

APPLICATION FORM - Domestic

RTO No: 45065
 P: (02) 9310-4077
 A: Shop 30a, 23 Norton Street, Leichhardt NSW 2040

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|---|---|--|---|---|---|
| USI | | | GENDER: | Please Tick [✓] <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER | |
| FIRST NAME | | | MIDDLE NAME | | |
| FAMILY NAME | | | DATE OF BIRTH | / / | |
| RESIDENTIAL ADDRESS | | | STATE | | POST CODE |
| POSTAL ADDRESS | <input type="checkbox"/> Please tick [✓] - if your postal address is the same as above, or provide your postal address below. | | | | |
| ADDRESS | | | STATE | | POST CODE |
| EMAIL (1) | | | EMAIL (2) | | |
| TELEPHONE | | | MOBILE | | |
| EMERGENCY CONTACT DETAILS / GUARDIAN OR PARENT | | | | | |
| FULL NAME | | | RELATIONSHIP | | |
| TELEPHONE / MOBILE | | | EMAIL | | |
| In the event of an emergency do you give MindChamps Academy permission to organise emergency transport and treatment (for example, ambulance if necessary) and agree to pay all costs associated with your emergency treatment/ transport? | | | Please tick [✓] <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| COURSE / QUALIFICATION OF INTEREST | | | | | |
| CODE and TITLE | <input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care | | | | |
| LOCATION | <input type="checkbox"/> Leichardt <input type="checkbox"/> Others _____ | | START DATE | / / | |
| How did you hear about this course? | <input type="checkbox"/> Previous Learner <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> EXPO <input type="checkbox"/> Facebook <input type="checkbox"/> Other (please specify) | | | | |
| Recognition of Prior Learning (RPL) / Direct Credit Transfer (CT) - if applicable | | | | | |
| Do you wish to apply for RPL / CT for any of the units of competency offered by MindChamps Academy? Please Tick [✓] <input type="checkbox"/> NO <input type="checkbox"/> YES – If YES, you will be contacted by a trainer/assessor, who will provide further information | | | | | |
| The following information is required so MindChamps Academy can report statistics (no names) to the State and Federal Governments | | | | | |
| SECONDARY EDUCATION — Please tick [✓] highest level achieved | | | | | |
| <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent | | | <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never Attended School | | In which YEAR did you complete that school level? _____ Are you still attending secondary school? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| REASON FOR STUDY — Which BEST describes your main reason for undertaking this course? Please tick [✓] only one | | | | | |
| <input type="checkbox"/> To get a job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> To start my own business <input type="checkbox"/> To try for a different career <input type="checkbox"/> To get a better job or promotion | | <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To get into another course of study <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> Other reasons | | | |
| TERTIARY EDUCATION — Have you SUCCESSFULLY completed any of the following qualifications? If YES, please tick [✓] all applicable boxes | | | | | |

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|--|--|
| <input type="checkbox"/> Bachelor's degree or higher degree | <input type="checkbox"/> Certificate III (or trade certificate) |
| <input type="checkbox"/> Advanced diploma or associate degree | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma (or associate diploma) | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> Other education (including certificates or overseas qualification not listed above) |
| | <input type="checkbox"/> None |

EMPLOYMENT STATUS — Which BEST describes your current employment status? Please tick [✓] only one

- | | | |
|---|--|---|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Apprenticeship / Traineeship – (if applicable please provide employer name and contact details below) |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – Seeking full-time work | |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – Seeking part-time work | |
| <input type="checkbox"/> Self-employed – employing others | <input type="checkbox"/> Not employed – Not seeking employment | |

LANGUAGE AND CULTURAL DIVERSITY — Please tick [✓] relevant boxes

Are you of Aboriginal or Torres Strait Islander origin?

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander

In which country were you born?

- Australia
 Other (please specify)

Main language spoken at home?

Are you an Australian Citizen? NO YES Are you a Permanent Australian Resident? NO YES Are you a New Zealand Citizen? NO YES

DISABILITY

Do you consider yourself to have a disability, impairment, or long-term condition? NO YES — If YES please tick [✓] the relevant boxes

- | | |
|---|--|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| <input type="checkbox"/> Mental illness | |

LEARNER / TRAINEE'S DECLARATION

DECLARATION

- I understand that there is a cooling-off period of fourteen (14) calendar days during which this application of enrolment can be withdrawn by all parties involved (RTO / Learner / Employer / Relevant Government Departments) with full refund of any fees paid up in advance, on the condition that I return all course materials, resources, and other RTO property to MindChamps Academy in its original condition.
- I have read and understood the information set out in this application form, and by signing this application I agree to the terms and conditions relating to MindChamps Academy course fees, course requirements, policies and procedures on privacy, complaints, appeals, work health and safety, and the other conditions set out in the Student Handbook which is available for viewing our [website](#).
- I understand that, in compliance with relevant Australian State/Territory law, MindChamps Academy is required to provide statistical information about its Learners and, in some cases, personal information to relevant Government Departments for administration and research purposes.
- I declare that the information I have provided is true and correct, to the best of my knowledge. I have read, understood, and I accept the responsibilities and obligations for this arrangement.

Learner Signature

Date

 / /

NOTE: For Learners under the age of 18, a parent or legal guardian must print their name and sign this form below

Full name of parent or legal guardian

Signature of parent or legal guardian

 / /

Date

End of Document