox"/> I wanted extra skills for my job	07
	<input type="checkbox"/> To get into another course of study	08

[Redacted area]

- For personal interest or self-development 12
- To get skills for community/voluntary work 13
- Other reasons 11

PRIVACY NOTICE

WHY WE COLLECT YOUR PERSONAL INFORMATION

As a CRICOS provider, we collect your personal information so we can process and manage your enrolment in a ELICOS course with us. If you do not provide this information, we will be unable to process your enrolment.

HOW WE USE YOUR PERSONAL INFORMATION

We use your personal information to enable us to deliver ELICOS courses to you, and otherwise, as needed, to comply with our obligations as a CRICOS provider. We also use your personal data to help us comply with the law.

HOW WE DISCLOSE YOUR PERSONAL INFORMATION

Your personal information may be shared with Australian government agencies as required. However, we will not disclose your personal information unless you have given written consent or we are required to provide the information under law.

CONTACT INFORMATION

At any time, you may contact ACCHS to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice.

Our contact details are:

Email: info@acchs.edu.au

Phone: 02 8005 0010

You may also request our privacy policy if you wish.

STUDENT DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT	<input type="checkbox"/> Yes <input type="checkbox"/> No
I AGREE TO THE COLLECTION, USE AND DISCLOSURE OF MY PERSONAL INFORMATION AS PER THE PRIVACY NOTICE	<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME OF APPLICANT	
SIGNATURE	
DATE	

DISABILITY SUPPLEMENT

The purpose of the Disability supplement is to provide additional information to assist you with answering the disability question.

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.