

PERSONAL DETAILS

Surname		Given Names	
Title eg Mrs, Mr		Known, informal or other name	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex
USI: Unique Student Identifier		CHESSN: Commonwealth Higher Education Student Support Number	(Diploma of Nursing Students Only)

Email Address			
Home Telephone		Mobile	
Permanent Street Address			
Postal Address			

Country of Birth		If not born in Australia, what year did you arrive in Australia	
Citizenship Status:	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> New Zealand Citizen	<input type="checkbox"/> Humanitarian Visa <input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other, please advise:
Are you of Aboriginal or Torres Strait Islander background?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both <input type="checkbox"/> No	
Evidence of Citizenship Status:	(Diploma of Nursing Students Only)		
Main language spoken at home:			
Proficiency in Spoken English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Little <input type="checkbox"/> Not at all
Proficiency in Reading/Writing English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Little <input type="checkbox"/> Not at all

Next of Kin (in case of emergency)			
Surname		Given Names	
Contact Number		Relationship to you	
Email Address			
Address			

Why would you like to study this course?

Include a short description on how you found out about this course & why you would like to do this.

EMPLOYMENT DETAILS

Employed - Please fill in employment details below

- Full time Part-time Self-employed (not employing others)
 Employer Employed (unpaid worker in a family business/volunteer)

Unemployed

- Unemployed - Seeking full-time work Unemployed - Seeking part-time work Not employed - Not seeking work

Are you currently employed by the Northern Territory or Commonwealth Government? Yes No

If yes, please see additional declaration on page 3.

Employment Details

Your Job Title	
Business Name	
Business Address or Community	
Telephone	
Email	
Supervisors name <u>and</u> job title	

PAST EDUCATION DETAILS

Still at school? Yes No

Highest year level completed Year 12 Year 11 Year 10 Year 9 Year 8 or lower Did not go

Year highest level completed:

Suburb and State of school where highest level completed:

Completed Higher Education? Yes – please fill in below No

Bachelor Degree or Higher Degree Level Diploma Level Certificate III Certificate I
 Advanced Diploma or Associate Degree Certificate IV Certificate II

Please provide details of previous qualifications including year completed.

SPECIAL NEEDS

Do you have a permanent or significant disability? Yes – please fill in below No

Hearing/Deaf Physical Intellectual Learning Mental Illness
 Brain Impairment Vision Medical condition Other Unspecified

Do you require special assistance because of this disability? Yes No

OTHER STATISTICAL INFORMATION (required for national reporting)

Which category below best describes your main reason for undertaking this study? (choose only one)

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

Please briefly state any other reasons for applying:

COURSE DETAILS

Certificate II

CHC22015 CII in Community Services

Certificate III / IV

- HLT32015 CIII Community Services
 HLT33115 CIII Health Services Assistance
 CHC33015 CIII Individual Support
 Ageing
 Disability
 Home & Community
 CHC43115 CIV Disability
 CHC43015 CIV Ageing Support

Diploma

HLT54115 Diploma of Nursing

Other course name if applicable:

DIPLOMA OF NURSING ONLY

Applicants are required to provide evidence of having sufficient language, literacy and numeracy skills to successfully undertake the program's academic and workplace experience requirements, prior to commencing the program.

Evidence refers to a language, literacy and numeracy (LLN) test result from an Australian Government approved provider (for example, VET ASSESS) at exit level 3 in the Australian Core Skills Framework in both reading and numeracy. Australian students who have successfully completed an Australian Grade 12 certificate with an English subject and students who have undertaken a formal English language skills test (for example, the International Language Testing System) that meets program entry criteria referred to in criterion 6.1a of the Australian Nursing & Midwifery Accreditation Council's (ANMAC) Enrolled Nurse Accreditation Standards 2017, need only undertake the numeracy component of the LLN test.

Applicants that would be required by the Nursing and Midwifery Board of Australia (NMBA) to provide a formal English language skills test when applying for registration, must provide a formal English language test result demonstrating they have achieved the NMBA specified level of English language skills, prior to commencing the program. For further information, please refer to NMBA English Language skill registration standard at: <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>

I wrote this enrolment form myself Yes No

I signed, received or was informed of Handbook Course Flyer

Student Signature

Date

FOX ED (received and checked)

signed

Date

Northern Territory Public Sector and Commonwealth Government Employees Only

I declare that this educational training is being undertaken for personal reasons and does not form part of the professional development required for my ongoing employment.

