ENROLMENT APPLICATION INSTRUCTIONS FOR CAP STUDENTS

Students who have chosen to undertake Certificate courses through Glenvale Education must complete all sections of the Enrolment Application. Please note the following:

SECTION 1 – PERSONAL DETAILS
- Provide student details for entire section (i.e. not campus/school address)
- Provide home/family email address

SECTION 2 – COURSE SELECTION
- In most cases student will be enrolled in entire qualification and then by unit in accordance with the study plan.
- Note that the Diploma courses are not available to CAP students.

SECTION 7 – EMPLOYMENT
- Select ‘Not employed – not seeking employment/still a full time student

SECTION 9 – COURSE PAYMENT DETAILS
- Nominate Career Training Institute as the business. Only the name needs to be completed in this section.

SECTION 10 – TRAINEESHIP INFORMATION
- This course will NOT be undertaken as a traineeship.

SECTION 11 – DECLARATIONS
- Students must sign the declaration.
- The employer/host employer is not required to sign the declaration.
- The School Principal must sign the declaration (not to be signed on behalf of the school principal).

This enrolment application form should be submitted to the State Academic Care along with the School MOU, the Career Study Plan and the Career Training Institute Student Details.
2015 ENROLMENT APPLICATION

RTO CODE 21607

Instructions:
Fill in all sections clearly and carefully by printing in block letters.

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification assurance as required.

All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

Information on training, assessment, access to support services and student rights and obligations is detailed in the Glenvale Education Student Handbook.

SECTION 1 – PERSONAL DETAILS

Title: (Please tick)  Mr ☐  Mrs ☐  Miss ☐  ☐

Family Name: __________________________________________

Given Names: __________________________________________

Residential address: _____________________________________
Suburb: _______ State: _______ Postcode: _______

Delivery address: _______________________________________
(not a PO Box)
Suburb: _______ State: _______ Postcode: _______

Phone Numbers: Home: ( ) Work: ( ) Mobile: _______

Email: ________________________________________________

Date of Birth: ___________________________ Gender: _______

Emergency/Next of Kin Contact name: _______________ Phone: _______

Victorian student number ____________________________ (if known)
Unique student identifier (USI) ________________________ (mandatory)

SECTION 2 – COURSE SELECTION

Please Tick Your Course Selection:
☐ Certificate IV in Accounting
☐ Certificate IV in Business
☐ Certificate IV in Business Sales
☐ Certificate IV in Marketing
☐ Certificate IV in Project Management Practice
☐ Diploma of Project Management (postgraduate only)
☐ Diploma of Accounting (postgraduate only)
☐ Certificate II in Business (CAP students only)
☐ Certificate III in Business (CAP students only)

Other by negotiation (please detail):
______________________________
______________________________
SECTION 3 – EMPLOYMENT / SPONSORING EMPLOYER DETAILS

Business name: ____________________________________________
Manager name: ____________________________________________ Accounts contact: ____________________________________________
Business address: __________________________________________ Postcode: __________________
Business phone: ____________________________________________ Manager email: ____________________________________________
Occupation: ____________________________________________ Office use: Student number: __________________

SECTION 4 – LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin? □ No □ Yes, Aboriginal □ Yes, Torres Strait Islander
(For persons of both Aboriginal AND Torres Strait Islander origin, mark both “Yes” boxes)

Were you born in Australia? _____________________________ If not, please specify _____________________________

Do you speak a language other than English at home? □ No, English only (Go to disability section) □ Yes, other – please specify

How well do you speak English? □ Very Well □ Well □ Not well □ Not at all

SECTION 5 - DISABILITY

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)
□ No □ Vision □ Hearing/Deaf □ Physical □ Medical Condition
□ Other □ Intellectual □ Mental Illness □ Learning □ Acquired Brain Impairment

SECTION 6 - EDUCATION

□ Currently attending Secondary School
□ Completing year 12 □ Completing year 11 □ Completing year 10
□ Completed Secondary Education in (year) _____________ Indicate the level below:
□ Completed year 12 □ Completed year 11 □ Completed year 10
□ Completed year 9 or equivalent □ Completed year 8 or lower □ Did not go to school

Have you successfully completed any of the following qualifications?
□ Yes (please tick ANY applicable boxes)
□ Bachelor Degree or Higher Degree □ Certificate III (or Trade Certificate)
□ Advanced Diploma or Associate Degree □ Certificate II
□ Diploma (or Associate Diploma) □ Certificate I
□ Certificate IV (or Advanced Certificate/Technician) □ Certificates other than the above
□ No (Go to the Employment section)
Please provide details of any qualifications related to the one that you are applying for. Attach relevant statements of attainment (listing individual units) if you believe that you may be entitled to credit transfer/s or recognition of current competency for unit/s completed in previous VET study.

1. 

2. 

3. 

4. 

5. 

SECTION 7 - EMPLOYMENT

Of the following categories, which best describes your current employment status? (Tick ONE box only)

- Full-time employee
- Part-time employee
- Self-employed – not employing others
- Employer
- Employed – unpaid worker in a family business
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed – not seeking employment / still a full time student

SECTION 8 – STUDY REASON

Of the following categories, which best describes your main reason for undertaking this course? (Tick ONE box only)

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

SECTION 9 – COURSE PAYMENT DETAILS

Upon successful application I will be sent confirmation of enrolment and a student handbook. If I wish to cease enrolment before commencing training, I will not incur any course charges. Each unit of competency is charged at $400 per unit and is invoiced on a module basis in accordance with Glenvale Education marketing material.

The cost of each module of units is to be invoiced to:

Name (Business name if applicable):

Attention:

Address: ___________________________  Suburb: ______ State: ______ Postcode: ______

Phone: (____)_____________  Fax: (____)_____________  Email: __________________________
SECTION 10 – TRAINEESHIP INFORMATION

This course will be undertaken as part of a Traineeship ☐ Yes ☐ No

If yes, do you need assistance with the documentation to formulate the Traineeship ☐ Yes ☐ No

If this course is to be undertaken as a traineeship, please outline work duties/experience that you will be undertaking that are relevant to this course.

SECTION 11 - DECLARATIONS

STUDENT DECLARATION

I understand Glenvale Education’s conditions of training and assessment, provision of support services and students’ rights and obligations.

I understand that in the case where my employer is paying my course fees, Glenvale Education will provide progress updates to my employer (or person representing my employer) with regard to my training.

I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

Print Name_____________________________ Signed:________________ Date: ________________

EMPLOYER DECLARATION

The employer must also sign the application if the applicant is to go on a Commonwealth Government Traineeship or if the account is to be paid by the employer.

Print Name_____________________________ Signed:________________ Date: ________________

PRINCIPAL DECLARATION

The school Principal must also sign the application if the applicant is still completing secondary school.

Print Name_____________________________ Signed:________________ Date: ________________

Please return this completed form to:

Glenvale Education
PO Box 224 Campbellfield VIC 3061
For enquiries telephone 03 9355 0730