

Enrolment Application

Please print and complete this form using a blue or black pen. This form can be filled out digitally but still requires your signature.

Please return this form, along with a copy of all supporting evidence to either our postal or email address:

- Post: ACCCO, PO Box 1108, Fortitude Valley QLD Australia 4006; or
- Email: enrolments@accco.com.au

Course Details

What course do you want to enrol in?				
<input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care		<input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care		
<input type="checkbox"/> CHC62015 Advanced Diploma of Community Sector Management		<input type="checkbox"/> Other:		
Study Load	<input type="checkbox"/> Full time	Study Mode	<input type="checkbox"/> Class	<input type="checkbox"/> VET in School
	<input type="checkbox"/> Part time		<input type="checkbox"/> External	<input type="checkbox"/> Apprenticeship / Traineeship

Unique Student Identifier

You may already have a USI if you have done any nationally recognised training. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faws/i-have-forgotten-my-usi/>

<input type="checkbox"/> I already have a USI and it is:	
<input type="checkbox"/> I do not have a USI and require ACCCO to apply for one on my behalf. (complete the agreement to the right)	I, _____, authorise ACCCO to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. <input type="checkbox"/> I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf .

Personal Details

Please print your details clearly and in full, as they appear on your identity documents.

Family name: (surname)		Maiden name (if applicable):	
Given names			
Date of birth		Gender (select only one):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Home phone:		Mobile:	Email:

Residential Address

Unit Number:		Street Number:	
Street:		Suburb:	
State:		Postcode:	

Postal Address

☐ My postal address is the same as my residential address (do not complete the below)

Unit Number:		Street Number:	
Street:		Suburb:	
State:		Postcode:	

Emergency Contact

Name:		Relationship:	
Phone:		Email:	
Unit Number:		Street Number:	
Street:		Suburb:	
State:		Postcode:	

Language and Cultural Diversity

Citizenship:	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> VISA Holder. Please specify:	
Country of birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):		
Town/City of birth:			Year arrived in Australia: (if applicable)	
Are you of Aboriginal and/or Torres Strait Islander origin? (mark multiple if applicable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	
Do you speak a language other than English at home?	<input type="checkbox"/> No, English only	<input type="checkbox"/> Yes (please specify):		
Do you require the services of an interpreter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
How well do you rate your spoken English?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Not well	<input type="checkbox"/> Well	<input type="checkbox"/> Very well

Disability

Do you consider yourself to have a disability, impairment, or long-term condition?	<input type="checkbox"/> No				
	<input type="checkbox"/> Yes (please specify below)				
	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Mental Illness
	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Learning	<input type="checkbox"/> Other (please specify):	

Education History

What is your highest COMPLETED school level?	<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	
Enter your Learner Unique Identifier (LUI):			
Are you still enrolled in secondary or senior secondary education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No. If no, please specify the year you left school:	
What is (or was) the name of your school?			What state is the school in?
Are you currently enrolled in or attending university?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you currently enrolled with another training provider?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you wish to apply for Credit Transfers?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you wish to apply for Recognition of Prior Learning?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you SUCCESSFULLY completed any of the qualifications listed here?	<input type="checkbox"/> Yes – please indicate below all that apply.		<input type="checkbox"/> No
	<input type="checkbox"/> Bachelor's degree or higher degree		<input type="checkbox"/> Advanced diploma or associate degree
	<input type="checkbox"/> Diploma (or associate degree)	<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Certificate III
	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Other education, please specify:

Please provide details of completed qualifications			
Name of qualification			
Education Provider:		Year Completed:	
Qualification Equivalency:	<input type="checkbox"/> Australian Qualification <input type="checkbox"/> Australian Equivalent Qualification <input type="checkbox"/> International Qualification		
Name of qualification			
Education Provider:		Year Completed:	
Qualification Equivalency:	<input type="checkbox"/> Australian Qualification <input type="checkbox"/> Australian Equivalent Qualification <input type="checkbox"/> International Qualification		

Employment

Of the following categories, which BEST describes your current employment status?			
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Volunteer in an approved education and care service	<input type="checkbox"/> Unemployed, seeking part time work	<input type="checkbox"/> Employed – unpaid work
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Volunteer in an approved school	<input type="checkbox"/> Unemployed, seeking full time work	<input type="checkbox"/> Self employed – employing others
<input type="checkbox"/> Casual employee	<input type="checkbox"/> Volunteer – other workplace	<input type="checkbox"/> Unemployed, not seeking employment	<input type="checkbox"/> Self employed – not employing others
Workplace Details (if applicable)			
Workplace name:		Workplace Phone:	
Workplace address:			
Position / Role at the workplace:			
Date commenced employment:		Average hours of work / week:	
Manager name:			
Manager email:			
Are you a Job Active Participant?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you hold a current Working with Children Check / Police Check?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Professional Goals

