**Instructions: Complete all sections by filling in the allocated boxes.**

1. **PERSONAL DETAILS***\** Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI see Question 14. for the link to the Website to apply for your USI.

|  |  |  |  |
| --- | --- | --- | --- |
| TITLE: Please circle option: | Mr | Mrs Miss | Ms Other |
| FIRST NAME: |  |  |  |
| MIDDLE NAME: |  |  |  |
| LAST NAME/S: |  |  |  |
| Gender: Male | Female | Other | Date of Birth: |
| Are you known by any previous name? | ☐ Yes | ☐ No  | Please provide document of the name changed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **RESIDENTIAL ADDRESS POSTAL ADDRESS**

|  |  |
| --- | --- |
| Street Address (Unit No/Street No and Street Name) | PO Box Number or Street Address (Unit No/Street No and Street Name) |

1. **CONTACT DETAILS**

|  |  |
| --- | --- |
| Home Telephone No. | Email Address: |
| Mobile No. |  |
| Emergency contact Name: | Relationship: |
| Emergency contact Number: |  |

1. **LANGUAGE AND CULTURAL DIVERSITY**

|  |
| --- |
| In which country where you born? ☐ AUSTRALIA ☐ OTHER – please specify Country of Birth: |
| Are you an Australian Citizen? ☐ YES ☐NO – If not please provide details and a copy of your ***Permanent******Residency*** |
| Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) ☐ NO ☐ YES – PLEASE SPECIFY |
| How well do you speak English? ☐Very Well ☐ Well ☐ Not Well ☐ Not at all |
| Are you of Aboriginal and/or Torres Strait Islander Origin? ☐ NO ☐ YES, ABORIGINAL☐ YES, TORRES STRAIT ISLANDER ☐ YES, BOTH ABORIGINAL AND TORRES STRAIT ISLANDER |

1. **DISABILITY AND SPECIAL CONSIDERATION**

Do you consider yourself to have a disability impairment or long-term condition? ☐ No ☐ Yes

*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)*

☐ Hearing/deaf ☐ Physical

☐ Intellectual ☐ Learning

☐ Mental Illness ☐ Acquired brain impairment

☐ Vision ☐ Medical condition

☐ Other Please provide details:

1. **SCHOOLING**

What is your highest COMPLETED school level?

☐ Year 12 or equivalent ☐ Year 11 or equivalent

☐ Year 10 or equivalent ☐ Year 9 or equivalent

☐ Year 8 or below

In which year did you complete that school level? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PREVIOUS QUALIFICATIONS ACHIEVED**

Have you SUCCESSFULLY completed/PARTIALLY completed/ or currently enrolled in any of the qualifications in **Australia** listed? **Yes / No**

|  |  |
| --- | --- |
| ☐ Bachelor 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 certificate or overseas qualification not listed above) |

Are you currently enrolled? Yes/No

Please provide details (full name) of qualification and where qualification was received (Country):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SKILLS RECOGNITION**

Do you wish to apply for RPL or skills recognition? (Only for participants who has industry prior knowledge and skills)

☐ YES ☐ NO

*If you answered YES, our training manager will contact you with further information*.

1. **STUDY REASON**

Of the following categories select one which BEST describes the main reason you are undertaking this Course. Please choose one option

|  |  |
| --- | --- |
| ☐ 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 | ☐ Other reasons |

1. **EMPLOYMENT BACKGROUND**

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

Please choose one option:

|  |  |
| --- | --- |
| ☐ 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 |
|  |  |

1. **COURSE DETAILS**

|  |  |  |
| --- | --- | --- |
| **CHC30121 Certificate III in Early Childhood Education and Care** |  |  |
| Please circle funding option: **Certificate 3 Guarantee** |  | **Fee for Service** |
| Signed: | Date: |  |
| **CHC50121 Diploma of Early Childhood Education and Care** |  |  |
| Please circle funding option: **Higher Level Skills** |  | **Fee for Service** |
| Signed: | Date: |  |

1. **CONTRIBUTION FEE**

**(Government Funded Students only)**

|  |
| --- |
| I (full name), agree to pay the Contribution Fee outlined in the Course informationGuide, and understand the *Fees, Charges and Refund Policy* regarding the Contribution FeeSigned: |

1. **ADMINISTRATION FEE**

**(FEE FOR SERVICE students only)**

I (full name), agree to pay the Administration Fee outlined in the Course

information Guide, and understand the *Fees, Charges and Refund Policy* regarding the Administration Fee

Signed:

1. **UNIQUE STUDENT IDENTIFIER (USI)**

If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/create-your-USI/> on 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.

