

ENROLMENT FORM (CHC30208)

| | | | |
|---|-------|---|-------|
| Personal Details | | Student Number: _____ | |
| Surname: | _____ | Phone: (H) | (W) |
| Given Names: | _____ | Fax: (H) | (W) |
| Date of Birth: | _____ | Mobile: | _____ |
| Country of Birth: | _____ | Email: | _____ |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Address: (Residential) | _____ |
| Emergency Contact: | _____ | | _____ |
| Contact Phone: | _____ | Postcode | _____ |
| Aboriginal / Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Postal Address; (if different from above) | _____ |
| Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No | | | _____ |

Do you have any physical or learning disabilities which could prevent you from completing this course? Y N

| | | | |
|--|--|--|-------|
| Employment Status | | | |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Full-Time Employee | <input type="checkbox"/> Unemployed – Seeking Full-Time Work | |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Part-Time Employee | <input type="checkbox"/> Unemployed – Seeking Part-Time Work | |
| | <input type="checkbox"/> Employed – Unpaid Family Worker | <input type="checkbox"/> Unemployed – Not Seeking Employment | |
| Employer's Name: | _____ | Address: | _____ |
| Phone: | _____ | | _____ |
| Fax: | _____ | | _____ |
| Email: | _____ | Postcode: | _____ |

| | | | |
|----------------------------|-------|-------|-----|
| Educational History | | | |
| Last Institute Attended: | _____ | Date: | / / |
| Highest Level Attained: | _____ | | |

| | | | |
|-----------------------|-----------------|--------------|------------------------------|
| Course Details | | | |
| Course Code: | CHC30208 | Course Name: | Cert III in Aged Care |
| CHC30208 Start Date: | / / | Finish Date: | / / |

I agree to abide by the rules of Southern Cross International Learning Institute in as far as they may apply to me.

I declare that the submission of incorrect or incomplete information may result in a cancellation of enrolment.

I recognise that it is my responsibility to provide all necessary documentary evidence in order to show competency has been achieved.

I hereby give permission to Southern Cross International Learning Institute to verify the authenticity of my qualifications and/or any other documentation as required.

Signature: _____

Date: / /

Intended Study Program

| <i>RPL</i> | <i>Training</i> | Unit No: | Unit Title: |
|---|--------------------------|------------|--|
| Please tick ONE box only ie Either RPL Or Training | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCAC317A | Support older people to maintain their independence |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCAC318B | Work Effectively with Older People |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCICS301A | Provide Support to Meet Personal Care Needs |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCICS302A | Participate in the Implementation of Individualised Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCICS303A | Support Individual Health and Emotional Well Being |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCAC319A | Provide Support to People Living with Dementia |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCCS411B | Work effectively in the Community Sector |
| <input type="checkbox"/> | <input type="checkbox"/> | HLTAP301B | Recognise Healthy Body Systems in a Health Care Context |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCOHS312B | Follow Safety Procedures for Direct Care Work |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCPA301B | Deliver Care Services using a Palliative Care Approach |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCAD401D | Advocate for Clients |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCINF408C | Comply with Information Requirements of the Aged Care and Community Care Sectors |
| <input type="checkbox"/> | <input type="checkbox"/> | CHCCS305B | Assist clients with medication (the prerequisite for this unit is HLTAP301A) |
| <input type="checkbox"/> | <input type="checkbox"/> | HLTIR403C | Work effectively with culturally diverse clients and co-workers |

Fee structure

Full CHC30208

\$3200.00

Recognition of Prior Learning (RPL)

\$950.00

A deposit is required on enrolment.

Payment Method

A tax invoice and receipt will be sent on receipt of payment.

| | |
|---|---|
| I am paying \$..... as <input type="checkbox"/> Deposit <input type="checkbox"/> Full Course Fee | |
| <input type="checkbox"/> Cheque/money order payable to: <i>Southern Cross International Learning Institute</i> <input type="checkbox"/> Direct Deposit | DIRECT DEPOSIT DETAILS: Bank: Westpac Banking Corp. BSB No: 034 292 Account No: 358148 Account: Shincrest P/L Name: T/A Southern Cross International Learning Institute (SCILI) |
| <input type="checkbox"/> I would like to pay by credit card (<i>please complete your credit card details</i>): Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard <input type="checkbox"/> Visa | |
| Card Number: [] - [] - [] - [] | Expiry Date: __/__/__ |
| Cardholder Name: | Cardholder Signature: |