

APPLICATION FOR ENROLMENT CORRESPONDENCE 2019 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:		Birth:
Workplace:				
				ct Name:
Name of Person Responsible	for Fees:			
To support your application ple		ing documen	ts:	

 $\sqrt{}$ Current resume

 $\sqrt{}$ 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	
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English comprehension: I Yr 12 equivalent I Yr 11 equivalent I Yr 10 equivalent I 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: \Box Yr 12 equivalent \Box Yr 11 equivalent \Box Yr 10 equivalent \Box Other		
Do you require the assistance of a reader/writer for formal exams? \Box No \Box 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	(please circle)	
Employment Status – Please tick appropriate box	Indigenous Status	Which country where you born?
 Part-time/ casual employee Volunteer Employer Unemployed – seeking full-time work Unemployed – seeking part-time work Not employed – not seeking employment 	 Torres Strait Islander Aboriginal & Torres Strait Islander N/A 	Main language spoken at home?
Prior Education Do you have prior education? Yes/No If yes please tick appropriate box and state course code and name:	Disabilities Do you have a disability? Yes/N Hearing/Deaf Physical Intellectual/Learning Mental Illness Acquired brain impairmen Vision Medical Condition Other (please specify)	No If yes, please tick appropriate box below

Signature: _____ Date: _____