

Akram Kahla Pty Ltd trading as

Australian Training and Qualification College

RTO # 41336

Participant Enrolment Agreement

CHC30113 Certificate III in Early Childhood Education and Care

Participant Details

Participant's Full Name: _____ Male Female
(Family or Surname) (Given Names)

Ten Digit Alphanumerical Unique Student Identifier (USI) (if known): _____
(If USI is not known, follow instructions located at the rear of this form)

Please provide a brief synopsis of your Childcare Experience:

Usual 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's or territory's 'rural property addressing' or 'numbering' system as your residential street address.)

_____ (Suburb) _____ State _____ P/Code

Your Postal Address if different from above:

Postal Address: _____

_____ (Suburb) _____ State _____ P/Code

Phone: (Home) _____ (Mob) _____ Date of Birth: ____/____/____

Email: _____

Emergency Contact: _____ Tel No. _____ Relationship: _____

ID Verified by: (Record D/L or Passport # etc.): _____

Course Start Date: _____

Employment Status

Of the following categories, which BEST describes your current employment status?

- Full time Employee
- Part time Employee
- Self Employed – not employing others
- Unemployed – seeking part-time work
- Employed - unpaid worker in a family business
- Employer
- Unemployed – seeking full time work
- Not employed – not seeking employment

Employer Details (Required)

Business Name: _____

ABN: _____

Address: _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

Cultural Background

Are you of Aboriginal or Torres Strait Islander Origin? Yes No

What is your Country and City of Birth? Country: _____ City: _____

What is your residency status? Australian Citizen Australian Permanent resident

Humanitarian Visa New Zealand Citizen

None of the above _____

Do you speak a language OTHER THAN English at home? Yes No

If YES, which language do you usually speak? _____

How well do you speak English? Very Well Well Not Well Not at All

Do you require any language, literacy or numeracy assistance? Yes No

Education

What is your highest COMPLETED school level?

- Never attended school
- Year 8 or below
- Year 9 or equiv
- Year 10 or equiv
- Year 11 or equiv
- Year 12 or equiv

In which YEAR did you complete that school level? _____

Are you still attending secondary school: Yes or No

Since leaving school, have you COMPLETED any of the following qualifications?

- Trade Certificate
- Other Certificate
- Undergraduate Diploma
- Advanced/Technician Certificate
- Associate Diploma
- Degree or Postgraduate Diploma

If YES, what was the name of the qualification(s)? _____

Authorised by – CEO Issue Date – 8th January, 2018 Akram Kahla Pty Ltd trading as Australian Training and Qualification College RTO ID: 41336	Doc Name – Participant Enrolment Agreement CHC30113 V1.2 Page 2 of 10
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Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

(Please see Page 6 if you need any assistance with answering this question)

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)

Hearing/Deaf Physical Intellectual
Learning Mental illness Acquired Brain Impairment
Vision Medical Condition Other

If you require assistance for a disability, please advise how we may assist you: _____

Welfare Status

Are you a Welfare recipient? Yes No

If yes, please specify:

Age Pension Austudy
 Carer Payment Exceptional Circumstance Relief Payment
 Family Tax Benefit Part A - Maximum Rate Farm Household Allowance
 Newstart Allowance Parenting Payment (Single)
 Sickness Allowance Special Benefit
 Veterans' Affairs Pensions Veterans' Children Education Scheme
 Widow Allowance Widow B Pension
 Wife Pension Youth Allowance
 Other: _____

Employment Service

Were you sent here by an Employment agency? Yes No

If yes, please provide:

Employment Service Provider Organisation Name: _____

Employment Service Provider Client/Referral ID: _____

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course?
(Tick ONE box only)

To get a job It was a requirement of the job
 To develop my existing business I wanted extra skills for my job
 To start my own business To get into another course of study
 To try for a different career For personal interest or self development
 To get a better job or promotion Other reasons

Recognition of Prior Learning

RPL is available for this training and assessment program.

The information you have provided will remain private and confidential. I have read and accepted the terms and conditions of the fees and refund policy as described in the Participant Handbook.

I give permission for **Australian Training and Qualification College** to discuss and communicate my training progress and results with the Australian Skills Qualification Authority (ASQA) and the Department of Education (DET).

Australian Training and Qualification College has a legal obligation to report to ASQA and DET statistical information, including details of participants in our courses for; statistical analysis, future planning of Federal and State Education resources and for the verification of **Australian Training and Qualification College** adhering to its legal obligations to both state and Federal Governments as defined by the Standards for Registered Training Organisations (RTOs) 2015.

Further information on **Australian Training and Qualification College's** reporting obligations can be obtained from **Australian Training and Qualification College's** CEO.

Australian Training and Qualification College will seek permission from the applicant prior to discussions with any other party unless expressly required by Australian or NSW legislation.

