



Study Reasons

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To develop my existing business |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To try for different career |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest | <input type="checkbox"/> For self development |
| <input type="checkbox"/> Other reasons | |

Special Needs

Do you consider yourself to have a disability, impairment or long term medical condition which may effect your studies?

- Yes No

If yes, please indicate the area/s of impairment:

- | | |
|--|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Physical/Mobility |
| <input type="checkbox"/> Other (please specify): _____ | |

If yes, would you like to receive advice on support services, equipment and facilities which may assist you?

- Yes No

Education Details

What is your highest educational participation? (please tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> A complete Higher Education Postgraduate course (02) | <input type="checkbox"/> A complete Higher Education Bachelor course (03) |
| <input type="checkbox"/> A complete Higher Education Sub-Degree course (04) | <input type="checkbox"/> An incomplete Higher Education course (05) |
| <input type="checkbox"/> A complete Final year of Secondary Education (07) | <input type="checkbox"/> Other qualification, complete or incomplete (08) |
| <input type="checkbox"/> No prior education attainment (09) | <input type="checkbox"/> A complete VET award course (10) |
| <input type="checkbox"/> An incomplete VET award course (11) | |

In which year did you complete that level? _____

Were you attending Secondary School last year? Yes No

What was the suburb and post code where you were residing while attending Secondary School?

Suburb: _____ Post Code: _____

Student Declaration

I declare :

- that the statements made by me on this enrolment form are true, complete and correct.

I understand:

- that should any Learner Resources that are issued to me by Careers Australia be lost or damaged, the cost of replacement is my responsibility
- that Careers Australia College of Healthcare is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the *Higher Education Support Act 2003* and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me;
- Careers Australia College of Healthcare will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for those purposes;
- DEEWR will store the information securely in the VET FEE-HELP IT System/Higher Education Information Management System;
- DEEWR may disclose the information to the Australian Taxation Office; and Careers Australia College of Healthcare and DEEWR will not otherwise disclose the information without my consent unless required or authorised by law.

Applicant's Signature: _____ Date: _____

Parent / Guardian Signature (if under 18): _____ Date: _____



OFFICE USE ONLY

Student Details

VETtrak Student Number:		CHESSN Number:	
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Course Details

Course Code:		Course Title:	
Attendance Type:	<input type="checkbox"/> Full Time (1) <input type="checkbox"/> Part Time (2) <input type="checkbox"/> Other - Please Specify:		
Course Type:	<input type="checkbox"/> Diploma (21) <input type="checkbox"/> Other - Please Specify:		
Field of Education:	<input type="checkbox"/> Health (060300) <input type="checkbox"/> Other - Please Specify:		
Course Duration:	<input type="checkbox"/> 18 months (15) <input type="checkbox"/> 24 months (24) <input type="checkbox"/> Other - Please Specify:		
Basis for admission:	<input type="checkbox"/> A Higher Education Course (Australian or Overseas equivalent complete or incomplete) (31) <input type="checkbox"/> Secondary education at school, VET or Higher Education Provider (Australian or Overseas equivalent) (33) <input type="checkbox"/> A VET award course (Other than secondary education Australian or Overseas equivalent complete or incomplete) (34) <input type="checkbox"/> Mature Age special entry provisions (36) <input type="checkbox"/> A professional qualification (37) <input type="checkbox"/> Other basis (29)		

Group Number

Start Date:

Day Session Hours: _____ to _____ Evening Session Hours: _____ to _____

Direct Credit Transfer (DCT)/Recognition of Prior Learning (PRL)

Is student applying for DCT or RPL? Yes (complete all details below) No (go to next section)

DCT/RPL was offered for: (please tick one) (credit basis)

- | | |
|---|--|
| <input type="checkbox"/> prior Higher Education study only (0100) | <input type="checkbox"/> prior VET study only (0200) |
| <input type="checkbox"/> a combination of prior Higher Education & VET (0300) | <input type="checkbox"/> study undertaken outside Australia (0400) |
| <input type="checkbox"/> work experience in or outside Australia (0500) | <input type="checkbox"/> Other (0600) |

Type of provider where study was undertaken:

- | | |
|--|---|
| <input type="checkbox"/> University (10) | <input type="checkbox"/> Other Higher Education provider (19) |
| <input type="checkbox"/> TAFE (20) | <input type="checkbox"/> High school or Tec College (21) |
| <input type="checkbox"/> Other RTO (29) | <input type="checkbox"/> Not elsewhere categorized (90) |

Level of education for which credit was offered. Record details i.e: Statement of Attainment at Diploma level:

Field of education for which credit was offered: Record Details i.e: Health, Education, Creative Arts

Name of provider where these studies were undertaken: _____

Cumulative EFTSL value of DCT/RPL used: _____

Cumulative EFTSL value of DCT/RPL offered: _____

Reporting

Reporting Year: _____ Reporting Period: 1 Jan – 30 June (1) 1 July to 31 Dec (2)

Educators Name:	Signature:	Date:
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