

OFFICE USE ONLY

STUDENT ID:

ACE INSTITUTE PTY LTD (RTO 41237)

ADDRESS: LEVEL 3, 135 PIRIE STREET, ADELAIDE, SA 5000 TEL: 1300 46 4673

# STUDENT ENROLMENT FORM

**INSTRUCTIONS:** The application form must be completed in English. Information should be typed in, or if written, **BLOCK LETTERS** should be used. Please ensure that all fields are filled in on the form. You must initial at the bottom of each page. Missing or incorrect information may cause delays in the application process. Return your completed application form, supported documentation, and application fee to Hope Training College of Australia. Please provide your family name(s) and given name(s) as shown on your National ID e.g. Passport or Driver License etc.

## 1 PERSONAL DETAILS:

TITLE: (SELECT ONE ONLY):  MR  MRS  MISS  OTHER (PLEASE SPECIFY)

GIVEN NAME:

MIDDLE NAME:

SURNAME / FAMILY NAME/LAST NAME:

PREFERRED NAME (IF ANY):

DATE OF BIRTH:

PLACE OF BIRTH (AS ON YOUR PASSPORT OR BIRTH CERTIFICATE):

GENDER: (SELECT ONE ONLY):  FEMALE  MALE  OTHER (PLEASE SPECIFY)

## 2 CONTACT DETAILS:

MOBILE NO.

WORK PHONE NO.

HOME PHONE NO.

SKYPE ID (IF ANY):

EMAIL ID:

## 3 EMERGENCY CONTACT DETAILS:

NAME:

RELATIONSHIP WITH YOU:

MOBILE NO:

EMAIL:

## 4 CURRENT ADDRESS:

BUILDING OR PROPERTY NAME:

UNIT OR FLAT NO.

STREET NO. & NAME:

SUBURB:

STATE:

POST CODE:

5 MAILING ADDRESS (COMPLETE IF DIFFERENT FROM CURRENT ADDRESS OR GO TO NEXT QUESTION)	
POST OFFICE BOX:	CARE OF (WHO OR PLACE):
STREET NO & NAME:	SUBURB:
POSTAL CODE:	

6 ENGLISH LANGUAGE PROFICIENCY LEVEL (SELECT ONLY ONE FROM EACH SECTION)
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO – ENGLISH ONLY
IF SELECTED “YES” THEN WHICH LANGUAGE? -
HOW WELL DO YOU SPEAK ENGLISH?
<input type="checkbox"/> VERY WELL <input type="checkbox"/> WELL <input type="checkbox"/> NOT WELL <input type="checkbox"/> NOT AT ALL

7 CULTURAL DIVERSITY (SELECT ONLY ONE FROM EACH SECTION)
IN WHICH COUNTRY WERE YOU BORN? <input type="checkbox"/> AUSTRALIA <input type="checkbox"/> OTHER (PLEASE SPECIFY)
ARE YOU AN AUSTRALIAN CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ARE NOT AUSTRALIAN CITIZEN
ARE YOU A PERMANENT RESIDENT OF AUSTRALIA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ARE NOT PERMANENT RESIDENT
WHICH VISA ARE YOU HOLDING? (PLEASE SPECIFY)
ARE YOU ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?
<input type="checkbox"/> NO <input type="checkbox"/> ABORIGINAL <input type="checkbox"/> TORRES STRAIT ISLANDER <input type="checkbox"/> ABORIGINAL & TORRES STRAIT ISLANDER

8 SUPPORT SERVICE (SELECT ALL APPLY TO YOU)
DO YOU IDENTIFY YOURSELF AS HAVING A DISABILITY?
<input type="checkbox"/> NO <input type="checkbox"/> YES – HEARING/DEAF <input type="checkbox"/> YES - LEARNING <input type="checkbox"/> YES - PHYSICAL
<input type="checkbox"/> YES - INTELLECTUAL <input type="checkbox"/> YES - VISION <input type="checkbox"/> YES - MEDICAL <input type="checkbox"/> YES - OTHER
IF YOU SELECTED “YES” THEN PLEASE PROVIDE MORE DETAIL AND ADVISE US HOW WE CAN ASSIST YOU TO ACHIEVE YOUR LEARNING?

