

Application Form

CHC42015 Certificate IV in Community Services Student residential care

Please complete all sections of this form, have the form signed by your boarding manager or head of boarding, and return it to:

Fax: 0890721030 or email to admin@boardingtrainingaustralia.com.au or mail to 60 Walmsley Street, Esperance, W.A. 6450.

STUDENT PROFILE

Male Female Title _____ Name: _____

Postal Address: _____ Town _____

State or Territory: _____ Post code: _____

Phone Number: _____ Fax _____

Email: _____

Date of Birth: _____ Country of Birth: _____

Unique Student Identifier (USI): _____ If you don't have a USI, BTA can apply for one on your behalf. Fill in the USI permission form and send with this application.

Are you of Aboriginal or Torres Strait Islander origin? Y / N Aboriginal Torres Strait Islander

Do you speak English? Yes No Main language spoken at home: _____

Do you have special needs? Yes No

Describe your special needs: _____

What is the highest level of education you completed before enrolling in this course?

(tick the boxes that apply) Degree Diploma Year 12 Year 11 Year 10
Certificate IV Certificate III Certificate II Certificate I

Main reason for doing this course? _____

What date will you start the Certificate IV in Community Services? _____

Mutual Recognition and RPL

Boarding Australia Training provides full Recognition Services (Recognition of Prior Learning [RPL], Recognition of Current Competency and Credit Transfer). The AQF Qualifications and Statements of Attainment issued by other Registered Training Organisations are recognised in accordance with its Mutual Recognition obligations. Recognition Services are available and applicants may apply for an RPL assessment related to competencies included in the course.

Are you applying for Credit Transfer, RPL or experience? (Yes / no) _____

*****If Yes, please identify Qualification and attach a Transcript of the Qualification, (this must be signed as 'a true copy of the original' by head of boarding or office staff who sight the original) detailing units of competence of the course completed, and/or other relevant training or experience.***

Please Note: One unit in this course for which you are likely to receive full credit transfer is a current First Aid Certificate, either HLTAID003 Provide First Aid or HLTAID004 Provide emergency care response in an education setting. Please note below if you have these qualifications.

Qualification/s _____

Boarding Work Placement

Note: In order to have your skills assessed for this certificate, you must have been working in a boarding residence for at least three months, or 500 hours.

Are you employed in a boarding school or residence for students, or do you have a work placement for work experience? Please provide details, including employer address.

Do you have a current "Working with Children" check or similar? Please provide details.

Yes _____ *Number* _____ *Expiry Date* _____ No _____

Pending _____ *(If pending, please advise of the number as soon as it is available).*

Student Declaration:

I confirm the accuracy of the information I have provided on this application form and acknowledge that providing any false information and/or failing to disclose any relevant information may lead to the immediate termination of my enrolment.

I acknowledge that the information provided on this application form and that which will be collected by Boarding Training Australia throughout my enrolment will be used by Boarding Training Australia in accordance with the Student Privacy notice in the handbook.

I understand that the information provided by me on this form will be used by Boarding Training Australia for the purposes of student administration, planning and communication. Information provided will be held securely and confidentially.

I understand that I may access, correct or amend my personal details by contacting Boarding Training Australia.

I have received a copy of the student handbook.

I have received a copy of 'Document Evidence Required'.

Student Signature _____ **Date:** _____

Boarding Manager or Head of Boarding

Name _____

Phone _____ Mobile Phone _____

Employer Declaration

I support this application for the above application to be involved in this course and agree to the following;

1. To the best of my knowledge the applicant has the capacity to carry out all of the duties of a residential supervisor.
2. To the best of my knowledge the applicant does not have any moral or legal issues that would affect their role as a residential supervisor.
3. I agree to carry out third party observations and assist assessors in determining "on the job" competence of the applicant.

Signed _____ Date _____

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