



Enrolment Form

CHC50313 Diploma of Child, Youth and Family Intervention

INSTRUCTIONS

- Print clearly in block letters using a black or blue pen.
- Complete all sections of the form and provide any additional information as requested.
- If you require assistance filling out your form, please call 02 9481 7862 to speak to a member of the training team.
- Please read the Learner Information Guide, Learner Handbook (including Terms and Conditions) and all the information associated with the training you are undertaking.
- Once completed and signed, please submit the application via email at rto@salconsulting.com.au or via post to the following address:

SAL Consulting
PO Box 232, Beecroft NSW 2119

SECTION 1: PERSONAL DETAILS

NAME

* 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 SAL Consulting 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. See section on the USI at the end of this form for a detailed explanation.

Title <i>(Please tick)</i> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof	Family Name
Given Name	Middle Name
Preferred Name	<input type="checkbox"/> USI

RESIDENTIAL ADDRESS

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.

Street address 1 <hr/>	
Street address 2 <hr/>	
Suburb <hr/>	Post code <hr/>
State <hr/>	Country <hr/>
POSTAL ADDRESS Please provide your postal address if different from above.	
Street address 1 <hr/>	
Street address 2 <hr/>	
Suburb <hr/>	Post code <hr/>
State <hr/>	Country <hr/>
Email Address <hr/>	
Country of birth <hr/>	
Have you been previously registered with SAL Consulting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Birth -- / -- / -- <hr/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Emergency Contact Details	
Name <hr/>	Telephone <hr/>

SECTION 2: UNIQUE STUDENT IDENTIFIER (USI) & PROOF OF ELIGIBILITY

From 1 January 2015, SAL Consulting 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). If you have not yet obtained a USI, you can apply for it directly at <http://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:

2. Form of Identification Provided – please provide details for **one** form of identification

Driver's Licence

Licence Number: _____

State of issue: _____

Medicare Card

Name on card: _____

Medicare Card Number:

Australian Passport

Passport number: _____

Visa (with Non-Australian passport)

Passport number: _____

Country of issue: _____

Birth Certificate (Australian) – birth extract is not sufficient

State of Issue: _____

Registration Number: _____

Year of registration: _____

Certificate Of Registration By Descent

Acquisition Date: _____

Citizenship Certificate

Stock Number: _____

Acquisition Date: _____

Immicard

Immicard Number:

Date sighted: _____

Sighted by (name): _____

Signature of person sighting documents: _____

SECTION 3: EMPLOYMENT DETAILS

Name of Organisation

Workplace Address

Suburb / Town / State

Postcode

Contact name

Contact email address

Contact telephone number

SECTION 4: CULTURAL AND LINGUISTIC DIVERSITY

In which country were you born? _____

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:

Proficiency in spoken English:

Basic Intermediate
 Fluent No spoken English skills

Do you require help with English? Yes No

Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No
 Yes, Aboriginal
 Yes, Torres Strait Islander

I am an Australian Citizen or Yes No

I am an New Zealand Citizen or Yes No

I am an Australian Permanent resident or Yes No

I am an Australian temporary visa holder Yes No

SECTION 5: PHYSICAL AND SENSORY DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition that may affect your study? Yes No

If "yes", please indicate area(s):

- Hearing Physical Learning Mobility Vision
 Mental Illness Acquired Brain Impairment Medical

Other: please describe:

If yes, would you like to receive advice or supports which may assist you? (Please note, there are limits to the support that we can provide, and some supports provided may incur a cost for you.) Yes No

SECTION 6: EDUCATION / EMPLOYMENT

What is your highest completed school level?

- Year 12 Year 11
 Year 10 Year 9
 Year 8 or lower Did not attend school

What year did you complete that schooling?

Are you still attending Secondary School?

- Yes No

Have you attended any prior tertiary education?

