Which course are you applying to enrol in? *please tick*

<table>
<thead>
<tr>
<th>Qualification Title and Code</th>
<th>Enrolment fee</th>
<th>Tuition Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAE40110 Certificate IV in Training and Assessment</td>
<td>$500</td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Workplace and upskilling qualifications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHC30112 Certificate III in Community Services</td>
<td>$500</td>
<td>$2000</td>
</tr>
<tr>
<td>CHC40312 Certificate IV in Disability</td>
<td>$500</td>
<td>$3625</td>
</tr>
<tr>
<td>CHC40512 Certificate IV in Mental Health</td>
<td>$500</td>
<td>$3625</td>
</tr>
<tr>
<td>CHC40708 Certificate IV in Community Services Work</td>
<td>$500</td>
<td>$3625</td>
</tr>
<tr>
<td>CHC40808 Certificate IV in Community Development</td>
<td>$500</td>
<td>$3625</td>
</tr>
<tr>
<td>CHC40413 Certificate IV in Youth Work</td>
<td>$500</td>
<td>$3625</td>
</tr>
<tr>
<td>CHC42912 Certificate IV in Mental Health Peer Work</td>
<td>$500</td>
<td>$3625</td>
</tr>
<tr>
<td><strong>Advanced skill level qualifications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*CHC51712 Diploma of Counselling</td>
<td>$500</td>
<td>$5500</td>
</tr>
<tr>
<td>CHC52108 Diploma of Community Services (Financial counselling)</td>
<td>$500</td>
<td>$5500</td>
</tr>
<tr>
<td>*CHC60312 Advanced Diploma of Community Sector Management</td>
<td>$500</td>
<td>$5500</td>
</tr>
<tr>
<td>*CHC80308 Graduate Diploma of Family Dispute Resolution</td>
<td>$500</td>
<td>#$3700 - 6 core competencies $5500 - full qualification</td>
</tr>
<tr>
<td>*CHC80208 Graduate Diploma of Relationship Counselling</td>
<td>$500</td>
<td>$5500</td>
</tr>
</tbody>
</table>

Please note: * These qualifications have specific entry requirements. Please refer to the Qualification Information Brochure for full details.

# Only available for applicants with a relevant undergraduate qualification or if in a related discipline.
Applying for your Unique Student Identifier

From 1 January 2015 if you are undertaking or continuing nationally recognised training delivered by a registered training organisation you will need to have a Unique Student Identifier (USI).

A USI gives you access to your online USI account which is made up of ten numbers and letters. It will look something like this: 3AW88YH9U5.

A USI account will contain all your nationally recognised training records and results from 1 January 2015 onwards. Your results from 2015 will be available in your USI account in 2016.

Please visit [http://www.usi.gov.au/Pages/default.aspx](http://www.usi.gov.au/Pages/default.aspx) to create your USI and record it in the space provided on page 6 of this application form

Upon acceptance into the course, a payment of the enrolment fee is required to secure and complete your enrolment. Payment options are available and are detailed in our student handbook.

Personal details

Surname: ................................................................. Given Name(s): .................................................................

Preferred Name: ................................................................. Date of Birth: ....../...../............

Postal Address: ................................................................. Suburb: ................................................................. State: ....... Postcode: ............

Home Phone: ................................................................. Work Phone: ................................................................. Mobile Phone: .................................................................

Email Address (please print clearly):

Workplace details

Are you employed?  ○ YES (if yes, please complete this section)  ○ NO (go to next section)

Is your organisation financially supporting your participation in this program?

○ YES (please prepare a purchase order to accompany your application)  ○ NO

Please provide organisation contact details:

Contact person: ................................................................. Workplace: .................................................................

Postal Address: .................................................................

Suburb: ................................................................. State: ....... Postcode: ............ Phone: .................................................................

Email Address (please print clearly):
How would you rate your ability to:

- Read and understand English
- Engage in conversations using English
- Simple calculations (adding, subtracting, counting)
- Use a calendar/diary
- Make comparisons using data
- Organise information
- Create short written reports
- Use simple functions on a computer such as sending and receiving email, using Microsoft Word and using the internet

Application details

Do you have the capacity to meet the time commitment required to participate in the course, attendance at all training sessions plus any associated work placement and out of class self-paced learning activities?  ○ YES ○ NO

Please list relevant experience, paid or unpaid; please indicate when and over what timeframe:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

List qualifications gained (please attach certified copies)

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Do you have any specific needs that require additional support by the Course Facilitator? If so, please detail:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Have you accessed, read and understood the Australian Institute of Social Relations Student Handbook?  ○ YES ○ NO
Payment of Enrolment Fee $500 (GST Free)

