



AA Academy

## 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			
<b>1. Enter your full name*</b>			
Surname			
Given names			
<i>*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, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose</i>			
<b>2. Enter your birth date</b>	Day /Month /Year: _____ / _____ / _____		
<b>3. Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		
<b>4. Email address</b>			
<b>5. What is your overseas address?</b>			
Address			
Country		Postcode	
Contact number			
<b>6. What is your address in Australia?</b>			
Address			
State/Territory		Postcode	
Contact number			

Tick	COURSE DETAILS (Please indicate the course (s) you are applying for)						
	Course& Code	Duration (weeks)	Tuition Fee	Enrolment Fee <small>(non-refundable)</small>	Material Fee	Placement Fee	Intake Month
	CHC33021 Certificate III in individual support	52	\$1,999	\$300	\$200	\$250	
	CHC43015 Certificate IV in aging support	48	\$1,999	\$300	\$200	\$250	
	CHC43015 Certificate IV in aging support (Blended streamlined delivery)	17	\$2,999	\$300	\$200	\$250	
	CHC53315 Diploma of mental health	52	\$6,000	\$300	\$200	\$300	
	BSB40520 Certificate IV in Leadership and Management (Online)	26	\$4,000	\$300	\$200		
	BSB50120 Diploma of Leadership and Management (Online)	56	\$6,000	\$300	\$200		
	BSB60420 Advanced Diploma of Leadership and Management (Online)	90	\$8,000	\$300	\$200		
<b>SINGLE UNIT</b>							
	HLTAID011- Provide First Aid	3 hrs	\$149	-	-		
	HLTWHS005- Conduct manual tasks safely	2 hrs	\$99	-	-		
	HLTHPS006 -Assist client with medication	1day	\$199	-	-		
	HLTINF006 - Apply basic principles and practices of infection prevention and control	1day	\$199	-	-		
	HLTWHS004 – Manage work health and safety	1day	\$199				
	SITHFAB021 - Provide responsible service of alcohol (Self learning)	1day	\$40	-	-		





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<input type="checkbox"/> Yes - I have attended a Victorian school since 2009	Most recent Victorian school attended:
<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011 List the most recent training organisations with which you have participated in training in Victoria since 2011 ( <i>List up to 3 training organisations</i> )	
1. _____	
2. _____	
3. _____	

18. STUDY REASON	
<b>Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick one box only)</b>	
<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](http://www.ncver.edu.au)). You may receive a NCVER student survey which may be administered by a 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 ( <i>please tick all</i> )			
<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.			
<input type="checkbox"/> I understand that this course is not a CRICOS registered course and was undertaken as additional training alongside my primary course of study.			
Student Signature		Date	____ / ____ / ____
Student Name			

### FOR OFFICE USE ONLY

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