**CCS STUDENT ENROLMENT APPLICATION – Diploma Course**

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| 1. **STUDENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: Mr / Mrs / Ms / Miss | | * Male | | | * Female | | | | | * Other | | | | | | Date of Birth | | | | | | | | / / | | | |
| Surname: |  | | | | | Given Names: | | | | | | |  | | | | | | | | | | | | | | |
| Home Phone: |  | | | | | | | | | Mobile: | | |  | | | | | | | | | | | | | | |
| Residential Address: |  | | | | | | | | | Suburb | | |  | | | | | | | | Postcode: | | | | | |  |
| Postal Address: |  | | | | | | | | | Suburb | | |  | | | | | | | | Postcode: | | | | | |  |
| Email Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred method of contact: | | | * Email | | | | | | | * Phone | | | | | | | | | | * SMS | | | | | | | |
| 1. **TRAINING PROGRAM DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program Code: | CHC51015 | | | | | Program Cost: | | | | | | | $7,600.00 (*includes: $400 admin fee)* | | | | | | | | | | | | | | |
| Program Name: | Diploma in Counselling | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Learning Pathway: | **⌧** Training and Assessment | | | | | | * Assessment Only | | | | | | | | | | | | | | | * VOC | | | | | |
| Start Date: | / / | | | End Date: | | | | / / | | | | | | Delivery Mode: | | | | | | | **⌧** Self -paced and  Practical Sessions | | | | | | |
| 1. **UNIQUE STUDENT IDENTIFIER (USI)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USI No: | \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (10 digits in total) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you do not have a USI, you will need to visit the government website to create one: https://www.usi.gov.au/ | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | * No | |
| For identity purposes, the College will need to sight a current photo ID. The information on the photo ID will not be kept by the College. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of photo ID (sighted) ie. Drivers Licence |  | | | Name on ID | | | |  | | | | | | | | | | | | | | | | | | | |
| Staff member (who sighted ID) | Name: | | | | | | | Initials: | | | | | | | | | | Date: | | | | | | | | | |
| 1. **CULTURAL DIVERSITY AND CITIZENSHIP** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you of Aboriginal or Torres Strait Islander Origin? | | | | * No | | | | 🞏 Aboriginal  🞏 Torres Strait Islander | | | | | | | | | | | | 🞏 Both | | | | | | | |
| Are you and Australian or New Zealand Citizen? | | | | * Yes * No | | | |  | | | If no, what country were you born in?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| 1. **EMPLOYMENT STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Full Time employee * Part time employee * Self-employed (not employing others) * Employer | | | | | | | * Employed – unpaid worker in family business * Unemployed seeking full time work * Unemployed seeking part time work * Unemployed not seeking employment | | | | | | | | | | | | | | | | | | | | |
| 1. **LANGUAGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you speak a language other than English at home? | | | | * No – English only | | | | | | | | * Yes | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| If yes, how well do you speak English? | | | | * Very well | | | | | * Well | | | | | | * Not well | | | | | | | | * Not at all | | | | |
| 1. **DISABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a disability? | | | | * Yes | | | | * No | | | | | | | | | | | | | | | | | | | |
| Please state your disability, impairment or injury. | | | | * Hearing * Learning | | | | | | | * Intellectual * Mental Illness | | | | | | | | | | | * Physical * Acquired | | | | | |
| 1. **PRIOR EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your highest level of school completed? | | | | | | | * Year 9 or lower * Year 10 | | | | | | | | | | | | | | | * Year 11 * Year 12 | | | | | |
| In which year did you complete school? | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Have you successfully completed any of the following qualifications? | | | | | | | | | | | | | | | | | | | | * Yes | | | | * No | | | |
| * Bachelor Degree or Higher Degree * Advanced Diploma or Associate Degree * Diploma or Associate Diploma * Certificate IV or Advance Certificate | | | | | | | * Certificate III or Trade Certificate * Certificate II * Certificate I * Certificates - other | | | | | | | | | | | | | | | | | | | | |
| Do you wish to apply for Recognition of Prior Learning or Credit Transfer? | | | | | | | | | | | | | | | | | | | | * Yes | | | | | * No | | |
| Do you consider that you have the literacy and numeracy skills to undertake the course? | | | | | | | | | | | | | | | | | | | | * Yes | | | | | * No | | |

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| 1. **REASON FOR STUDY** | | | | | | | | | | | | | |
| * To get a job or better job * To develop my existing business * To start my own business * I want extra skills for my job | | | | | | * It was a requirement of my job * To try for a different career * For personal interest or self-development * Other | | | | | | | |
| 1. **EMERGENCY CONTACT** | | | | | | | | | | | | | |
| Name: |  | | | | | | Relationship: | |  | | | | |
| Home Phone: |  | | | | | | Mobile: | |  | | | | |
| 1. **MARKETING AND IMAGES** | | | | | | | | | | | | | |
| How did you hear about us? | | | | * Existing Client * Internet | | | * Consultant * Employer | | | | | * Other | |
| The College of Counselling Studies may from time to time send you details about future training opportunities or offers. If you DO NOT wish to be contacted, please indicate below. | | | | | | | | | | | | | |
| * I do not wish to be contacted regarding future training opportunities. | | | | | | | | | | | | | |
| During training, photos or footage may be taken of you. Do you give the College permission to use these photos or footage for such things as improving training resources, promotional documents and reports? | | | | | | | | | | | * Yes | | * No |
| 1. **PAYMENT DETAILS** | | | | | | | | | | | | | |
| **An ‘enrolment application’ fee is to be paid within 7 days of Enrolment Confirmation.** | | | | | | | | | | | | | |
| * Enrolment Application - $400 | | | | | | * Cluster Fee - $900 each Cluster   Includes 8 Clusters (17 units of study) | | | | | | | |
| Course Payment: | | | 🞏 Cluster fees to be paid within 7 days of commencing each Cluster of study. | | | | | | | | | | |
| Payment Plan (alternate option): | | | 🞏 Weekly / Fortnightly / Monthly payments throughout the course of study.  (Payment options to be discussed at the Pre-training Interview). | | | | | | | | | | |
| Payment Methods: | | | 🞏 Credit Card | | 🞏 Cheque | | | 🞏 Direct deposit - (Details on Invoice) | | | | | |
| Credit cards payments may be taken over the phone, or by EFTPOS at the College office. Fees may be charged upon the students’ cancellation of their place in the course. (See cancellation policy) | | | | | | | | | | | | | |
| **Tax invoice for Existing Account Holders** | | | | | | | | | | | | | |
| Company Name: | |  | | | | Purchase Order No: | | | |  | | | |

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| 1. **STUDENT DECLARATION** | | | |
| By signing this form, I certify that the information provided is true and correct. I further certify that:   * I have reviewed the Student Handbook supplied to me and have been informed about and accept my rights and obligations. * I have reviewed and accept the Schedule of Fees and Payments and have been informed of the refund policy. * I have reviewed the Course Brochure and have been informed of and accept the training and assessment services to be provided and the units of competency to be completed. * I have reviewed the National VET Data Privacy Policy Notice provided in the Learner Handbook and acknowledge that Commonwealth and State or Territory government departments and authorised agencies will use my personal information in accordance  with this notice. | | | |
| Signature: |  | Date: | / / |
| **CCS use only:**  Is learner support indicated? **No / Yes** Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Details entered into system? **No / Yes**  Enrolment confirmation sent? **No / Yes**  Has payment being received? **No / Yes** Amount paid : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Receipt No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  USI verified? **No / Yes**  Training scheduled to commence on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Full Name: |  | | |
| Signature: |  | Date: | / / |