*NOTE: To secure your enrolment, you will need to pay an enrolment fee of $500. Please include the relevant fee with your application and tick the preferred payment method below:

- Please charge $500 to my Credit Card / / / :
  - Visa or Mastercard (please circle)
  - Expiry Date / / CVV
  - Name on card

- Cheque (made payable to Australian Institute of Social Relations)

- Cash or eftpos (you will need to bring your forms in to our office with your payment)

- My work place is paying (a purchase order is required from your workplace, please attach)

- Please complete the Payment Plan form on page 10 to arrange payment of tuition fees

Declaration

- I have attached a copy of my driver’s licence or other proof of identification
- I have attached a copy of my current concession card (if applicable)
- I have registered for a unique Student Identifier

I have honestly and accurately provided information contained on this application form

Applicant Signature: .......................................................... Date: ..............................................

Further Information

A completed application does not guarantee a place in the course. Your application form will be assessed. You will receive an email confirming acceptance into the course.

Please Note: Applicants for the Diploma of Counselling may be required to participate in an interview with the coordinator before enrolment is confirmed.

Contact details

Please complete this form including additional paperwork as requested and post, fax or email to:

Admissions
Australian Institute of Social Relations
49a Orsmond Street
Hindmarsh SA 5007
Phone: (08) 8245 8100
Fax: (08) 8346 7333
Email: RTO@rasa.org.au

Please ensure that you complete all sections on these forms, these must be returned with your enrolment fee so that your application can be processed.
Applicants for the Diploma of Counselling only - Please complete this section.

Evidence of personal and professional qualities
Please provide evidence or examples of the following attributes and qualities in your life/work.

Self awareness:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Flexibility and sensitivity:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

A respectful approach to colleagues and clients:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Capacity to work with difference:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

A collaborative and cooperative approach:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Openness to learning:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

An understanding of and commitment to social justice:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Current Referees (please include names, position titles, address and phone numbers for all referees):

1 ........................................................................................................................................................................

2 ........................................................................................................................................................................
### Participant Information Form | Nationally Recognised Training

**Demographic – Mandatory Information for AVETMISS reporting, please answer all questions.**

**Unique Student Identifier – please provide your ten digit number**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**RTO internal unique student ID**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Training Contract number (if Applicable)**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Personal and Contact Details

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Preferred Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Residential Address**

<table>
<thead>
<tr>
<th>Flat / Unit Number</th>
<th>Street Number</th>
<th>Street Name</th>
<th>Suburb</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Telephone (Home)**

<table>
<thead>
<tr>
<th>Telephone (Work)</th>
<th>Telephone (Mobile)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Email (please print clearly)**

<table>
<thead>
<tr>
<th>Date of Birth (DD/MM/YYYY)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Postal Address (leave blank if same as above)**

<table>
<thead>
<tr>
<th>PO Box or Roadside Delivery Box</th>
<th>Suburb</th>
<th>State / Territory</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Course Information

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Emergency Contact

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Suburb</th>
<th>State / Territory</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Employer Details

<table>
<thead>
<tr>
<th>Employer Postcode</th>
<th>Employer Suburb</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1. Are you registered with Centrelink for these allowances?

- [ ] Yes (please tick relevant allowance)
- [ ] No (go to question 5)
- [ ] Newstart Allowance
- [ ] Disability Support Pension
- [ ] Youth Allowance
- [ ] Parenting Payment (single)
- [ ] Age Pension
- [ ] Parenting Payment (partnered)

### 2. Concession – if you have a concession card you must provide a copy

- [ ] Health Care Card
- [ ] Veterans Affairs Concession Card
- [ ] Pensioners Concession Card
- [ ] None

### 3. Please state Centrelink Customer Reference number (CRN)

### 4. Centrelink or Concession card benefit expiry

### 5. Your current employment status? *(Tick ONE box only)*

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

### 6. What is your main study reason? *(Tick ONE box only)*

- [ ] Get a job
- [ ] It was a requirement of my job
- [ ] To develop my existing business
- [ ] I want extra skills for my job
- [ ] To start my own business
- [ ] To get into another course of study
- [ ] To try for a different career
- [ ] For personal interest or self development
- [ ] To get a better job or promotion
- [ ] Other reasons

### 7. Are you currently enrolled in secondary school?

- [ ] No (go to question 8)
- [ ] Yes – if yes, which of the following applies?
  - [ ] School Based Apprenticeship, Training Contract
  - [ ] Training Guarantee for SACE Students
  - [ ] Exemption from attending school
8. **What is your highest COMPLETED school level?** *(Tick ONE box only and provide the year you completed)*

