

2017 Application Form

Which course are you applying to enrol in? *please choose one*

Qualification Title and Code	Enrolment fee	Tuition Fee
CHC32015 Certificate III in Community Services	\$500	\$2500
CHC42015 Certificate IV in Community Services	\$500	\$4500
CHC40413 Certificate IV in Youth Work	\$500	\$4500
CHC43315 Certificate IV in Mental Health	\$500	\$4500
CHC52015 Diploma of Community Services	\$500	\$5500
CHC51015 Diploma of Counselling	\$500	\$6000
CHC51015 Diploma of Counselling Introductory Course	\$100	\$400
CHC51115 Diploma of Financial Counselling	\$500	\$6500
CHC62015 Advanced Diploma of Community Sector Management	\$500	\$6000
CHC81115 Graduate Diploma of Family Dispute Resolution	\$500	\$10000

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.

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 you complete all sections on this form and return it with your enrolment fee so that your application is processed.

Applying for your Unique Student Identifier

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.

Please visit <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: First Name: Middle Name:

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 | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Engage in conversations using English | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Simple calculations (adding, subtracting, counting) | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Use a calendar/diary | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Make comparisons using data | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Organise information | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Create short written reports | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |
| ▪ Use simple functions on a computer such as
sending and receiving email, using Microsoft
Word and using the internet | <input type="radio"/> Poor | <input type="radio"/> Adequate | <input type="radio"/> Good |

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):

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

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.....) # h
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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

National Provider Code: 102358



Payment of Enrolment Fee (GST Free)

V\U To secure your enrolment, you will need to pay an enrolment fee.

Please include the relevant fee with your application and tick the preferred payment method below:

☐ Please charge the enrolment fee to my Credit Card

Visa

Mastercard

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 workplace is paying (a _____ 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 attached copies of my qualifications

I have registered for a unique Student Identifier

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

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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RTO internal unique student ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OFFICE USE ONLY
	Training Contract number (if Applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/>	

Personal and Contact Details						
Title	First Name	Middle Name	Preferred Name	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential Address						
Flat / Unit Number	Street Number	Street Name	Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone (Home)		Telephone (Work)			Telephone (Mobile)	
<input type="text"/>		<input type="text"/>			<input type="text"/>	
Email (please print clearly)			Date of Birth (DD/MM/YYYY)		Gender	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
Postal Address (leave blank if same as above)						
PO Box or Roadside Delivery Box	Suburb	State / Territory			Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	

Emergency Contact			
Title	First Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship		Telephone	
<input type="text"/>		<input type="text"/>	
Address		Suburb	State / Territory
<input type="text"/>		<input type="text"/>	<input type="text"/>

1. Are you registered with Centrelink for any of 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)

National Provider Code: 102358



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	
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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)	
<input type="checkbox"/> Year 12 or Equivalent	<input type="checkbox"/> Year 9 or Equivalent
<input type="checkbox"/> Year 11 or Equivalent	<input type="checkbox"/> Year 8 or Equivalent
<input type="checkbox"/> Year 10 or Equivalent	<input type="checkbox"/> Never attended school
In which YEAR did you complete that school level?	

9. Residency Details	
In which country were you born?	
<input type="checkbox"/> Australia	<input type="checkbox"/> Other – Please Specify:
Resident Type	
<input type="checkbox"/> Australian citizen	<input type="checkbox"/> New Zealand citizen living in South Australia
<input type="checkbox"/> Permanent Australian resident	<input type="checkbox"/> International (non-resident)

10. Highest level of education	
<input type="checkbox"/> Bachelor Degree or Higher Degree level	<input type="checkbox"/> Certificate III
<input type="checkbox"/> Advanced Diploma or Associate Degree level	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV	<input type="checkbox"/> No post school qualifications

11. 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	<input type="checkbox"/> Yes, other - please specify:

12. How well do you speak English?			
<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all

13. Do you consider yourself to have a permanent/significant disability?		
<input type="checkbox"/> Yes <i>If yes, please indicate the area(s) of disability, impairment or long-term condition.</i>		<input type="checkbox"/> 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 <i>For persons of both Aboriginal AND Torres Strait Islander origin, mark both boxes 'Yes'.</i>		
No	Yes, Aboriginal	Yes, Torres Strait Islander

Student declaration

Do you have the language, literacy and numeracy skills to undertake this training?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
I have accessed, read and understood the Australian Institute of Social Relations Student Handbook		
<input type="checkbox"/> Yes	<input type="checkbox"/> 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:
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Payment Plan Establishment Form



Student Name: _____

Qualification: _____

Commencement Date: _____ Course Duration: 6 months 12 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 _____