- Yes No

If "Yes", please tick if attempted or achieved:

- | | <i>Attempted</i> | <i>Achieved</i> |
|---|--------------------------|--------------------------|
| - Certificate I | <input type="checkbox"/> | <input type="checkbox"/> |
| - Certificate II | <input type="checkbox"/> | <input type="checkbox"/> |
| - Certificate III (or Trade Certificate) | <input type="checkbox"/> | <input type="checkbox"/> |
| - Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> | <input type="checkbox"/> |
| - Diploma | <input type="checkbox"/> | <input type="checkbox"/> |
| - Advanced Diploma | <input type="checkbox"/> | <input type="checkbox"/> |
| - Bachelor Degree or Higher | <input type="checkbox"/> | <input type="checkbox"/> |

Completed tertiary course name(s):

Of the categories below, what best describes your current employment status:

- Full time (30 hours or more per week)
 Part time (less than 30 hours per week)
 Self-Employed (no employees)
 Employer
 Employed (unpaid work in family business)
 Unemployed (seeking full-time)
 Unemployed (seeking part-time)
 Unemployed (not seeking)

Work Roles

Employment Period	Employer	Position	Main Duties

SECTION 7: REASON FOR STUDY

Of the categories below, what best describes your reason for undertaking this course:

- | | |
|--|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To get a better job or promotion |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It's a requirement of my position |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> I would like extra skills for my job |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self development |
| <input type="checkbox"/> To get into another course | <input type="checkbox"/> Other: _____ |

SECTION 8: LEARNERS STATEMENT

I understand and consent to the collection of relevant personal and training information for administrative and legislated reporting requirements Yes No

I have read and agree to the terms and conditions outlined in the Learner Handbook Yes No

I would like to apply for Smart and Skilled funding and agree to SAL Consulting confirming my eligibility for fee reduction. I have completed the consent form on page 9 of this form. Yes No

SECTION 9: APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL)

Do you wish to apply for recognition of prior learning or credit transfer based on previous relevant study / demonstrable skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**If "Yes", please request an RPL kit by contacting the training team on rto@salconsulting.com.au*

SECTION 10: ACKNOWLEDGEMENT OF CONSUMER RIGHTS INFORMATION

It is important to be informed about your consumer rights and obligations when choosing a training provider. For more information about these rights and obligations, please visit the following links:

<https://www.asqa.gov.au/news-publications/publications/fact-sheets/choosing-training-or-education-provider>

http://www.fairtrading.nsw.gov.au/ftw/Consumers/Buying_services/Education_and_training.page

I have read and understood the consumer rights and obligations outlined in the links above.

Yes No

SECTION 11: PRIVACY STATEMENT

PRIVACY STATEMENT:

I declare that the information I have provided on this registration form will be used by SAL Consulting (RTO 91494) for the purpose of general student administration, planning and communication. The provision of information is essential for the coordination and delivery of training and assessment services and legislated record-keeping requirements in accordance with SAL Consulting's registration as a Registered Training Organisation (RTO) in NSW.

I am aware that I am providing information of my own free will for the purpose of applying and registering for training and / or assessment services as provided by SAL Consulting within its scope of RTO registration.

I understand that my personal information will be held for a period of 30 years following completion

of study.

I am aware that information collected includes registration forms, results of assessments, correspondence, copies of certificates, RPL materials, and other assessment information relevant to verification of competency. I understand that I may amend personal details by contacting the SAL Consulting Training Coordinator.

I am aware that details of any qualifications awarded to me will be forwarded to the relevant legislative body in accordance with reporting requirements.

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that my RTO, SAL Consulting, is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.
- Researchers.

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

[STUDENT SIGNATURE]

[DATE]

NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

FINAL CHECKLIST

Before submitting this enrolment form, please confirm that you have:

- completed all sections of this enrolment form
- read and agree to the commitments outlined in the Learners Statement in section 8 above
- provided any relevant certified copies of relevant documents and / supporting material
- read and understood the consumer rights and obligations outlined in the links in section 10 above
- read and agree to the privacy statement in section 11 above
- signed and dated the enrolment declaration below
- completed the language, literacy and numeracy document below.

SECTION 12: ENROLMENT DECLARATION & SIGNATURE

I wish to apply and enrol for the Diploma of Child, Youth and Family Intervention CHC50313. I declare to the best of my knowledge the information supplied in this form and any supporting material is correct and complete. I acknowledge that the provision of false or misleading information may result in rejection or termination of registration or candidature. I authorise SAL Consulting, where necessary, to obtain from other educational services/institutions, evidence of academic or competency record, or seek other corroborative evidence with respect to my registration and candidature. I also declare that I have provided certified copies of any documents identified as required in the relevant training series information.

