

Course Code Course Name CRICOS Course Duration	Application for Enrolr	nent							
Which course would you like to enroll into? CHC50125 CHC50125 CHC50125 CHC50125 CHC50125 CHC50125 CHC50125 CHC50125 CHC60125 CHC50125 CHC50125 CHC60125 CHC50125 CHC60125 CHC50125 CHC60125 C				Cours	e Name		Duration		
Which course would you like to enroll into? CHC50125 Childhood Education and Care			CHC30121	Childho	ood Education	114318H	54 weeks		
HLTAID009 Cardiopulmonary resuscitation. One day course		Which course would you like to enroll into? CHC50125 Childhood Education and Care		118674M	66 weeks				
Preferred start date:			HLTAID009	cardiop	oulmonary				
Have you ever studied with AITE before? Do you wish to apply for Credit? If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Application Form Do you wish to apply for Recognition of Prior Learning? If you indicate YES, you will be contacted to discuss this further For international students: Are you applying for a Course Transfer (from another Australian registered CRICOS provider)? If you indicate YES, a Course Transfer form must accompany this application. If you are transferring prior to completing 6 months of your principal course of study, you must provide a letter of release except in		0	HLTAID012	educat	ion and care				
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	If you indicate YES, a Courapplication. If you are transferring prior to course of study, you must pr	o completing rovide a letter	6 months of your p of release except	orincipal in					
□ Valid passport copy					The second secon				
□ Valid visa (if you have one)							-4b		
Application Checklist Provide a copy of the following documents with your application I High School certificate or other relevant certificates		na document	s with your applies	ation		ooi certificate or	other relevant		
(you will need to bring the originals to your orientation day for Proof of English Language Proficiency (i.e., test	(you will need to bring the or	iginals to you	r orientation day fo		The second secon	lish Language Profic	ciency (i.e., test		
verification). Please tick those that you are providing: results)	verification). Please tick thos	e that you ar	e providing:						
☐ Any other relevant documents to support your application (e.g., resume)							support your		

Person	al Details										
1.	Enter your full name ☐ Single Name only (Tick this box if you have one the 'Family name section).	e nam	e only that	cannot be writt	en in the fo	ollowing form	at. W	rite you	r sing	le name in	
2.	Family name (surname):										
3.	First given name:										
4.	Second given name (middle):					10		1 100000		100.00	
USI and w	te the name that you used when you applied for you ant AITE to apply for a USI on your behalf, <u>you mus</u> t you choose to use for this purpose. See section on	t writ	e your nam	ne, including a	any middle	names, exa	actly				
5.	Enter your birth date	Da	y/month	/year:	_/						
6.	Gender (Tick ONE box only)		Male	□ Fema	ale	□ Oth	er				
	Enter your contact details			ABY	VZ		93				2
7.	Home phone:	()	AU.	Work	phone:	()			
8.	Mobile:	8	A	TIC	M						
9.	Email address:	1	00								
10.	Alternative email address (optional):										
Please pro which you territory's common u	s the address of your usual residence ovide the physical address (street number and name reside for training, work or other purposes before refural property addressing or 'numbering' system as usage name for an address site, including the name of bounded address site.	e not turnin s your	g to your h residentia	ome. If you are street address	from a ru s. Building	ral area, use /property nai	the a	ddress the offi	from y	your states lace name	or or
11.	Building/property name						234				
12.	Flat/unit details:		ЩД		Stree Num or Lot	ber (e.g., 2	ot 205				
13.	Street name:								W		
14.	Suburb, locality or town:										
15.	State/Territory:				Posto	code:	1	17			
What is	your postal address (if different fro	om a	bove)?				7	1			
16.	Building/ property name:										
17.	Flat/unit details:				Stree Num or Lot	ber (e.g., 2	2017/00/2023				
18.	Street name:										
19.	Suburb, locality or town:										
20.	State/Territory:	1			Post	code:					

