

## ENROLMENT FORM (CHC40208)

<b>Personal Details</b>		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**

Employer       Full-Time Employee       Unemployed – Seeking Full-Time Work  
 Self-Employed       Part-Time Employee       Unemployed – Seeking Part-Time Work  
 Employed – Unpaid Family Worker       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: **CHC40208** Course Name: **Cert IV in Aged Care**

CHC40208 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"/>	CHCAC412A	Provide services to older people with complex needs <b>(Note pre-requisite CHCAC318A)</b>
<input type="checkbox"/>	<input type="checkbox"/>	CHCAC416A	Facilitate support responsive to the specific nature of dementia
<input type="checkbox"/>	<input type="checkbox"/>	CHCAC417A	Implement interventions with older people at risk of falls
<input type="checkbox"/>	<input type="checkbox"/>	CHCAD401D	Advocate for clients
<input type="checkbox"/>	<input type="checkbox"/>	CHCCS400B	Work within a relevant legal and ethical framework
<input type="checkbox"/>	<input type="checkbox"/>	CHCICS401A	Facilitate support for personal care needs
<input type="checkbox"/>	<input type="checkbox"/>	CHCICS402A	Facilitate individualised plans
<input type="checkbox"/>	<input type="checkbox"/>	CHCINF403D	Co-ordinate information systems
<input type="checkbox"/>	<input type="checkbox"/>	CHCNET404A	Facilitate links with other services
<input type="checkbox"/>	<input type="checkbox"/>	CHCORG406B	Supervise work
<input type="checkbox"/>	<input type="checkbox"/>	CHCOHS312B	Follow safety procedures for direct care
<input type="checkbox"/>	<input type="checkbox"/>	HLTHIR403C	Work effectively with culturally diverse clients and co-workers
<input type="checkbox"/>	<input type="checkbox"/>	CHCCOM403A	Use targeted communication skills to build relationships
<input type="checkbox"/>	<input type="checkbox"/>	CHCCS305B	Assist client with medication <b>(Note pre-requisite HLTAP301A)</b>
<input type="checkbox"/>	<input type="checkbox"/>	CHCDIS313A	Support people with disabilities who are ageing

**Fee structure**

Full CHC40208      **\$3600.00**      Recognition of Prior Learning (RPL)      **\$1100.00**

**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: Southern Cross International Learning Institute  <input type="checkbox"/> Direct Deposit	<b>DIRECT DEPOSIT DETAILS:</b> 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:	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Expiry Date: ___/___
Cardholder Name: _____	Cardholder Signature: _____