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

1. **TERMS AND CONDITIONS**
	1. I have read the Student Information Handbook, Course Information Guide and Fee and Refund policies published on the website: www.riseeducation.edu.au.
	2. I understand as part of this course I am required to undertake practical assessments within a regulated education and care service, and I am required to work/volunteer a **minimum of 160 hours - Certificate III in Early Childhood Education and Care(At least 80 hours of this to be with babies and toddlers(birth to 24 months) are recommended )**, **and a minimum of 280 hours - Diploma of Early Education and Care, at least 140 hours *of this to be with babies and toddlers (birth to 24 months) are recommended in a regulated education and care service***
2. **DECLARATION**

I understand that the information I have supplied on this form is, to the best of my knowledge and understanding, complete and correct. I understand that providing false, incomplete or misleading information may lead to the refusal of my application or cancellation of my enrolment at any time. I give permission to obtain official records from any educational institutions attended by me. I also authorise Rise Education and Training to supply any relevant official records to education institutions to which I am seeking admission and to government bodies/institutions. I understand that Rise Education and Training will not disclose information provided by me on this form to third parties, without my written consent, except to other educational institutions, to government bodies, as required or authorised by law or in accordance with Rise Education and Training’ Privacy Policy and USI Privacy Statement.

By signing this form, I confirm that I supplied all the relevant information required; I have read and understood that declaration above; and I accept the terms and conditions of this application.

Student Signature:

Parent/Guardian Signature:

(under 18 years of age)

Date:

**Student Agreement**

# Accepting this Agreement

1. You will have accepted this Agreement by signing at the end of this form.
2. The date you sign this Agreement is the Agreement date
3. You will undertake practical assessments within a regulated education and care service and arrange to work/volunteer a **minimum of 160 hours - Certificate III in Early Childhood Education and Care**, **and a minimum of 280 hours Diploma of Early Education and Care**, **at least half hours of this to be with babies and toddlers (birth to 24 months) in *a regulated education and care service*.**
4. If you are not an Australian Citizen, you will provide Rise Education and Training with a copy of your Permanent Residency with this Enrolment Form.

# Your Obligations

1. By accepting this Agreement, you:
* have read and agree to comply with the Student Handbook and Course Information Guide.
* confirm that you fulfil all entry requirements.
* confirm that all information provided to Rise Education and Training at the time of enrolment was accurate and complete, including anything that may impact on your ability to complete the course (such as a disability).
* agree to pay all requisite fees associated with your course if applicable.
1. It is your responsibility to inform Rise Education and Training in writing within seven (7) days of any corrections or changes to your personal details, including name, residential or postal address, email address, phone numbers, payment options and banking details.
2. It is your responsibility to retain a copy of all assessments submitted to Rise Education and Training for the duration of your course.
3. You must maintain a current email address and phone number for the duration of your course, and you acknowledge that Rise Education and Training will sometimes communicate with you this way.

# Rise Education and Training Obligations

10. Under this Agreement, Rise Education and Training agrees to:

* supply you with course materials
* provide you with access to learning and administrative support; and
* grade your assessments.

Rise Education and Training will provide you with course materials, assessments and support of your course as you:

* Successfully complete the requirement of the course; and
* Pay all Fees outlined in the Course Information Guide.
* Rise Education and Training will provide feedback and grade your assessments

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* On successful completion of all assessments and the full payment of the Course Fee, Rise Education and Training will issue you appropriate certification for your course.
* Rise Education and Training may make changes to your course (including units, learning materials and assessments).

# Paying Your Course Fees

1. If you are paying your Course Fee by instalments, you must:
* Complete an instalment Request Agreement, which will be approved by the CEO
* Pay all such instalments on or before the due date.
1. If you fail to pay any part of the Course Fee by the due date, Rise Education and Training reserves the right to
* withhold provision of course materials.
* withhold grading of assessments; and
* notify relevant credit agencies of your default.

# Certificate 3 Guarantee and Higher-Level Skills Funding Eligibility

* I acknowledge that I will no longer be eligible for a subsidized training place under the Certificate 3 Guarantee Program once I completed a Certificate level III Qualification.
* I acknowledge that I will no longer be eligible for a subsidized training place under the Higher-Skills Level Program once I complete my Diploma Qualification.

# Other terms

1. The course material that Rise Education and Training provides to you shall become your property. However, the content of the course materials, including copyright and all other such intellectual property rights contained therein, remain the property of Rise Education and Training. You may not reproduce any part of the course materials or assessments.
2. If you are under 18 years of age, your parent or guardian must sign this Agreement and sign the Parent or Guardian Declaration on the Pre-Enrolment Form. Under this Agreement, the parent or guardian is responsible for payment of the Course Fee.
3. That you have read through the Student Handbook and the Course Information Guide and have understood the contents and if further explanations needed have had it explained to you by on of Rise Education and Trainings

Administration Staff.

|  |  |
| --- | --- |
| **Name of Student**:Signature:Date: | **Name of Witness**:Signature:Date: |

**Signature Parent or Guardian**: (if student is under 18 years of age)