

## APPLICATION FORM DOMESTIC

Please tick (✓)	Course	Duration	Delivery Mode	Work Placement	Enrolment Fee (Non-refundable)	Tuition Fee
<input type="checkbox"/>	CHC32015 Certificate III in Community Services	22 Weeks	Blended Learning (face-to-face training, webinars)	N/A	\$110	\$2,500
<input type="checkbox"/>	CHC33021 Certificate III in Individual Support	22 Weeks	Blended Learning (face-to-face training, webinars)	120 hours	\$110	\$2,500
<input type="checkbox"/>	CHC30121 Certificate III in Early Childhood Education and Care	44 Weeks	Blended Learning (face-to-face training, webinars)	160 hours	\$110	\$4,500
<input type="checkbox"/>	CHC50125 Diploma of Early Childhood Education and Care	78 Weeks	Blended Learning (face-to-face training, webinars)	240 hours	\$110	\$6,500
<input type="checkbox"/>	CHC52025 Diploma of Community Services	78 Weeks	Blended Learning (face-to-face training, webinars)	200 hours	\$110	\$6,500
<input type="checkbox"/>	HLTAID012 Provide First Aid in an education and care setting					\$125
<input type="checkbox"/>	HLTAID011 Provide First Aid					\$125
<input type="checkbox"/>	HLTWHS005 Conduct Manual Tasks Safely					\$125
<input type="checkbox"/>	HLTAID009 Provide Cardiopulmonary Resuscitation					\$50

Account Name: Care Education Australia (or CEA) BSB 035-002 Account Number 496310

### Personal details

1. Enter your full name \*

Family name (surname)

Given names

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

2. Enter your birth date

Day/month/year

3. Gender (Tick ONE box only)

Male ☐

Female ☐

Other ☐

#### 4. Enter your contact details

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email address \_\_\_\_\_

Alternative email address (optional) \_\_\_\_\_

#### 5. What is the address of your usual residence?

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 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.

Building/property name

Flat/unit details

Street or lot number (e.g., 205 or Lot 118)

Street name

Suburb, locality, or town

State/territory

Postcode

#### 6. What is your postal address (if different from above)?

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Postal delivery information (e.g. PO Box 254)

Suburb, locality, or town

State/territory

Postcode

### Language and cultural diversity

#### 7. In which country were you born?

Australia

☐

Other – please specify

#### 8. 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

**9. Are you of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>
Yes, Aboriginal AND Torres Strait Islander	<input type="checkbox"/>

## Disability

**10. Do you consider yourself to have a disability, impairment, or long-term condition?**

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

**No – Go to question 12**

**11. If you indicated the presence of a disability, impairment, or long-term condition, please select the area(s) in the following list:**

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

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	<input type="checkbox"/>

If you need special support/ assistance, please contact the Student Support Officer at 0451 823 154

## Schooling

**12. What is your highest COMPLETED school level? (Tick ONE box only)**

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

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	<input type="checkbox"/>

**Never completed any primary or secondary level education – go to question 14**

**13. Are you still enrolled in secondary or senior secondary education?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

## Previous qualifications achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?

Yes ☐

No ☐

No – go to question 16

15. If YES, tick ANY applicable boxes.

Bachelor's degree or higher degree ☐

Advanced diploma or associate degree ☐

Diploma (or associate diploma) ☐

Certificate IV (or advanced certificate/technician) ☐

Certificate III (or trade certificate) ☐

Certificate II ☐

Certificate I ☐

Other education (including certificates or overseas qualifications not listed above) ☐

## Employment

16. Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

For casual, seasonal, contract, and shift 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).

