

## APPLICATION FOR ENROLMENT FORM (DOMESTIC 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 of any documentation specified under the *How Can I Apply* section of the course brochure.

COURSE DETAILS	
Course you wish to enrol in	<input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support <input type="checkbox"/> CHC52025 Diploma of Community Services  <input type="checkbox"/> CHC30125 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50125 Diploma of Early Childhood Education and Care  <input type="checkbox"/> BSB50120 Diploma of Business <input type="checkbox"/> BSB60120 Advanced Diploma of Business <input type="checkbox"/> BSB50420 Diploma of Leadership and Management  <input type="checkbox"/> Other course, please state here:
Requested start date	/ / (DD/MM/YY)

STUDENT DETAILS	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Nationality:
Given Name/s: (including middle name if any)	Surname:
Preferred Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

CURRENT RESIDENTIAL ADDRESS	
<p>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 a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.</p>	
Are you living in NSW social housing; or are you or your household on the NSW housing register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number/s	
Email Address	
Home address in Australia	
Emergency Contact (name, relationships and mobile phone number)	

<b>What is your residency status?</b>	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Humanitarian Visa <input type="checkbox"/> None of the above
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LANGUAGE AND CULTURAL DIVERSITY	
<b>In which country were you born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other; please specify:
<b>Do you speak a language other than English at home?</b> <i>If more than one language, indicate the one that is spoken most often.</i>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes other; please specify:
<b>Are you of Aboriginal or Torres Strait Islander origin?</b> <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	
<b>Do you consider yourself to have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – proceed to welfare question
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list.  Review the disability supplement to help you select the right area(s).	<input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental illness <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Vision <input type="checkbox"/> Medical condition <input type="checkbox"/> Other
<b>Disability Assessment Type</b> <i>(if applicable)</i>	<input type="checkbox"/> Recipient of Disability Support Pension <input type="checkbox"/> Assessed by a specialist support professional as a student with disability

WELFARE	
<b>Indicate welfare status</b>	<input type="checkbox"/> I am a welfare recipient <input type="checkbox"/> I am a dependent child or spouse of a welfare recipient <input type="checkbox"/> I am not a welfare recipient – proceed to schooling question
<b>Welfare Specify</b> <i>(if applicable)</i>	<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Exceptional Circumstances Relief Payment <input type="checkbox"/> Family Tax Benefit Part A – Maximum Rate <input type="checkbox"/> Farm Household Allowance

	<input type="checkbox"/> Jobseeker Payment <input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Pensions <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance
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SCHOOLING	
<b>What is your highest completed school level?</b> <i>Tick ONE box only.</i>	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school
<b>Are you still enrolled in secondary or senior secondary education?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you registered or intending to be registered in an Apprentice or Traineeship for this qualification in NSW?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS QUALIFICATIONS STUDIED	
<b>Have you successfully completed any of the qualifications listed below since turning 17?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, tick ANY applicable boxes.	<input type="checkbox"/> Bachelor degree 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"/> Other education (including certificates or overseas qualifications not listed here)
<b>Have you undertaken any other Smart and Skilled qualifications this calendar year?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT	
<b>Of the following categories, which best describes your current employment status?</b> (Tick ONE box only)  <i>For casual, seasonal, contract and shift</i>	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Self-employed – employing others <input type="checkbox"/> Employed – unpaid worker in a family business <input type="checkbox"/> Unemployed – seeking full-time work

<p>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).</p>	<input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment
<p>If unemployed, do you have appropriate evidence of long-term unemployment status?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDY REASON	
<p>Of the following categories, select the one which best describes the main reason you are undertaking this course/traineeship/apprenticeship. (Tick ONE box only)</p>	<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"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> To get skills for community/voluntary work <input type="checkbox"/> Other reasons

RPL AND CREDIT TRANSFER APPLICATION	
<p><b>Please complete this section if you believe you are eligible to apply for Recognition of Prior Learning (RPL) or for Credit Transfer.</b></p> <p><i>Please note, applying for this will impact your course duration so bear in mind that if this is approved then your course duration will be less than the time outlined on the course brochure. Depending on the amount that your course is reduced your fees may also be reduced.</i></p>	<p>I want to apply for a credit transfer for the following unit/s:</p> <div data-bbox="622 1064 1484 1153" style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <p>I want to apply for RPL for the following unit/s:</p> <div data-bbox="622 1198 1484 1288" style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <p>If applying for a credit transfer, please attach a certified copy of the Statement of Attainment or Record of Results and Qualification for each unit.</p>

UNIQUE STUDENT IDENTIFIER (USI)	
<p>ACCHS can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER.</p>	
<p>If you have not yet obtained a USI you can apply for it directly at <a href="https://www.usi.gov.au/students/create-your-usi/">https://www.usi.gov.au/students/create-your-usi/</a> on computer or mobile device.</p>	
<p>Enter your Unique Student Identifier (USI) here:</p>	
<p>If you are exempt from having a Unique Student Identifier (USI), please email your USI exemption letter to us, along with your application for enrolment. Further details about USI exemptions can be found here: <a href="https://www.usi.gov.au/exemptions">https://www.usi.gov.au/exemptions</a></p>	

## PRIVACY NOTICE

### WHY WE COLLECT YOUR PERSONAL INFORMATION

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) 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 VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

### HOW WE DISCLOSE YOUR PERSONAL INFORMATION

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

### HOW THE NCVER AND OTHER BODIES HANDLE YOUR PERSONAL INFORMATION

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

If you would like to seek access to or correct your information, in the first instance, please contact us using the contact details listed below.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>.

### SURVEYS

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

### 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](mailto: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.**

Yes

No

**I agree to the collection, use and disclosure of my personal information as per the Privacy Notice.**

Yes

No

**I have provided all documentation specified in the *How Can I Apply* section of the course brochure**

Yes

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.

If you are currently a –

- Welfare recipient
- Permanent resident
- Humanitarian visa holder
- Disability assessed or
- Social housing recipient

*A copy of the following evidence is required.*

ELIGIBILITY REQUIREMENT	EVIDENCE REQUIRED
<b>Citizenship</b>	One of the following must be sighted: <ul style="list-style-type: none"> <li>• Australian or New Zealand Birth Certificate</li> <li>• Australian or New Zealand Passport</li> <li>• Green Medicare Card</li> <li>• Naturalisation Certificate</li> </ul>
<b>Permanent Resident or Humanitarian Visa Holder</b>	One of the following must be sighted:  Passport & use the Department of Immigration and Border Protection's Visa Entitlement Verification Online (VEVO) facility to confirm status as: <ul style="list-style-type: none"> <li>• Australian Permanent Resident</li> <li>• Humanitarian Visa</li> <li>• Certificate of Evidence of Residency Status</li> </ul>
<b>Welfare Recipient</b>	<ul style="list-style-type: none"> <li>• Centrelink evidence – proof of benefit</li> <li>• Centrelink evidence – dependent child of a welfare recipient</li> <li>• Example, health care card</li> </ul>
<b>Disability Concession</b>	<ul style="list-style-type: none"> <li>• Centrelink evidence – proof of Disability Support Pension</li> <li>• A letter of statement from one of the following “need for training support”               <ul style="list-style-type: none"> <li>○ A medical practitioner</li> <li>○ An appropriate Government Agency</li> </ul> </li> <li>• Centrelink evidence – dependent child or a recipient of a Disability Support Pension</li> </ul>
<b>Social Housing Recipient</b>	<ul style="list-style-type: none"> <li>• Evidence of Commonwealth Recipient Status</li> <li>• Evidence of Dependant of person with Commonwealth Welfare Recipient Status</li> </ul>