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| **ENROLMENT APPLICATION FORM** |
| **I would like to enrol in the following course of study:** |
| **Course code:** | **Course name:** | **Choose option** |
| **CHC24015** | Certificate II in Active Volunteering | [ ]  |
| **11011NAT** | Certificate III in Catholic Youth Ministry and Leadership | [ ]  |
| **11012NAT** | Certificate IV in Catholic Ministry | [ ]  |
| **11013NAT** | Diploma of Catholic Youth Ministry | [ ]  |
| NA | Individual units (I do not want a qualification) | [ ]  |
|  |
| **Name of applicant:** |  |
| **I would like to study:** | [ ] Full-time on campus | [ ]  Part-time on campus | [ ]  Full-time online | [ ]  Part-time online |
| **I DO NOT wish to study towards a QUALIFICATION and am applying to study the following units:** |  |
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| **I would like to apply for RECOGNITION OF PRIOR LEARNING (RPL) for the following course/units:***(An application will be supplied for this at induction):* |  |
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| 1. **PERSONAL DETAILS***(Please refer to Appendix 1: PRIVACY NOTICE)*
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| **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 5 of this form*). |
| **Family name (surname)****First Given Name** |  |
| **Given names** |  |
| **Preferred name** |  |
|  |
| **Date of birth:** | **Day** (DD) | **Month** (MM) | **Year** (YYYY) |
|  |  |  |
| **Gender:** (please tick one box only) | [ ]  Male  | [ ] Female | [ ] Other |
|  |
| **Enter your contact details:** |
| **Home phone number** |  |
| **Mobile** |  |
| **Email address** |  |
|  |
| **Enter your address:** |
| **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. |
| **Building/Property name** |  |
| **Flat/Unit details** |  |
| **Street or lot number** (e.g. 205 or Lot 118) |  |
| **Street name** |  |
| **Suburb, locality or town** |  |
| **State/Territory** |  | **Postcode** |  |

