

# APPLICATION FOR ENROLMENT 2020 Academic Year

## **Qualification applying for:**

□ CHC30113 Certificate III in Early Childhood Education and Care

CHC50113 Diploma of Early Childhood Education and Care

#### Campus:

- □ Maitland Campus 71 Mustang Drive, Rutherford
- □ Newcastle Campus 42 Station Street, Waratah

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 (p	please circle)		Date of Birth:
Phone Home:	Mobile:		Email:
Email (Alternative):			
Workplace:			
Work Phone:	Work Fax:		Contact Name:
Name of Person Responsible	for Fees:		

To support your application please support the following documents:

- √ Current resume
- $\sqrt{}$  Last two school reports (if left school in 2017, 2018, 2019)

# 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 pe	ersonal qualities tha	t you have that	would make yo	u suitable for a	career in
children's services					

Please rate your	<sup>,</sup> literacy and	l numeracy ski	lls
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Secondary Education – Please tick appropriate box         School level completed         Did not go to school         Completed Year 8         Completed Year 9         Currently at School         Yes/No (please circle)         Completed Year 10         Completed Year 12					
Employment Status – Please tick appropriate box	Indigenous Status <ul> <li>Aboriginal</li> <li>Tarres Otacidades</li> </ul>	Which country where you born?			
<ul> <li>Part-time/ casual employee</li> <li>Volunteer</li> <li>Employer</li> <li>Unemployed – seeking full-time work</li> <li>Unemployed – seeking part-time work</li> <li>Not employed – not seeking employment</li> </ul>	<ul> <li>Torres Strait Islander</li> <li>Aboriginal &amp; Torres Strait Islander</li> <li>N/A</li> </ul>	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/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: \_\_\_\_\_