



Enrolment form

This confidential Enrolment Form asks for personal information about you. The main purpose for collecting this information is for administrative, regulatory and/or research purposes and to ensure our course is suitable for your needs. All staff at AA Academy are required by law to protect the information provided on this Enrolment Form.

PERSONAL DETAILS			
1. Enter your full name*			
Surname			
Given names			
*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 and want AA Academy to apply for a USI on your behalf, <u>you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.</u> See section on the USI at the end of this form for a detailed explanation.			
2. Enter your birth date	Day /Month /Year: _____ / _____ / _____		
3. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____		
4. Email address			
5. What is your overseas address?			
Address			
Country		Postcode	
Contact number			
6. What is your address in Australia?			
Address			
State/Territory		Postcode	
Contact number			

COURSE DETAILS (Please indicate the course (s) you are applying for)						
	Course& Code	Duration (weeks)	Tuition Fee AUD	Registration Fee (non- refundable)	Material Fee	Intake Month
	CHC33021 Certificate III in individual support	52	\$3,500	\$300	\$150	
	CHC43015 Certificate IV in aging support	48	\$8,000	\$300	\$200	
	CHC53315 Diploma of mental health	104	\$6,000	\$300	\$150	
	BSB40520 Certificate IV in Leadership and Management	26	\$4,000	\$250	\$250	
	BSB50120 Diploma of Leadership and Management	56	\$6,000	\$250	\$250	
	BSB60420 Advanced Diploma of Leadership and Management	90	\$8,000	\$250	\$250	
SINGLE UNIT						
	HLTAID011 Provide First Aid (face to face)	2 hrs	\$149	-	-	
	HLTWHS005- Conduct manual tasks safely (face to face)	2 hrs	\$199	-	-	
	HLTHPS006 -Assist client with medication (online)	1day	\$199	-	-	
	CHCPAL001- Deliver care services using a palliative approach (online)	1day	\$199	-	-	
	CHCAGE005 Provide support to people living with dementia (online)	1day	\$199	-	-	

LANGUAGE AND CULTURAL DIVERSITY	
7. In which country were you born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: _____
8. 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: _____



<p>9. Are you of Aboriginal or Torres Strait Islander origin? <i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>
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SCHOOLING		
11. What is your highest COMPLETED school level (tick one box only)		
<input type="checkbox"/> 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
12. Are you still enrolled in secondary or senior secondary education? <input type="checkbox"/> Yes <input type="checkbox"/> No		

14. WORK HISTORY		
Do you have any experience that is relevant to your chosen course?		
Company	Position title	Years of service
		From To
		From To
		From To

[illegible]

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1.	_____
2.	_____
3.	_____

18. STUDY REASON

Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)

- | | |
|---|--|
| <input type="checkbox"/> To 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 wanted 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 |

19. NEXT OF KIN/ EMERGENCY CONTACT

These are people that AA Academy may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to AA Academy.

Name	_____	Relationship to you	_____
Address	_____		
Home phone	() _____	Work	() _____
Mobile	_____	Email	_____

20. AGENT DETAILS

Which Country/ City are you in when completing this form?	_____	(if the agent is a registered migration agent) Migration Agents Registration Number:
Agent's Name	_____	Agent's Email

PRIVACY NOTICE

Under the Data Provision Requirements 2012, AA Academy 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 AA Academy for statistical, regulatory and research purposes. AA Academy may disclose your personal information for these purposes to third parties, including: 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 programme administration, regulation, monitoring and evaluation.

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). 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.

21. Student Declaration and Consent (please tick both)

- | |
|--|
| <input type="checkbox"/> I declare that the information I have provided to the best of my knowledge is true and correct. |
| <input type="checkbox"/> I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above. |

Student Signature	_____	Date	____/____/____
Student Name	_____		

FOR OFFICE USE ONLY

DATE RECEIVED	____/____/____	DATE APPROVED	____/____/____
Approved by	_____	Signature	_____