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| **What is your POSTAL address?** (if different from your usual residence) |
| **Building/Property name** |  |
| **Flat/Unit details** |  |
| **Street or lot number** (e.g. 205 or Lot 118) |  |
| **Street name** |  |
| **Postal delivery information** (e.g. PO Box 254) |  |
| **Suburb, locality or town** |  |
| **State/territory** |  | **Postcode** |  |
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| **Your contact information in case of an emergency?** |
| **Emergency contact name:** | **Relationship to you:** | **Emergency contact number:** |
|  |  |  |
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| **Please provide photographic proof of identity:** (if none held, please supply a copy an alternative proof of identity, such as your Medicare Card or Birth Certificate) |
| **Type of Photo ID:** (please tick one box only) |
| [ ]  Driver’s Licence | [ ]  Working With Children Check Card  | [ ] Passport | [ ] Other (please specify) …………………….….………………………………………....……………………… |
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| 1. **LANGUAGE AND CULTURAL DIVERSITY**
 |
| **In which country were your born?** | [ ]  Australia [ ]  Other – please specify: ………………………….….…………………………………………....…. |
| **Do you speak a language other than English at home?**  | [ ]  No, English only[ ]  Yes, other – please specify: …………………….….…………………………………………..... |
| **Are you of Aboriginal or Torres Strait Islander origin?**  |
| [ ]  No  |
| [ ]  Yes, Aboriginal  |
| [ ]  Yes, Torres Strait Islander |
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| 1. **DISABILITY** *(Please refer to APPENDIX 2: DISABILITY SUPPLEMENT*)
 |
| **Do you consider yourself to have a disability, impairment or long-term condition? Please refer to the Disability Supplement** (*APPENDIX 2*) **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*). |
| [ ]  Hearing/deaf [ ]  Physical[ ]  Intellectual | [ ]  Learning[ ]  Mental illness [ ]  Acquired brain impairment | [ ]  Vision[ ]  Medical condition[ ]  Other: …………………………………..…………………….. |
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| 1. **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. |
| [ ]  Completed Year 12 or equivalent [ ]  Completed Year 11 or equivalent [ ]  Completed Year 10 or equivalent  | [ ]  Completed Year 9 or equivalent [ ]  Completed Year 8 or below[ ]  Never attended school  (*Never completed any primary or secondary level education*) |
| **In which YEAR did you complete that school level?** (*Enter the year here*) | Year: |
| **Are you still enrolled in secondary or senior secondary education?** | [ ]  No | [ ]  Yes  |
| **\* Please attach a copy of your most recent school report with your application.** |
|  |
| 1. **PREVIOUS QUALIFICATIONS ACHIEVED** (*please specify*)
 |
| **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. | [ ]  No  | Yes |
| 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 | [ ]  |
| Other education (including certificates or overseas qualifications not listed above) | [ ]  |
| 1. **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). |
| **Employed** | [ ]  Full-time employee [ ]  Part-time employee[ ]  Self-employed – not employing others | [ ]  Self-employed – employing others[ ]  Employed – unpaid worker in a family business |
| **Unemployed** | [ ]  Unemployed – seeking full-time work[ ]  Unemployed – seeking part-time work |
| **Not in the labour force** | [ ]  Not employed – not seeking employment  |
|  |
| 1. **REASON FOR STUDY**
 |
| **Of the following categories, which BEST describes your main reason for undertaking this course?** (Tick ONE box only) |
| **Job related** | [ ]  To get a job[ ]  To develop my existing business [ ]  To start my own business[ ]  To try for a different career  | [ ]  To get a better job or promotion[ ]  It was a requirement of my job[ ]  I wanted extra skills for my job |
| **Further study** | [ ]  To get into another course of study  |
| **Other** | [ ]  For personal interest or self-development[ ]  To get skills for community / voluntary work[ ]  Other reasons |
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| 1. **UNIQUE STUDENT IDENTIFIER - USI** *(Must be provided for enrolment)*
 |
| From 1 January 2015, 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/**](http://www.usi.gov.au/create-your-USI/) on computer or mobile device. It is important that you try to find out whether you have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the ‘Forgotten USI’ link on the USI website at [**https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/**](https://www.usi.gov.au/faqs/i-have-forgotten-my-usi/)**.**  |
| **Enter your UNIQUE STUDENT IDENTIFIER (USI):**  |  |  |  |  |  |  |  |  |  |  |
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| 1. **WORKING WITH CHILDREN CHECK (WWCC)** *(For applicants aged 18 years or older)*
 |
| You are required to hold a Working With Children Check issued by your state or territory government if you are over 18 years and have contact with children aged under 18 years of age as part of your work, training or ministry. Please attach a copy of your card with this application. If you do not already have a WWCC card, application forms are available at Australia Post. Please check with the Principal if you are unsure about whether this applies to you.  |
| **Do you have a current working with children check?** | [ ]  **YES**Please provide a copy with your application | [ ]  **NO** |
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| 1. **VET in SCHOOLS** *(If applicable)*
 |
| **If enrolling as part of a group of students, please provide the School, Church or Organisation details below** |
| Name of organisation: |  |
| Contact person: |  |
| Contact phone: |  |
| Contact email address: |  |
| Address for correspondence: |  |
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| 1. **FINANCIAL ARRANGEMENTS**
 |
| **Who will be responsible for the payment of fees?** |
| [ ]  **Myself** I am responsible for payment of fees | [ ]  **Somebody else** Another person will be responsible for payment of my fees |
| **Please enter the details of the person responsible for payment of fees (If not yourself)**  |
| Name: |  |
| Address: |  |
|  |
| Phone: |  |
| Email: |  |
| Relationship to Student: |  |

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| **Please identify how you will pay your course fees whilst at Acts2CoME:** |
| [ ]  In full | [ ]  In Instalments (*please request an instalment plan*) |
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| 1. **ACADEMIC PROGRESS** (*Please sign…..*)
 |
| **CONSENT**: I, *(insert name)* …………………………………………………….…………………………………………………………….. , 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.If I am studying under an internship, I understand my ministry employer will be kept updated by the College on my course progress. |
| ***Applicant Signature:*** |  | **Date:** |  |
|  |
| 1. **APPLICANT DECLARATION AND CONSENT** (*Please sign …..*)
 |
| 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.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 NCVER policies, procedures and protocols published on NCVER’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:** |  |
| ***\*Parental/Guardian consent is required for all students under the age of 18.*** |
| ***\*Parent / Guardian Signature*** *(if under 18)****:*** |  | **Date:** |  |
| **Parent/Guardian name:** |  |

