**Enterprise Organisation Pty Ltd t/a Elite Training Academy**

**RTO Code - 40996**

**Participant Enrolment Agreement**

**Participant Details**

Participant’s Full Name: ❑ Male ❑ Female

(Family or Surname) (Given Names)

Usual Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(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’s or territory’s ‘rural property addressing’ or ‘numbering’ system as your residential street address.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(Suburb) State P/Code

Your Postal Address if different from above:

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(Suburb) State P/Code

Phone: (Home) (Mob) Date of Birth: / /

Email Address:

Emergency Contact: Tel No. Relationship:

ID Verified by: (Record D/L or Passport # etc:): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Start Date:

\* USI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If you haven’t already obtained one, please visit <http://www.usi.gov.au/create-your-USI/Pages/default.aspx> to apply for one)

**Employment Status**

Of the following categories, which BEST describes your current employment status?

❑ Full time Employee ❑ Employed - unpaid worker in a family business

❑ Part time Employee ❑ Employer

❑ Self Employed – not employing others ❑ Unemployed – seeking full time work

❑ Unemployed – seeking part-time work ❑ Not employed – not seeking employment

**Employer Details (If applicable)**

Business Name:

ABN: \_\_\_\_\_\_\_\_\_\_

Address:

Contact Name: Email Address:

Phone: Fax:

**Cultural Background**

Are you of Aboriginal or Torres Strait Islander Origin? ❑ Yes ❑ No

Were you born in Australia? ❑ Yes ❑ No

If no, what is your Country of Birth:

Do you speak a language OTHER THAN English at home? ❑ Yes ❑ No

If YES, which language do you usually speak?

How well do you speak English? ❑ Very Well ❑ Well ❑ Not Well ❑ Not at All

Do you require any language, literacy or numeracy assistance? ❑ Yes ❑ No

**Education**

What is your highest COMPLETED school level?

 Never attended school  Year 8 or below ❑ Year 9 or equiv ❑ Year 10 or equiv

❑ Year 11 or equiv ❑ Year 12 or equiv

In which YEAR did you complete that school level?

Are you still attending secondary school: Yes ❑ or No ❑

Since leaving school, have you COMPLETED any of the following qualifications?

❑ Trade Certificate ❑ Advanced/Technician Certificate

❑ Other Certificate ❑ Associate Diploma

❑ Undergraduate Diploma ❑ Degree or Postgraduate Diploma

If YES, what was the name of the qualification(s)?

## Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes ❑ No ❑

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 ❑

Learning ❑

Vision ❑

Physical ❑

Mental illness ❑

Medical Condition ❑

Intellectual ❑

Acquired Brain Impairment❑

Other 

If you require assistance for a disability, please advise how we may assist you:



## Additional Questions

Are you living in NSW social housing or are you or your household on the NSW housing register?

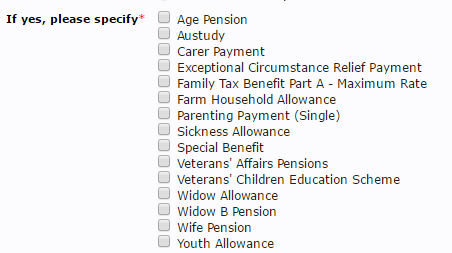
Yes ❑ No ❑

Please indicate welfare status

❑ Student is a welfare recipient

❑ Dependent child or spouse of a welfare recipient

❑ Not a welfare recipient



## Study Reason

## Of the following categories, which BEST describes your main reason for undertaking this course? (Tick ONE box only)

## 

##  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 the job

 I wanted extra skills for my job

 To get into another course of study

 For personal interest or self development

 Other reasons

## Recognition of Prior Learning

RPL is available for this training and assessment program.

**Specified Hours:**

The CHC training package is the culmination of significant research into the Community and Health industry. Part of this research has identified that competency in various core skills and knowledge can only be attained after a significant period of study and practice.

This study and practice is more than simply spending time doing a job, it is about mastery of the role, about understanding the principles behind completing a task, it is about being the best you can be in the role, as such some particular units of competency have a minimum duration for which they must be undertaken.

In this qualification, the relevant units of competency that have specific hours in excess of the nominal hours are:

|  |  |
| --- | --- |
| Code and unit title | Specified Hours |
| CHCECE003 Provide care for children | 120 |
| CHCECE005 Provide care for babies and toddlers | 120 |
| CHCECE007 Develop positive and respectful relationships with children | 120 |
| CHCECE010 Support the holistic development of children in early childhood | 120 |

These hours must be undertaken to complete the qualification.

Participants who are not willing to commit to these specified durations, or consider that these durations are unwarranted should seriously consider their commitment to this qualification.

These hours will be adhered to, and will be monitored through the use of a logbook.

**Additional Terms and Commitments**

The information you have provided will remain private and confidential.

I have read and accepted the terms and conditions of the fees and refund policy as described in the Participant Handbook.

I give permission for Elite Training Academy to discuss my training progress and results with my employer (if applicable), ASQA, Department of Education and other appropriate people as deemed necessary by Elite Training Academy.

I give permission for Elite Training Academy to record evidence of my participation and assessment, in written, verbal, photographic (including video) formats. I also give permission for Elite Training Academy to use any recorded evidence for future promotional, commercial and educational purposes.

I acknowledge that I have read the above and understand the information provided. I confirm that this information is true and correct.

Signature: Date: \_\_\_\_\_\_\_\_

**Training Agreement**

**(to be completed by the participant at enrolment)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert full legal name) agree to undertake training with Elite Training Academy, in the following course:

During the course of this program, I understand and acknowledge that:

**My rights and obligations, as defined in the Participant Handbook include:**

1. My obligation at all times to conduct myself safely and in adherence to all relevant legislation.
2. I will actively attempt all training and assessment tasks with serious effort.
3. That I will comply with all safe and lawful requests
4. I will arrive on time and will return on time from all breaks.
5. That I will not bully, abuse, vilify or fail to treat all people participating, associated with, or in the vicinity of Elite Training Academy training venues with the utmost respect and courtesy.

**Elite Training Academy’s rights and obligations include:**

1. Provision of quality assessment services in a competent manner through the provision of quality resources and staff.
2. Assessment be performed by qualified assessors with the required knowledge and currency in the needs of industry.
3. Guaranteeing to provide training and assessment services to customers who have met their obligations with regard to completion of enrolment details, and financial payments
4. Guaranteeing that in the event that Elite Training Academy cannot deliver a course, a full refund of all monies paid to Elite Training Academy will be refunded to the purchaser.
5. Committing that training will not be offered to participants who fail to pay for the course.
6. Choosing to terminate a customer’s training if they fail to uphold these standards

Signed Date