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# CHC51712 Diploma of Counselling

## Application Form 2015

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### Personal details

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

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

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

Date of Birth: ...../...../..... Email Address: .....

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### Applying for your Unique Student Identifier (USI)

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.

**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**

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### Organisation / Workplace details

Are you employed?  YES (complete this section)  NO (go to application details)

Is your organisation financially supporting your participation in this program?  YES  NO

If YES, please provide organisation contact details:

Name of contact person: .....

Name of organisation/workplace: .....

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

Telephone: ..... Email address: .....

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### 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

Reason for application:

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.....

Relevant experience, paid or unpaid; please indicate when and over what timeframe:

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

Qualifications:

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.....  
.....

Current work and/or study:

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

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

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

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

1 .....  
.....  
2 .....  
.....  
.....

Have you read and understood the Australian Institute of Social Relations Student Handbook?  YES  NO  
Access student hand book [HERE](#) or go to [www.socialrelations.edu.au/studenthandbook](http://www.socialrelations.edu.au/studenthandbook)

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## Evidence of personal and professional qualities

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

Self awareness:

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.....  
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Flexibility and sensitivity:

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A respectful approach to colleagues and clients:

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Capacity to work with difference:

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.....  
.....

A collaborative and cooperative approach:

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.....  
.....

Openness to learning:

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.....

An understanding of and commitment to social justice:

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

*Please attach additional sheets as required*

## 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 |

## Acceptance of application

You will receive an email or letter notifying you that we have received your application to the course and whether we require further information.

You will be required to attend an interview with the Coordinator before an offer can be made.

## Payment of Student Enrolment Fee (GST Free)

### For payment of the 'Enrolment Fee' in full

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

- \* Please charge \$ \_\_\_\_\_ 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 to make payment)
- My work is paying (a **purchase order** is required from your workplace, please attach on a Company or Organisation letterhead with your application)

## Payment Plan

- Please send me a payment plan form

**\*NOTE:** In order to secure your enrolment you will need to pay the minimum deposit of \$650. Please record your credit card details in the space provided above.



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## Signature

- I have attached a copy of my drivers 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:**.....

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## Contact details

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

Tania Kensen - Trebilcock  
Australian Institute of Social Relations  
49a Orsmond Street  
Hindmarsh SA 5007  
Phone: (08) 8245 8100 Fax: (08) 8346 7333  
Email: [RTO@rasa.org.au](mailto:RTO@rasa.org.au)

***\*\*Please ensure you return all pages of this Application Form. Thank you\*\****

## Participant Information Form | Nationally Recognised Training

Demographic – Mandatory information for AVETMISS reporting All of these questions must be answered by the student

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"/>	<div style="text-align: right;">OFFICE USE ONLY</div> RTO internal 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"/> 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"/>
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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	Postcode
<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 <i>(please print clearly)</i>			Date of Birth <i>(DD/MM/YYYY)</i>	Gender
<input type="text"/>			<input type="text"/>	<input type="text"/>
Postal Address <i>(leave blank if same as above)</i>				
PO Box or Roadside Delivery Box	Suburb	State / Territory	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Course Information	
Course Name	Start Date
<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"/>
			Postcode
<input type="text"/>			<input type="text"/>

Employer Details	
Employer Postcode	Employer Suburb

1. 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"/> Visa Type – check (Go to 2)

2. Visa type (if applicable)
<input type="checkbox"/> Skilled – Regional Sponsored (provisional) Visa, subclass 475 and subclass 495
<input type="checkbox"/> Skilled – Regional Sponsored (provisional) Visa, subclass 487
<input type="checkbox"/> Skilled Nominated or State Territory Sponsored, subclass 489
<input type="checkbox"/> State/Territory Sponsored Business Owner (provisional) Visa, subclass 163
<input type="checkbox"/> State/Territory Sponsored Business Owner (provisional) Visa, subclass 164
<input type="checkbox"/> State/Territory Sponsored Business Owner (provisional) Visa, subclass 165

3. Are you currently enrolled in secondary school?		
<input type="checkbox"/> No (go to question 4)		<input type="checkbox"/> Yes – if yes, which of the following applies?
<input type="checkbox"/> School Based Apprenticeship, Training Contract	<input type="checkbox"/> Training Guarantee for SACE Students	<input type="checkbox"/> Exemption from attending school

4. 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

5. Are you registered with Centrelink for these allowances?	
<input type="checkbox"/> Yes (please tick relevant allowance)	<input type="checkbox"/> No (go to question 6)
<input type="checkbox"/> Newstart Allowance	<input type="checkbox"/> Disability Support Pension
<input type="checkbox"/> Youth Allowance	<input type="checkbox"/> Parenting Payment (single)
<input type="checkbox"/> Age Pension	<input type="checkbox"/> Parenting Payment (partnered)

  

6. Concession – if you have a concession card you must provide a copy	
<input type="checkbox"/> Health Care Card	<input type="checkbox"/> Veterans Affairs Concession Card
<input type="checkbox"/> Pensioners Concession Card	<input type="checkbox"/> None

  

7. Please state Centrelink Customer Reference number (CRN)
<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"/> <input type="text"/>

  

8. Centrelink or Concession card benefit expiry

  

9. Prisoner	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

10. Were you/are you under the Guardianship of the Minister	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

11. 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?	

  

12. Your current employment status? (Tick ONE box only)	
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Unemployed – seeking full time work
<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Unemployed – seeking part time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – not seeking employment



<b>13. 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>14. How well do you speak English?</b>			
<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all
<b>15. Are you of Aboriginal or Torres Strait Islander origin</b> <i>For persons of both Aboriginal AND Torres Strait Islander origin, mark both boxes 'Yes'.</i>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	
<b>16. Do you consider yourself to have a permanent/significant disability?</b>			
<input type="checkbox"/> Yes <i>If yes, please indicate the area(s) of disability, impairment or long-term condition.</i>			<input type="checkbox"/> No
<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>17. What is your main study reason? (Tick ONE box only)</b>			
<input type="checkbox"/> Get a job		<input type="checkbox"/> It was a requirement of my job	
<input type="checkbox"/> To develop my existing business		<input type="checkbox"/> I want extra skills for my job	
<input type="checkbox"/> To start my own business		<input type="checkbox"/> To get into another course of study	
<input type="checkbox"/> To try for a different career		<input type="checkbox"/> For personal interest or self development	
<input type="checkbox"/> To get a better job or promotion		<input type="checkbox"/> Other reasons	

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.

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 and as a *Skills for All* contractor. The information collected will be stored securely and may be accessed by officers of the Department of Further Education, Employment, Science & Technology, 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 and *Skills for All* contract clause 28 and 28.5.

Student Declaration

Signature:	Date: ...../...../.....
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