Languag	e and cultural diversity	pr	
21.	In which country where you born?	☐ Australia☐ Other, please specif	ý:
22.	Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)	☐ No, English only ☐ Yes, please specify:	
23.	Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Is	lander
Disability	AST	TUTE)-
24.	Do you consider yourself to have a long-term condition?	disability, impairment	or
area(s) in	dicated the presence of a disability the following list: dicate more than one area) Please refer to the Disability		
☐ Hearin	g/deaf Physical		□ Intellectual
□ Learnii		ness	☐ Acquired brain impairment
☐ Vision	☐ Medical (Condition	□ Other
Schoolin	g		
If you are cui	your highest COMPLETED school lever rently enrolled in secondary education, the Highest so and not the level you are currently undertaking. For example,	hool level completed refers to the	
☐ Year 1	2 or equivalent ☐ Year 11	or equivalent	☐ Year 10 or equivalent
	or equivalent		□ Never attended school
25.	Are you still enrolled in secondary education?	or senior secondary	□ Yes □ No

Previous	qualifications	achieved			
26.	Have you SUC qualifications li		LLY completed any of estion?	the	☐ Yes — <u>indicate below Questions</u> ☐ No — <u>Go to Question 27</u>
Please indicequivalent I - Note: If you which identified 1. A - Au	- International have multiple Prior Edi ier to use: stralian stralian equivaler	Education Auchie			le qualification level A – Australian E– Australian cation, use the following priority order to determine
□A/E/I □A/E/I □A/E/I □A/E/I	Bachelor's degr Advanced diplo Diploma (or ass Certificate IV (o	ma or ass ociate dip	ociate degree	TE CARY	□A/E/I Certificate III (or trade certificate) □A/E/I Certificate II □A/E/I Certificate I □A/E/I Other education (including certificates or overseas qualifications not listed above)
27. Empl	oyment	, de la constante de la consta			
For casual, s		shift work, use			us? (Tick one box only) determine whether full time (35 hours or more per
☐ Self-er others	ne employee mployed – emplo ployed – seeking		☐ Part-time employed ☐ Employed – unpa family business ☐ Not employed – n employment	id worker in a	☐ Self-employed – not employing others ☐ Unemployed – seeking full-time work
Employn	nent Details Not	applicable for	class-based students or AITE	employees - skin s	action if not applicable
These are	people that AITE ma	y need to co	ontact in an emergency dur	ing your participat	tion in training Please ensure that the people their details being provided to AITE
Employer	r's legal name:				
Your pos	ition:			1	
Business	address:				
Phone:		()		Email:	
Superviso	or:			Position:	

28. Study reason	1								
Of the following cate course/traineeship/a				describes yo	ur main reaso	n for unde	rtaking th	is	
☐ 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 ☐ Other reasons		□ I v □ To	☐ It was a requirement of my job ☐ I wanted extra skills for my job [07] ☐ To get into another course of study ☐ For personal interest or self-development ☐ To get skills for community/voluntary work						
29. Next of kin/er	mergeno	y contac	ct	1000			1		
These are people that named are aware that								ensure that the people ided to AITE	
Name:			TED	Rela	tionship to y	ou:			
Address:		p. mar							
Home Phone:		()	DUC	Work		N	()		
Mobile:				Ema	Email:				
30. How did you	learn ab	out Aus	tralian Institut	te of Tertia	ry Education	on			
□ Agent □ Newspaper □ Internet □		☐ Friend	Friend/Relative		ibition	□ Other			
Agent Information	on (If app	olicable)							
If you are applying AITE. A list of Aut Agency Name:	thorized a	agents ha						epresentative of	
Oignature of Asse	Josing Of	ilour.			Date.				
31. Fee Payment								7	
Do you wish to pa How would you like				s tuition fee		□ Notric Fund		☐ Direct Debit	
32. Overseas Stu	udent He	alth Cov	ver, Accommo	dation and	d Airport Pi	ckup			
Do you currently h	hold Ove	rseas Stu	udent Health C	over (OSH	C)? 🗆 Ye	es 🗆	l No		
Name of the provi	ider:			Membersh	nip Number:				
Expiry Date:									