- [ ] Year 12 or Equivalent
- [ ] Year 11 or Equivalent
- [ ] Year 10 or Equivalent
- [ ] Year 9 or Equivalent
- [ ] Year 8 or Equivalent
- [ ] Never attended school

**In which YEAR did you complete that school level?**

9. **Residency Details**

**In which country were you born?**

- [ ] Australia
- [ ] Other – Please Specify _______________________

**Resident Type**

- [ ] Australian citizen
- [ ] New Zealand citizen living in South Australia
- [ ] Permanent Australian resident
- [ ] Visa Type – check (State type at question 15)

10. **Highest level of education**

- [ ] Bachelor Degree or Higher Degree level
- [ ] Certificate III
- [ ] Advanced Diploma or Associate Degree level
- [ ] Certificate II
- [ ] Diploma
- [ ] Certificate I
- [ ] Certificate IV
- [ ] No post school qualifications

11. **Do you speak a language other than English at home?**

*If more than one language, indicate the one that is spoken most often*

- [ ] No, English only
- [ ] Yes, other - please specify

12. **How well do you speak English?**

- [ ] Very well
- [ ] Well
- [ ] Not well
- [ ] Not at all

13. **Do you consider yourself to have a permanent/significant disability?**

- [ ] Yes  *If yes, please indicate the area(s) of disability, impairment or long-term condition.*
- [ ] No

- [ ] Hearing / Deaf
- [ ] Physical
- [ ] Intellectual
- [ ] Learning
- [ ] Mental Illness
- [ ] Acquired brain impairment
- [ ] Vision
- [ ] Medical condition
- [ ] Other

14. **Are you of Aboriginal or Torres Strait Islander origin**

*For persons of both Aboriginal AND Torres Strait Islander origin, mark both boxes ‘Yes’.*

- [ ] No
- [ ] Yes, Aboriginal
- [ ] Yes, Torres Strait Islander
### 15. Visa type (if applicable)

- Skilled – Regional Sponsored (provisional) Visa, subclass 475 and subclass 495
- Skilled – Regional Sponsored (provisional) Visa, subclass 487
- Skilled Nominated or State Territory Sponsored, subclass 489
- State/Territory Sponsored Business Owner (provisional) Visa, subclass 163
- State/Territory Sponsored Business Owner (provisional) Visa, subclass 164
- State/Territory Sponsored Business Owner (provisional) Visa, subclass 165

### Student declaration

**Do you have the language, literacy and numeracy skills to undertake this training?**

- ☐ Yes
- ☐ No
- ☐ Unsure

**I have accessed, read and understood the Australian Institute of Social Relations Student Handbook**

- ☐ Yes
- ☐ No

It is essential that you complete all sections of this form, if not this form may be returned to you and will delay your application process.

I have honestly and accurately provided information contained on this enrolment form.

The Australian institute of Social Relations collects the information on this form for the purpose of auditing participation and the monitoring and reporting of training outcomes for the purpose of fulfilling its obligations as a Registered Training Organisation. The information collected will be stored securely and may be accessed by officers of the Department of State Development, the Department of Education, Employment and Workplace Relations, the Australian Skills and Qualifications Authority, the National Centre for Vocational Education Research for the above purposes. The Institute complies with the South Australian Government’s Information Privacy Principles.

| Signature: | Date: ........../........./.......... |
Payment Plan Establishment Form

Student Name: ________________________________________________

Qualification: ________________________________________________

Commencement Date: _____________________________ Course Duration: ☐ 6 months ☐ 12 months ☐ 24 months

Total Tuition Fee: $ _____________________________ Enrolment fee of $500 paid on ____________

Amount to be invoiced: $ _____________________________

Option 1 ☐ Monthly payment plan:
   Amount due per month: _____________________________

Option 2 ☐ Fortnightly payment plan:
   Amount due per fortnight: _____________________________

Option 3 ☐ Payment of balance in full. Please invoice me for the full tuition fee.

Date of first payment: __________________________________________

Please provide the following contact information:

Full Name: ________________________________________________

Postal Address: ______________________________________________

Email Address: ________________________________________________

Daytime Contact Phone Number: ________________________________

DECLARATION:

I understand that failure to make regular payments may mean that I will not be able to continue in the course.

I understand that unless the student enrolment fee is paid in full, I will not be issued a parchment and transcript of results upon completion.

Print Name _____________________________ Sign _____________________________ Date _____________________________

Please return to RTO Administration: via email: enrol@rasa.org.au | post: 49a Orsmond St, Hindmarsh SA 5007 |
   or fax: 08 8346 7333

Office Use Only: ☐ Scanned to WN RPL/CT Reduction $ _____________________________Other Discount $ _____________________________

Date sent to finance _____________________________