Signature:

Date:

UNIQUE STUDENT IDENTIFIERS (USI) INFORMATION

UNIQUE STUDENT IDENTIFIERS (USI):

If you're studying [nationally recognised training](#) in Australia from 1 January 2015, you will be required to have a Unique Student Identifier (USI). You are able to create your own USI online or have SAL Consulting create one for you.

Your USI links to an online account that contains all your [training records and results](#) (transcript) that you have completed from 1 January 2015 onwards. Your results from 2015 will be available in your USI account in 2016.

When applying for a job or enrolling in further study, you will often need to provide your training records and results (transcript). One of the main benefits of the USI is the ability to provide students with easy access to their training records and results (transcript) throughout their life.

You can access your USI account online from your computer, tablet or smart phone anytime.

SAL Consulting's Privacy Policy is available upon request.

For more information about Unique Student Identifiers, or to create your own:

- Please visit <http://www.usi.gov.au>
- Or call 13 38 73
- Or email usi@industry.gov.au

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE NSW DEPARTMENT OF INDUSTRY AND OTHER GOVERNMENT AGENCIES

I _____
(first, middle and last name)

of _____
(current residential address)

with date of birth _____

understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) collected by SAL Consulting may be disclosed to the NSW Department of Industry (Department).

The Department may disclose my personal information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my personal information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or fee any Fee Exemptions or Concessions. My personal information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my personal information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with SAL Consulting for the purposes of evaluating and assessing my subsidised training.

Print full name: _____

Signature: _____
Note: If under 18 years of age at the time of giving consent, then the consent of their guardian is required

Date: _____

Print full name of guardian: _____

Signature of guardian: _____

Date: _____

Literacy, Language & Numeracy Identification Tool

Participant Name: _____

Course: _____

Date: _____

Please complete all of this tool and return with your Enrolment Form.

Please be aware that this needs to be your own work. If you require assistance completing this tool, please contact the SAL Training Team.

Communication

What other courses have you done?

What would you like to learn or gain from this course?

What type of work have you done in the past?

What would you like to do?

Have you any hobbies or interests?

Anything you would like to ask?

Writing Task

Please answer the following questions using correct sentences.

TASK ONE: Write why you would like to work in this industry.

TASK TWO: What tasks do you think are performed by people working in the industry you are about to study?

NUMERACY: PART A – CONCEPTS

1. Circle the numbers over 120,000

- A. 100,000 B. 140,000 C. 155,000 D. 98,000

2. Circle the numbers under 140,000

- A. 88,000 B. 150,000 C. 131,500 D. 200,000

3. Look at these decimals

- .8 .25 .02 .9

Which is the biggest? _____

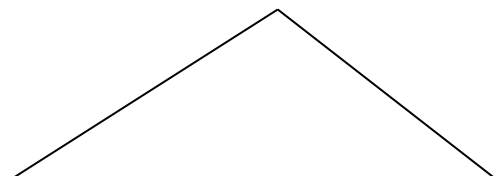
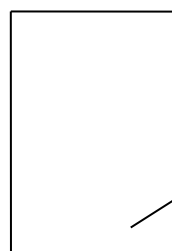
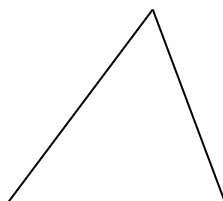
Which is the smallest? _____

4. Write the fractions in order from smallest to biggest

- 7/12 1/16 1/3 1/2

5. Write the correct angle under the diagram

- 60 degrees 120 degrees 30 degrees 90 degrees



PART B-ARITHMETIC

1. 24 + 72 =

2. 86 - 37 =

3. 36 ÷ 4 =

4. 81 ÷ 9 =

5. 48 ÷ 3 =

6. 7 x 8 =

7. 180 x 0.2 =

8. 300 x 1.73 =

9. $\frac{800}{20}$ =

Outcomes

(For SAL to complete)

Verbal Communication

Written Communication

Numeracy – Concepts

Numeracy – Calculations

Overall

Is participant suitable for this course and its LL&N requirements? YES NO

Referred to Portfolio Manager: YES NO

Name: _____

Signature: _____

Date of Assessment: _____