I give permission for **Australian Training and Qualification College** to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

Signature: _____ Date: _____

**Training Agreement
(to be completed by the participant at enrolment)**

I _____ (insert full legal name) agree to undertake training with Australian Training and Qualification College, in the following course:

CHC30113 Certificate III Early Childhood Education and Care

During the course of this program, I understand and acknowledge that:

My rights and obligations, as defined in the Participant Handbook include:

1. My obligation at all times to conduct myself safely and in adherence to all relevant legislation.
2. I will actively attempt all training and assessment tasks with serious effort.
3. That I will comply with all safe and lawful requests
4. I will arrive on time and will return on time from all breaks.
5. That I will not bully, abuse, vilify or fail to treat all people participating, associated with, or in the vicinity of Australian Training and Qualification College training venues with the utmost respect and courtesy.

Australian Training and Qualification College's rights and obligations include:

6. To provide quality training and assessment services, compliant to the "**Standards for Registered Training Organisations (RTOs) 2015**", in a competent manner through the provision of quality resources and staff resulting in the issuance of AQF statement of attainment or qualifications.
7. Assessment be performed by qualified assessors with the required knowledge and currency in the needs of industry.
8. Guaranteeing to provide assessment services to customers who have met their obligations with regard to completion of enrolment details, and financial payments
9. Guaranteeing that in the event that Australian Training and Qualification College cannot deliver a course, a full refund of all monies paid to Australian Training and Qualification College will be refunded to the purchaser.
10. Committing that training will not be offered to participants who fail to pay for the course.
11. Choosing to terminate a customer's training if they fail to uphold these standards
12. Keeping participants informed of any changes in the service delivery including trainers, our ownership, the engagement of third parties or any other aspect of the participants training experience.

Agreed to and accepted by Participant:

Signed Date

Agreed to and accepted by Australian Training and Qualification College Representative:

Signed Date

Print Name:.....

Disability Supplement

Introduction:

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicate the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

'Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

Instructions for obtaining your own Unique Student Identifier

As from 1st January, 2015, students, wishing to graduate from a Vocational Education and Training course (a VET Course) are required to obtain a Unique Student Identifier (USI).

As from 1st January, 2015, a RTO cannot issue a qualification to a student unless that student provides the RTO with their USI. The USI will allow the Government to permanently record the awarding of this qualification to the individual.

Thus from 1st January, 2015, unless exemptions apply, all training successfully delivered will be recorded by the Government.

To obtain your USI, you will need to:

1. Obtain it yourself from www.usi.gov.au by providing information about yourself similar in content to that on your driver's licence, or

2. Authorise a third party such as this RTO to obtain it on your behalf. To enable us to generate your USI, you will need to:

1. Accurately complete this enrolment form, ensuring that the details you provide match your ID.

2. Provide us with one of the following form of unique identification:

- Driver's Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) for international students
- Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient
- Certificate Of Registration By Descent
- Citizenship Certificate
- ImmiCard

3. Nominate the preferred method of contact so that your USI activation notice can be sent to you, options include, email, phone or mailing address.

4. Complete the form over page.

Once your USI has been generated, you should:

- write down your USI somewhere safe or enter it into your phone for safe keeping.
- activate your USI account at some stage in the near future.
- if you do not activate your account, your USI still works.
- when you do activate your account, you will be required to add some security questions and choose a password.

PLEASE NOTE: The USI System checks for duplicate entries and will report any suspected duplicates

Unique Student Identifier Generation Authority

I, _____, authorise Australian Training and Qualification College to
(Insert full name)
apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at
<<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Identifier (USI) on my behalf.

I willing provide the following Identification: (tick form of ID provided)

- Driver's Licence
- Medicare Card
- Australian Passport
- Visa (with Non-Australian Passport) for international students
- Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient
- Certificate Of Registration By Descent
- Citizenship Certificate
- ImmiCard

My preferred form of contact for the USI activation notice is: (tick preferred method)

- Email
- Phone
- My mailing address.

Signed: _____ Date: _____
(Sign your name here)

In accordance with section 11 of the *Student Identifiers Act 2014*, Australian Training & Qualification College will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose.

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Office Use Only:

I, _____ acknowledge receipt of the above form of ID.
(Insert full name)

Signed: _____ Date: _____
(Sign your name here)

.....
I, _____ acknowledge that I have had the above form of identification
(Insert full name)
returned to me

Signed: _____ Date: _____
(Sign your name here)



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Your USI Number is:

Please

- write down your USI somewhere safe or enter it into your phone for safe keeping.
- activate your USI account at some stage in the near future.
- if you do not activate your account, your USI still works.
- when you do activate your account, you will be required to add some security questions and choose a password.