Name: Signed: Dated: / /

PAYMENT DETAILS	ADMINISTRATIVE USE ONLY
Application fee paid: \$ _____ Other: _____	<input type="checkbox"/> Payment plan
Purchase order/number and company name: _____	
Electronic Transfer	
BSB: 015 883 Account: 4024-69127 Account Name: Fox Endeavours Pty Ltd	Date of deposit: _____
Bank Cheque (no personal cheques) number: _____ Date: _____	
Cash <input type="checkbox"/> Receipt No: _____	
Funding source	<input type="checkbox"/> VSL <input type="checkbox"/> Private (FFP) <input type="checkbox"/> U/C <input type="checkbox"/> VETis <input type="checkbox"/> SBA <input type="checkbox"/> NTTE <input type="checkbox"/> Empl <input type="checkbox"/> Unempl <input type="checkbox"/> HAAC <input type="checkbox"/> Other
Other _____	
Notes _____	

TERMS AND CONDITIONS
<p>Educational Standards: We are a locally owned private training organisation, offering optimal sized classes and experienced educators. We strive to maintain administrative practices and policies in support of the highest educational and professional standards in the delivery of vocational education and training services. At delivery we aim to provide a learning environment, which is conducive to quality outcomes for students. We are committed to ensuring you achieve a satisfactory completion with us and guarantee training and assessment services, for your chosen course of study, once you have commenced studying with us.</p> <p>Refunds: Application fees are non-refundable where stated, but a pro-rata credit may apply to complete the course at a later date. A non-refundable application fee is due and payable at time of enrolment acceptance. All invoices are payable within fourteen (14) days of date of invoice. Fox Education and Consultancy DO NOT accept fees in advance and therefore this negates any requirement for a refund.</p> <p>Enrolment: Enrolment is finalised through lodgement of an enrolment form, terms and conditions, successful completion of an entry interview (which may require an entry assessment) and payment of a non-refundable application fee.</p> <p>Privacy: Under the Data Provision Requirements 2012, Fox Education and Consultancy is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).</p> <p>Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by Fox Education and Consultancy for statistical, regulatory and research purposes. Fox Education and Consultancy may disclose your personal information for these purposes to third parties, including:</p> <ul style="list-style-type: none"> • 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. <p>Personal information disclosed to NCVER may be used or disclosed for the following purposes:</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>Permission to use photographic or video images</p> <p>From enrolment FOX Education may take photographic or video images of participants in training or training-related activities, and use these images to promote or advertise FOX Education and its' activities.</p> <p>Tick the following box if you do not give permission. <input type="checkbox"/> I do not give permission Student Initials: _____</p>



STUDENT AGREEMENT - INDEMNITY

IN CONSIDERATION of FOX Education permitting me to participate in the training course I agree with it as follows:

1. I UNDERSTAND that participating in any type of training or course or activity may be DANGEROUS and I voluntarily ACCEPT the risk of damage consequent upon or arising from my entry as a student, and the use of FOX Education's facilities.
2. I WILL NOT SUE FOX Education for any negligence, tort, breach of contractual or any other legal or equitable rights howsoever caused, and this indemnity will extend to and include any damage arising from my competing in any training and from my use of FOX Education's facilities and I INDEMNIFY FOX Education in respect of the same.
3. I WILL abide by the Rules and Regulations of FOX Education as to the training and to the use of their facilities and the directions of their officials including the right to terminate or cancel my training and the use of FOX Education's facilities at any time and for any reason.
4. THE PERSONAL INFORMATION I have supplied to FOX Education regarding my qualifications, experience and any other matter associated with the training is true and correct and I have READ AND UNDERSTOOD all of the clauses of this agreement before accepting the same and before my use of FOX Education's facilities.
5. I give permission for my employer to receive my results if requested and, only, when a contractual agreement is in place for students to attend training in the workplace.
6. I will pay all fees and charges due and understand that should I default FOX Education and Consultancy may engage a debt collection agency at cost to me, to recover outstanding debts.
7. I agree that any legal costs incurred by FOX Education and Consultancy in recovery of any monies due by me shall be recovered in full from me. Transcripts and certifications will be withheld until such debt is cleared.
8. I UNDERSTAND that if I accept a Northern Territory Government funded position with Fox Education and withdraw from my training or course before successfully completing the full program that I may be liable for any outstanding course fees, calculated at the full course fee rate.

Student Initials: _____

STUDENT DECLARATION AND CONSENT

I declare that the information I have provided to the best of my knowledge is true and correct.

I agree to the above Terms and Conditions of FOX Education and Consultancy.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Applicant:

Name: Signed: Dated: / /

Parent / Guardian *

Name: Signed: Dated: / /

*** Parent/guardian consent is required for all applicants under the age of 18.**

Fox Education and Consultancy

Name: Signed: Dated: / /

For more information on Courses please visit www.fox.edu.au or contact our staff as below
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Office: 08 8927 5995

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