**9 SCHOOL LEVEL EDUCATIONAL BACKGROUND: (SELECT ONLY ONE)**

- WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL?  I NEVER ATTENDED SCHOOL
- YEAR 8 OR BELOW  YEAR 9 OR EQUIVALENT  YEAR 10 OR EQUIVALENT
- YEAR 11 OR EQUIVALENT  YEAR 12 OR EQUIVALENT  I AM STILL AT SCHOOL

**WHAT YEAR DID YOU COMPLETE SCHOOL (e.g. 2010):**

**10 HIGHER LEVEL EDUCATIONAL BACKGROUND: (SELECT ALL APPLY TO YOU)**

**AUSTRALIAN QUALIFICATIONS:**

- CERTIFICATE I  CERTIFICATE II  CERTIFICATE III  CERTIFICATE IV/ADVANCE CERTIFICATE
- DIPLOMA OR ASSOCIATE DIPLOMA  ADVANCE DIPLOMA OR ASSOCIATE DEGREE
- OTHER QUALIFICATION ( PLEASE SPECIFY)

**NON – AUSTRALIAN QUALIFICATIONS:**

**11 RECOGNITION PROCESSES**

IS THIS THE FIRST TIME YOU HAVE ENROLLED AT HOPE TRAINING COLLEGE OF AUSTRALIA  YES,  NO

ARE YOU APPLYING FOR CREDIT TRANSFER (CT) OF ANY UNIT/S  YES,  NO

IF YES THEN PROVIDE DETAIL OF UNIT/S YOU ARE APPLYING FOR CREDIT TRANSFER:

**12 PURPOSE OF STUDY (SELECT ONLY ONE WHICH BEST DESCRIBES YOU)**

- TO GET A JOB  TRY DIFFERENT CAREER  I WANTED EXTRA SKILLS FOR MY JOB
- TO DEVELOP MY EXISTING BUSINESS  TO GET A BETTER JOB OR PROMOTION
- TO GET INTO ANOTHER COURSE OF STUDY  TO START MY OWN BUSINESS
- IT WAS A REQUIREMENT OF MY JOB  FOR PERSONAL INTEREST OR SELF-DEVELOPMENT
- OTHER REASON ( PLEASE SPECIFY)

**13 CURRENT EMPLOYMENT STATUS** (SELECT **ONLY ONE** WHICH BEST DESCRIBES YOU)

- FULL TIME EMPLOYEE   
  PART TIME EMPLOYEE   
  SELF - EMPLOYED   
  EMPLOYER  
 UNEMPLOYED – SEEKING FULL TIME WORK   
  UNEMPLOYED – SEEKING PART TIME WORK  
 UNEMPLOYED – NOT LOOKING FOR WORK   
  UNPAID FAMILY WORKER

**14 SELECT YOUR COURSE & FEE DETAILS**

<input type="checkbox"/> HLTAID009 PROVIDE CARDIOPULMONARY RESUSCITATION (CPR)	45 AUD
<input type="checkbox"/> HLTAID011 PROVIDE FIRST AID	90 AUD

**Refund policy**

We are unable to refund monies for students who do not turn up for first aid classes or decide at a later date after booking that they do not want to attend. Changes to class times are allowed, but not within 48 hours of the class commencing.

**15 COMPUTER / IT SKILL ASSESSMENT** (SELECT **ONLY ONE** WHICH BEST DESCRIBES YOU)

Hope Training College of Australia delivers major part of study online. Therefore, it is very important to provide your current level of knowledge regarding use of computer.

MY SKILL LEVEL	NO EXPERIENCE	NEED SUPPORT	COMPETENT
I can start and shut down computer and related equipment e.g. printer etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to connect with WIFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter and understand web addresses (www)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Download, store and print information from the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reference material sourced from the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the use of copyright material form electronic sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create, write and send an email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 16 TERMS AND CONDITIONS OF YOUR ENROLMENT

I agree to be bound by the College's Student Code of Conduct, policies, and procedures whilst I remain an enrolled student.

I agree to pay all fees and charges relating to my enrolment, unless payment is to be made by my employer or other contracted third party, in which case a purchase order or authority to invoice letter will be presented at time of fees payment.

I acknowledge and agree to the terms and conditions.

By signing this form, I certify that the information provided is true and correct. I further certify that:

1. I acknowledge that any false information and/or failing to disclose any relevant information on my application for enrolment may result in the withdrawal of any offer and/or cancellation of enrolment at the discretion of Hope Training College of Australia;
2. I have received the student handbook, read, and understood all the contents of it.
3. I have received the study fees plan and payment plan information (if applicable) and have been informed of the refund policy;
4. I have read and understood the relevant study information and I agree to the study requirements.
5. If applicable to my course/UOC, I have received the information about any materials, documents and / or resources which I have to provide/or obtain myself;
6. If applicable to my course, I have been informed about the practical placement requirements which I must attend to achieve my qualification;
7. I acknowledge that my Certificate and/ or Statement of Attainment will be issued by Hope Training College of Australia within 30 days from being deemed competent in my course; however release of my certificate or statement of attainment may be delayed if all payments have not been received in full, or I have not provided my Unique Student Identifier number;
8. I understand that my personal information is protected by law under the Privacy Act 1988 and Privacy Amendment Act 2014, and is collected by Hope Training College of Australia to assess my eligibility of enrolment. The information is required to process my application. My information may be used by Hope Training College of Australia. Personal information will only be provided to other persons or agencies with my permission or where required by law