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| **APPLICATION CHECKLIST** *(what to include with your application)* |
| **PHOTO ID (*ONE* only, if you have one)**A photocopy of your photo ID (If you do not have a photo ID please supply an alternative proof identity – see below) | [ ]  Driver’s Licence[ ]  Working With Children Check Card [ ] Passport[ ] Other photo ID  |
| **ALTERNATIVE PROOF OF IDENTITY DOCUMENT (only if you have no photo ID)**A photocopy of an alternative proof of identity document | [ ]  Birth CertificateOR[ ]  Medicare Card |
| **SCHOOL REPORT or STATEMENT OF RESULTS**A photocopy of your latest School Report (if you have recently left school) or a Statement of Results for other studies  | [ ]  School ReportOR[ ]  Statement of Results |
| **WORKING WITH CHILDREN CHECK CARD**A photocopy of your Working With Children Check Card | [ ] Working With Children Check Card *(if applicable)* |
| **YOUR STORY (See below)**A short written piece telling us about yourself (not an essay) | [ ] Your Story *(full time students only)*  |
| If you wish to study full time, on a separate piece of paper please tell us about yourself. 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 come to Acts2CoME? 5. What do you expect from Acts2CoME? 6. What do you currently plan to do when your studies at the College are over?  |

**PLEASE SEND YOUR APPLICATION TO:**

The Principal

Acts 2 College of Mission & Evangelisation

PO Box 1118, OSBORNE PARK WA 6916

(67 Howe St, Osborne Park WA 6017)

Email: principal@acts2come.wa.edu.au

**FOR FURTHER INFORMATION:**

If you have any queries, please contact the Principal, Laura Firth on **0475 825 103**

Or email to **principal@acts2come.wa.edu.au**

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| ***APPENDIX 1*** | ***PRIVACY NOTICE***  |
| **Why we collect your personal information**As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.Should the required personal information not be provided, we will be unable to enrol you as a student at our college.**How we use your personal information**We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.**How we disclose your personal information**We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.**How the NCVER and other bodies handle your personal information**The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:administration of VET, including program administration, regulation, monitoring and evaluationfacilitation of statistics and research relating to education, including surveys and data linkageunderstanding how the VET market operates, for policy, workforce planning and consumer information.The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER’s behalf.The NCVER does not intend to disclose your personal information to any overseas recipients.For more information about how the NCVER will handle your personal information please refer to the NCVER’s Privacy Policy at [**www.ncver.edu.au/privacy**](http://www.ncver.edu.au/privacy)If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at [**https://www.dese.gov.au/national-vet-data/vet-privacy-notice**](https://www.dese.gov.au/national-vet-data/vet-privacy-notice)**Surveys**You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.**Contact information**At any time, you may contactActs 2 College of Mission & Evangelisationto:request access to your personal informationcorrect your personal informationmake a complaint about how your personal information has been handledask a question about this Privacy Notice**Contact:** The PrincipalActs 2 College of Mission & EvangelisationPO Box 1118OSBORNE PARK WA 6916Email: principal@acts2come.wa.edu.auPh: 0475 825 103**Acts2CoME Privacy Policy:** Please follow the following link to view the Acts2CoME privacy policy: [**Privacypolicyprocedure\_V3.1\_2021.docx**](file:///Users/nicolajaneborg/Dropbox%20%28Acts%202%20College%20of%20Mission%20%26%20Evangelisation%29/Acts%202%20College/Acts%202%20College%20Admin/Policies%20and%20procedures/2021/Privacypolicyprocedure_V3.1_2021.docx) |

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| ***APPENDIX 2*** | ***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.  |