

## Application for Enrolment Form

# Acts 2 College of Mission and Evangelisation

### APPLICANT NAME

### INTENDED COURSE OF STUDY

COURSE CODE	COURSE NAME	Tick Selection
CHC24015	CERTIFICATE II IN ACTIVE VOLUNTEERING	<input type="checkbox"/>
10601NAT	CERTIFICATE III IN CATHOLIC YOUTH MINISTRY AND LEADERSHIP	<input type="checkbox"/>
10602NAT	CERTIFICATE IV IN CATHOLIC MINISTRY	<input type="checkbox"/>
10602NAT	CERTIFICATE IV IN CATHOLIC MINISTRY (YOUTH)	<input type="checkbox"/>
CHC42315	CERTIFICATE IV IN CHAPLAINCY AND PASTORAL CARE	<input type="checkbox"/>
10603NAT	DIPLOMA OF CATHOLIC YOUTH MINISTRY	<input type="checkbox"/>

### I WISH TO STUDY:

 Full-time

 Part-time

 Online

### I AM APPLYING FOR RECOGNITION OF PRIOR LEARNING FOR THE FOLLOWING COURSE/UNITS:

(AN APPLICATION WILL BE SUPPLIED FOR THIS AT INDUCTION):


### I WILL BE STUDYING PART-TIME AND WISH TO COMMENCE WITH THE FOLLOWING UNITS:


### I DO NOT WISH TO STUDY TOWARDS A QUALIFICATION AND AM APPLYING TO STUDY THE FOLLOWING UNITS:




## PRIVACY NOTICE

Under the Data Provision Requirements 2012, Acts 2 College of Mission & Evangelisation 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) may be used or disclosed by Acts 2 College of Mission & Evangelisation for statistical, administrative, regulatory and research purposes. Acts 2 College of Mission & Evangelisation may disclose your personal information for these purposes to: • Commonwealth and state or territory government departments and authorised agencies; and • NCVER. Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes: • Populating authenticated VET transcripts; • facilitating statistics and research relating to education, including surveys and data linkage; • pre-populating RTO student enrolment forms; • 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 a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note 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 National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at <https://www.ncver.edu.au/>).

## PERSONAL DETAILS

### ENTER YOUR FULL NAME

Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI, please obtain one (instructions are on page 4 of this form).

<b>Family name (surname)</b>	
<b>Given names</b>	
<b>Preferred name</b>	

<b>Enter your birth date</b>	<b>Day (DD)</b>	<b>Month (MM)</b>	<b>Year (YYYY)</b>

<b>Gender (tick one box only)</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
-----------------------------------	-------------------------------	---------------------------------	--------------------------------

### ENTER YOUR CONTACT DETAILS

<b>Home phone number</b>	
<b>Work phone number</b>	
<b>Mobile</b>	
<b>Email address</b>	
<b>Alternative email address (optional)</b>	

### ENTER CONTACT INFORMATION IN CASE OF EMERGENCY

<b>Emergency contact name</b>	<b>Relationship to you</b>	<b>Emergency contact number</b>

**WHAT IS THE ADDRESS OF YOUR USUAL RESIDENCE?**

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

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

<b>Building/Property name</b>			
<b>Flat/Unit details</b>			
<b>Street or lot number (e.g. 205 or Lot 118)</b>			
<b>Street name</b>			
<b>Suburb, locality or town</b>			
<b>State/territory</b>		<b>Postcode</b>	

**WHAT IS YOUR POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)?**

<b>Building/Property name</b>			
<b>Flat/Unit details</b>			
<b>Street or lot number (e.g. 205 or Lot 118)</b>			
<b>Street name</b>			
<b>Postal delivery information (e.g. PO Box 254)</b>			
<b>Suburb, locality or town</b>			
<b>State/territory</b>		<b>Postcode</b>	

**LANGUAGE AND CULTURAL DIVERSITY**

<b>In which country were you born?</b>	<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify:
<b>Do you speak a language other than English at home?</b>	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other – please specify:
<b>Are you of Aboriginal or Torres Strait Islander origin? (Tick ONE box only). (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</b>	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Torres Strait Islander	

## DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? Please see Attachment 1 prior to answering this question.

- Yes
  No (Go to the next section)

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).