### ENROLLING STUDENT DECLARATION OF UNDERSTANDING

**APPLICANT FULL NAME**

**SIGNATURE:**

**DATE:**

**REQUIRED DOCUMENTS CHECKLIST FOR ALL STUDENTS:**

*(The certificate issued only once all required documents received by the office.)*

Proof of Residency/Visa Status (if not born in Australia) e.g. Australian Passport/Medicare Card/Immi Card, VISA Copy(if not an Australian Citizen or Permanent resident), etc.

A government issued nation photo ID e.g. Passport, DL etc.

**UNIQUE STUDENT IDENTIFIER (USI) REQUIRED FOR ACCREDITED COURSE STUDENTS ONLY**

Completing any vocational education course in Australia, it is a requirement for the student to obtain and supply a USI. This is obtainable from [www.usi.gov.au](http://www.usi.gov.au) if a USI is not supplied and verified with usi.gov.au a certificate cannot be issued to the student.

I DO NOT HAVE USI and will apply my own and provide to HTCA.

I DO NOT HAVE USI and I give authority to HTCA to create an USI on behalf of me.

Unique Student Identifier (USI)

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**PRE-ENROLMENT QUESTION SECTION FOR ACCREDITED COURSE STUDENTS ONLY**

Eligibility for entry into courses at Hope Training College of Australia requires demonstration, by prospective candidates, of their ability to understand entry requirements, prerequisites of Training Plan and the potential ability to achieve the competencies stipulated in the training package. Hope Training College of Australia uses the candidate’s responses to the questions in this application form to perform the eligibility assessment. Further information may be required by telephone interview, written or computer based assessment or face-to-face interview.

Hope Training College of Australia is also obliged to assess whether the course for which candidates are applying is suitable to satisfy the candidate’s training needs and will assist them with their vocational objectives. Candidates should also declare any other learning needs they may have that will assist Hope Training College of Australia to provide the best possible training outcomes.

Please complete the following:

I am 18 or over 18 years old and will provide evidence of my age

I understand that Language Literacy and Numeracy (LLN) test is required for entry in to listed course/s

Or

Equal or Higher qualification from Any Australian Institute and I will provide evidence of achieved qualification. Please sign the declaration at the end of this document. Information contained in this document must be your personal responses. You must not solicit help or accept assistance from another person.

**ENROLLING STUDENT DECLARATION OF UNDERSTANDING  
FOR ACCREDITED COURSES STUDENTS ONLY**

**Privacy Notice**

I understand that:

Hope Training College of Australia is required to provide to the Government through the relevant Department, student and training activity data which may include information I provide in the enrolment form. Information is required to be provided in accordance with the Australian Skills Quality Authority ([www.asqa.gov.au](http://www.asqa.gov.au) - Activity Data Collection). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, and reporting and / or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and / or other organisations. I may be contacted and requested to participate in a National Centre for Vocational Education Research Survey or a Department endorsed project or audit or review. For further information in relation to how student information may be used or disclosed, please contact CEO Hope Training College of Australia on phone (1300 464673).

**ENROLLING STUDENT DECLARATION OF UNDERSTANDING**

**STUDENT NAME**

**STUDENT SIGNATURE**

You have been successful in your application for a place at the Hope Training College of Australia. We are pleased to make you an unconditional offer as a student in the marked following Unit of Competency:

- HLTAID009 PROVIDE CARDIOPULMONARY RESUSCITATION (CPR)
- HLTAID011 PROVIDE FIRST AID

Please note that Offer supersedes any previous offer(s) and associated acceptances that may have been made by or on behalf of the Hope Training College of Australia. We look forward to receiving your response to this Offer and welcoming you to the Hope Training College of Australia.

If you require any further information or assistance, Please contact us on +61 1300 46 46 73.

**ENROLLMENT OFFICER'S NAME & SIGNATURE**

I have read, understood and accepted the Hope Training College of Australia fee structure and refund policy for students.

**STUDENT NAME**

**STUDENT SIGNATURE**