



APPLICATION FOR ENROLMENT CORRESPONDENCE 2017/2018 Academic Year

Qualification applying for:

- CHC30113 Certificate III in Early Childhood Education and Care
- CHC50113 Diploma of Early Childhood Education and Care

Please note: This application does not guarantee you a position in the course, you must attend an interview and be given an offer of enrolment.

CONTACT DETAILS

First Name: _____ **Surname:** _____ **Title:** Mr/Mrs/Ms/Miss

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Gender: Male/Female (please circle) **Date of Birth:** _____

Phone Home: _____ **Mobile:** _____ **Email:** _____

Workplace: _____

Work Phone: _____ **Work Fax:** _____ **Contact Name:** _____

Name of Person Responsible for Fees: _____

To support your application please support the following documents:

- √ Current resume
- √ Last two school reports (if left school in 2016, 2015, 2014)

Please describe any work/voluntary experience or community work and any relevant training you have undertaken in the last two years.

Date	Place of employment or voluntary work or community experience/training	Brief description

Please describe why you would like to pursue a career in children's services

Please describe your personal qualities that you have that would make you suitable for a career in children's services

Please rate your literacy and numeracy skills

English comprehension: Yr 12 equivalent Yr 11 equivalent Yr 10 equivalent Other

Spelling: Yr 12 equivalent Yr 11 equivalent Yr 10 equivalent Other

Writing: Yr 12 equivalent Yr 11 equivalent Yr 10 equivalent Other

Basic Math: Yr 12 equivalent Yr 11 equivalent Yr 10 equivalent Other

Do you require the assistance of a reader/writer for formal exams? No Yes

Statistical Information

Secondary Education – Please tick appropriate box

School level completed

- Did not go to school
- Completed Year 8
- Completed Year 9
- Completed Year 10
- Completed Year 11
- Completed Year 12

Final year of school _ _ _ _ _

Currently at School Yes/No (please circle)

Employment Status – Please tick appropriate box

- Full-time employee
- Part-time/ casual employee
- Volunteer
- Employer
- Unemployed – seeking full-time work
- Unemployed – seeking part-time work
- Not employed – not seeking employment

Indigenous Status

- Aboriginal
- Torres Strait Islander
- Aboriginal & Torres Strait Islander
- N/A

Which country where you born?

Main language spoken at home?

How well do you speak English?

- Very well
- Well
- Not well
- Not at all

Prior Education

Do you have prior education? Yes/No If yes please tick appropriate box and state course code and name: _____

- Certificate I
- Certificate II
- Certificate III
- Certificate IV
- Diploma or Advanced Diploma
- Bachelor Degree

Disabilities

Do you have a disability? Yes/No If yes, please tick appropriate box below

- Hearing/Deaf
- Physical
- Intellectual/Learning
- Mental Illness
- Acquired brain impairment
- Vision
- Medical Condition
- Other (please specify) _____

Signature: _____ Date: _____