- |   |  |
|---|--|
| <input type="checkbox"/> Hearing/deaf   | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical       | <input type="checkbox"/> Vision                    |
| <input type="checkbox"/> Intellectual   | <input type="checkbox"/> Medical condition         |
| <input type="checkbox"/> Learning       | <input type="checkbox"/> Other:                    |
| <input type="checkbox"/> Mental illness |  |

## SCHOOLING

**WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? (TICK ONE BOX ONLY)**

If you are currently enrolled in secondary education, the highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Year 12 or equivalent | <input type="checkbox"/> Completed Year 9 or equivalent                 |
| <input type="checkbox"/> Completed Year 11 or equivalent | <input type="checkbox"/> Completed Year 8 or below                      |
| <input type="checkbox"/> Completed Year 10 or equivalent | <input type="checkbox"/> Home school (highest schooling level achieved) |

**In which YEAR did you complete that school level?**

Enter the YEAR here:

**Are you still enrolled in secondary or senior secondary education?**

- Yes  
 No

## PREVIOUS QUALIFICATIONS ACHIEVED

Have you **SUCCESSFULLY** completed any of the qualifications listed below? If **YES**, then tick **ANY** applicable boxes, and list the qualification code and name. You will be required to provide transcripts at induction.

Yes

No

Bachelor Degree or Higher Degree

Advanced Diploma or Associate Degree

Diploma (or Associate Diploma)

Certificate IV (or Advanced Certificate/Technician)

Certificate III (or Trade Certificate)

Certificate II

Certificate I	<input type="checkbox"/>
Certificates other than the above	<input type="checkbox"/>

### EMPLOYMENT (If applicable)

**Of the following categories, which BEST describes your current employment status?** (Tick ONE box only)  
 For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

<b>Employed</b>	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Self-employed – employing others <input type="checkbox"/> Employed – unpaid worker in a family business
<b>Unemployed</b>	<input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work
<b>Not in the labour force</b>	<input type="checkbox"/> Not employed – not seeking employment

### STUDY REASON

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

<b>Job related</b>	<input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job
<b>Further study</b>	<input type="checkbox"/> To get into another course of study
<b>Other</b>	<input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> To get skills for community / voluntary work <input type="checkbox"/> Other reasons

### UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, we, Acts 2 College of Mission & Evangelisation, can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVER. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/create-your-usi/> on computer or mobile device.

Enter your Unique Student Identifier (USI):

--	--	--	--	--	--	--	--	--	--	--	--	--	--

### VET in SCHOOLS (If applicable)

**IF ENROLLING AS PART OF A GROUP OF STUDENTS, PLEASE PROVIDE THE COLLEGE, CHURCH OR ORGANISATION DETAILS**

<b>NAME OF ORGANISATION:</b>	
<b>CONTACT PERSON:</b>	
<b>CONTACT DETAILS:</b>	

### SHORT ESSAY (Full-time applicants only, excluding VET in Schools)

**WRITE A SHORT ESSAY ON A SEPARATE PIECE OF PAPER:**

If you wish to study full time, on a separate piece of paper please tell us about yourself in essay form. Please cover each of the following categories:

1. Family background, including size of family and your life in the family.
2. What are your three greatest strengths and three significant weaknesses?
3. How do you spend your free/personal time?
4. Why do you want to study at Acts2CoME?
5. What do you expect from Acts2CoME?
6. What do you currently plan to do when your studies at the College are over?

### FINANCIAL ARRANGEMENTS

**PLEASE IDENTIFY HOW YOU WILL PAY YOUR COURSE FEES WHILST AT ACTS2CoME:**

In full       In Instalments (*please request an instalment plan*)

**METHOD OF PAYMENT:**

MasterCard/Visa       Cheque       Cash       Bank Transfer

**PERSON RESPONSIBLE FOR PAYMENT OF FEES (IF NOT YOURSELF):**

Name:	
Relationship to Student:	
Address:	
Phone:	

**CONSENT:** I, \_\_\_\_\_, give permission for Acts2CoME to contact the person nominated above if needed.

## ACADEMIC PROGRESS

**CONSENT:** I, \_\_\_\_\_, understand that if I don't meet the course requirements that the fee payer or my parent/guardian will be contacted to discuss strategies to help me meet the course requirements.

## APPLICANT 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 induction I will carry out with Acts 2 College of Mission & Evangelisation. (*Continued next page ...*)

In making this application for enrolment, I am aware of the consequences that may arise from providing false, misleading or incomplete information, including the cancellation of my enrolment or the withdrawal of any offer made by Acts 2 College of Mission & Evangelisation.

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, and NCVET policies, procedures and protocols published on NCVET's website at [www.ncver.edu.au](http://www.ncver.edu.au)

I understand that Acts2CoME will carry out an induction that covers the RTO's policies, procedures and legislative requirements.

Applicant Signature:		Date:	
<b>*Parental/Guardian consent is required for all students under the age of 18.</b>			
Parent / Guardian Name:		Date:	
Parent / Guardian Signature:			

## CHECKLIST (Office Use Only)

Photocopy of ID     Statement of Results / Latest School Report



**Appendix 1**
**Disability Supplement**

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.