Full-time employee ☐

Part-time employee ☐

Self-employed – not employing others ☐

Self-employed – employing others ☐

Employed – unpaid worker in a family business ☐

Unemployed – seeking full-time work ☐

Unemployed – seeking part-time work ☐

Not employed – not seeking employment ☐

## Study reason

17. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship (Tick ONE box only)

To get a job ☐

To develop my existing business ☐

To start my own business ☐

To try for a different career ☐

To get a better job or promotion ☐

It was a requirement of my job ☐

I wanted extra skills for my job ☐

To get into another course of study ☐

For personal interest or self-development ☐

To get skills for community/voluntary work ☐

Other reasons ☐

## Unique Student Identifier (USI)

From 1 January 2015, we [Paragon College] 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. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on a computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

### 18. Enter your Unique Student Identifier (USI) (if you already have one)

Unique Student Identifier (USI)

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## Entry Requirements, Prior Learning, and Career Goals

- Why did you choose to enroll at Paragon College?
- Why do you wish to undertake the course?
- Do you meet the course entry requirements? ☐ Yes ☐ No.
- If you are applying for a course that has work placement components, have you found your own workplace to conduct work placement?  
☐ Yes ☐ No. If yes, please provide the details of your workplace below:

Organisation Name:	
Address:	
Phone:	
Email Address:	

This workplace will need to be approved by the college.

If you have not found your own workplace to conduct work placement, the college will inform you if work placement can be organised by the college before you are enrolled in your chosen course.

### WORK HISTORY

Do you have any experience that is relevant to your chosen course? ☐ Yes ☐ No. If yes, please specify your experience.

Company \_\_\_\_\_ Years of Service \_\_\_\_\_

Position Title \_\_\_\_\_

### Language, Literacy, and Numeracy (LLN)

Are you willing to complete a Language, Literacy, and Numeracy (LLN) assessment by the College? ☐ Yes ☐ No

Do you intend to request a Credit Transfer or Recognition of Prior Learning (RPL)? ☐ Yes ☐ No. If yes, please fill in a Credit Transfer or Recognition of Prior Learning Application Form. This is available from Student Services

5. What do you expect to achieve after completion of the course?

6. What is your career plan?

## Emergency Contact Details

Name:		Relationship:	
Address:			
Phone/Mobile:		Email Address:	

## Payment Method

A request for payment or tuition and other fees will be made if you receive a letter of offer and written agreement. Payment of fees will need to be made to Paragon College. Please make your payment by credit card, telegraphic transfer or direct deposit into our account. Paragon College has no obligation until funds are cleared and an official receipt is issued.

Paragon College accepts payment of no more than \$1,500 from each individual student prior to the commencement of the course. Following course commencement, it may require payment of additional fees in advance from the student but only such that at any given time, the total amount required to be paid which is attributable to tuition or other services yet to be delivered to the student does not exceed \$1,500.

## Feedback

How did you hear about Paragon College?

☐ Relative/Friend ☐ Internet ☐ social media ☐ JSA ☐ Centrelink ☐ Other Please specify \_\_\_\_\_

## Privacy Statement & Student Declaration

### Privacy Notice

Under the *Data Provision Requirements 2012*, [insert RTO name] is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by [insert RTO name] for statistical, regulatory, and research purposes. [insert RTO name] may disclose your personal information for these purposes to third parties, including:

- School - if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer - if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;

- understanding how the VET market operates, for policy, workforce planning, and consumer information; and
- administering VET, including program administration, regulation, monitoring, and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent, or third-party contractor. You may opt-out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy, and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

## Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use, and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgment] ..... [DATE] .....

FOR COLLEGE USE ONLY			
Applicant's ID is sighted and the copy is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre-Enrolment Assessment Form			
Please:			
1. see the student's comments in Entry Requirements, Prior Learning, and Career Goals No. 1, 2, 3, 4, 5, and 6 and Disability of the Application Form; and assess the student's suitability for the course and advise the student about the training product appropriate to meeting the student's needs, taking into account each student's existing skills and competency using a Pre-Enrolment Assessment Form.			
2. attach the completed Pre-Enrolment Assessment Form with this form.			
Assessment Decision:	Enrolment Offered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate course(s) to be offered below			
<input type="checkbox"/> CHC32015 Certificate III in Community Services			
<input type="checkbox"/> CHC33021 Certificate III in Individual Support			
<input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care			
<input type="checkbox"/> CHC50125 Diploma of Early Childhood Education and Care			
<input type="checkbox"/> CHC52025 Diploma of Community Services			
<input type="checkbox"/> HLTAID011 Provide First Aid <input type="checkbox"/> CPR <input type="checkbox"/> HLTAID012 Provide First Aid in an education and training <input type="checkbox"/> Conduct manual Tasks safely			
Comments:			
Enrolment Officer Name:		Signature:	Date: / /