



Registered Training Organisation
(RTO) for this course:
Boarding Training Australia
RTO Code: 40824

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).*

Payment Options

Can you please indicate below your payment option. If you are on a payment plan you must keep up with the monthly payments and pay the full amount before the qualification is issued.

Your Organisation is paying for you			You are paying for your training		
Workshop	Distance /on line	Up-front payment in full	Certificate IV \$1200	Diploma \$2000	Up-front payment in full
*Deposit on enrolment, or date-saver deposit for workshops. \$100 per person (non-refundable) *Balance payable after the workshop	*Deposit on enrolment. *\$100 per person (non-refundable) *50% of balance payable after the workshop *50% of balance payable on completion	Full up-front payment – 10% discount on training cost.	Deposit \$200, and \$100 per month	Diploma: Deposit \$200 and \$200 per month	Full up-front payment – 10% discount on training cost.

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 (available on our website).

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.

Student Signature _____ **Date:** _____

*** Please ensure you sign Page 4 Student Privacy Consent**

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;

Boarding Training Australia

admin@boardingtrainingaustralia.com.au

Steve & Jenny Florisson 0409 111 116 0423208189 08 9071 5337

Revised 3rd January 2019

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 _____

Privacy Notice

Under the *Data Provision Requirements 2012*, **Boarding Training Australia** is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by **Boarding Training Australia** for statistical, regulatory and research purposes. **Boarding Training Australia** may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER’s website at www.ncver.edu.au).

Student Declaration and Consent

I declare that the information I have provided to the best of my knowledge is true and correct.
I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgement] DATE

PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement]* DATE

**Parental/guardian consent is required for all students under the age of 18*

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