

APPLICATION FOR ENROLMENT CORRESPONDENCE 2020 Academic Year

Qualification applying for:

	Diploma of Early Childhood of guarantee you a position in the course		e given an offer of enrolment.
	Surname:	Title	: Mr/Mrs/Ms/Miss
Address:			
Suburb:	State	: Postc	ode:
Gender: Male/Female (please circle) Date of Birth:			
	Mobile:		
Workplace:			
Work Phone:	Work Fax:	Contact Name:	
Name of Person Responsible	for Fees:		
√ Current resume	ease support the following docuts (if left school in 2018, 2017, 2		

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				
	. h a			
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 equivale	nt □Yr 10 equivalent	☐ Other		
Basic Math: ☐ Yr 12 equivalent ☐ Yr 11 equiv	⁄alent □Yr 10 equival	ent 🗆 Other		
Do you require the assistance of a reader/writer	for formal exams? \Box	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				
Employment Status — Please tick appropriate box Ind	3	Which country where you born?		
□ Part-time/ casual employee□ Volunteer□ Employer	☐ Torres Strait Islander☐ Aboriginal & TorresStrait Islander	Main language spoken at home?		
 □ Unemployed – seeking full-time work □ Unemployed – seeking part-time work □ Not employed – not seeking employment 	□ N/A			
box and state course code and name:		No If yes, please tick appropriate box below		
□ Certificate I □ Certificate II □ Certificate IV	 □ Intellectual/Learning □ Mental Illness □ Acquired brain impairment 			
□ Diploma or Advanced Diploma□ Bachelor Degree	 ☐ Vision ☐ Medical Condition ☐ Other (please specify) 			
Signature:		Date:		