		,		
If no, do you want AITE to organ	ize OSHC for yo	ou?		
☐ Yes ☐ Single	☐ Couple	□ Family		
□ No				
Do you require airport pickup? if yes, airport pickup fee of \$150		□ Yes	□ No	
Do you require accommodation a lf yes, an accommodation placer		☐ Yes applies	□ No	
Important - Application Check	list	MA	LIA	IN SO
Please check that you have:				
☐ Completed Application Form ☐ Academic certificates ☐ Evidence of English (IELTS/PTE etc.)	THE RESERVE OF THE PARTY OF THE	Passport Visa (if applice etails (if applic	10 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ Evidence of Release (if applicable) ☐ GS Statement ☐ Other
Student Declaration			10	
 Institute of Tertiary Education I understand that giving false cancellation of enrolment. I declare that the information I consent to the collection, us Notice above. I understand that if I have ap all correspondence relating to I understand that all Australia study and that I am required hours self-paced study. I understand that any vocation Australian Institute of Tertiary I confirm I have been informed and about my rights and obliqued in understand that I must attend that I must attend to do so is reportable 	I have provided se and disclosure plied through an one institute of Teto attend a minimal placement up Education will led about the traingations as a studend orientation set to DHA. A resculed date. (Your nencement).	to the best of e of my person approved Au will be forwater tiary Education of 16 scientiary and assert at Australince it is a legar to the duling feer orientation of the service of the content of the service of the s	f my knowle nal informantstralian Instralian Instralian on courses heduled con a part of an essment and an Institute gal requirer shall apply late and tin	stitute of Tertiary Education agent, tragent. Is are offered based on full-time curse contact hours per week plus 4 any of the courses offered at the disapport services to be provided the of Tertiary Education. In and falls within my study plan. If the students are unable to attend the will be emailed to you before the
Signature of applicant			Date	
Note: Australian Institute of Terti	iary Education d	oes not enrol	any studer	nts under the age of 18.

PRIVACY INFORMATION

Why we collect your personal information

As a registered training organization (RTO), we (AITE) collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

We are required to collect the information on this form, and as such cannot enroll you as a student if this form is incomplete.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analyzing and communicating research and statistics about the Australian VET sector. We are also authorized by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorized to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organizations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorized by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at https://www.dese.gov.au/national-vet-data/vet-privacy-notice

International Student Information

AITE is required to collect personal information and information about course enrolment and course progress for all international students which may be shared with the Australian Government including the Department

of Education, Skills and Employment and the Department of Home Affairs as well as the Tuition Protection Service as relevant for the purposes of:

- promoting compliance with the ESOS Act and the National Code
- assisting with the regulation of providers
- promoting compliance with the conditions of a particular student visa or visas, or of student visas generally
- or facilitating the monitoring and control of immigration.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorized agency. Please note you may opt out of these surveys at the time of being contacted.

You may also be contacted by or on behalf of our regulatory body, the Australian Quality Skills Authority (ASQA) in relation to a survey about the training and assessment services that you have been provided with. These survey responses do not belong to AITE and are separate to any surveys that AITE asks you to complete which are to contribute to improving the courses and services it provides.

Contact information

At any time, you may contact AITE to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

DISABILITY SUPPLEMENT

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximizes residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 - Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or

injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behavior, both of which conditions were manifested before the person reached the age of 18 It may result from infection before or after birth, trauma during birth, or illness.

'14 - Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 - Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumor, accidents, violence, substance abuse, degenerative neurological diseases or stroke These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 - Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 - Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalization; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 - Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination autism spectrum disorders are reported under this category.

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