Which describes the main reason for studying with ACCCO?			
<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 a different career
<input type="checkbox"/> To get a better job	<input type="checkbox"/> It is a requirement of my job	<input type="checkbox"/> I want extra skills for my job	<input type="checkbox"/> To get into another course
<input type="checkbox"/> For personal interest	<input type="checkbox"/> To get a promotion	<input type="checkbox"/> Other. Please specify:	

Marketing

How did you hear about ACCCO?			
<input type="checkbox"/> Internet search	<input type="checkbox"/> Social Media	<input type="checkbox"/> School visit	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio/Television	<input type="checkbox"/> Previous student	<input type="checkbox"/> Employer Recommendation	<input type="checkbox"/> Careers/Market Expo
<input type="checkbox"/> Word of mouth. Please specify:		<input type="checkbox"/> Other. Please specify:	

Fees

<p>What is your preferred fee option?</p> <p>The fees associated with ACCCO's course can be found in ACCCO's Fee Schedule.</p> <p>ACCCO's Fees Policy describes how fees are administered.</p> <p>Please ensure you read these documents before completing your application to enrol.</p>	<input type="checkbox"/> A Fee for Service course All course fees are covered by the student, or by a third party on behalf of the student.	
	<input type="checkbox"/> A Government subsidised course A portion of the course fees are covered by government funding. The portion of course fees not covered by government funding are called student co-contribution fees and are required to be paid by the student. Information on the funding available in your state can be found on ACCCO's website.	
	<input type="checkbox"/> A VET Student Loan course An Australian Government loan scheme to assist eligible students to pay their course fees. Repayment of the loan is required when your income is above the compulsory repayment threshold. More information can be found on ACCCO's website.	
Have you previously accessed a VET Student Loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, please provide your CHESN:		
Do you hold a current Centrelink Concession or Health Care Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fee Payment

For course fees that are to be covered by you, please nominate your preferred payment method.		
<input type="checkbox"/> I would like to establish a Direct Debit payment plan for payment of my fees.		
<input type="checkbox"/> I would like to pay for my fees in advance via Credit Card or Debit Card		
<input type="checkbox"/> A third party has agreed to pay my fees (ACCCO will contact the third party for confirmation before accepting enrolment)		
Name:	Contact info:	Relationship to you:

Suitability and Support Assessment

Item	Course Selection		
1	Please describe your motivation for undertaking study		
2	Please describe the outcomes you are expecting from undertaking study		
3	Have you accessed information on ACCCO's available courses to determine which course best suits your needs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
4	Which course did you decide on and why?		
5	Can you describe the career pathways available to you after completing this course?		
Study Requirements			
6	ACCCO's website provides information on the duration of each course program. What length of time are you hoping to complete your chosen course in?		
7	In consideration of work, family, personal and other commitments, how much time do you have each week to dedicate to study?		
8	The course you have chosen is likely to have ongoing work placement requirements. Can you describe any obstacles you might face with completing work placement?		
9	Please describe any barriers to obtaining a Working with Children Check/Blue Card that you may have.		
10	Are there any difficulties you may have with undertaking study that you would like to make ACCCO aware of? Please describe them.		
11	Describe any support you think you may need to successfully complete your studies		
Fees			
12	Have you accessed information on the fees associated with the course you chose and understand the fees you are required to pay? Information on fees can be accessed here.		No <input type="checkbox"/>
13	How much are the student contribution fees for your chosen course?		
14	ACCCO has several payment options. Which option best suits you?	<input type="checkbox"/> Upfront payment in full	<input type="checkbox"/> Pay as you go
	Please note that not all the options are available for each course	<input type="checkbox"/> Payment Plan	<input type="checkbox"/> VET Student Loan

Privacy Notice

Why we collect your personal information

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

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, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised 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 authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) 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 authorised 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>.

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 authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact ACCCO 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

Address: 161 Brunswick Street, Fortitude Valley, QLD 4006

Postal: PO Box 1108, Fortitude Valley, QLD 4006

Freecall: 1300 139 406

Email: info@accco.com.au

[ACCCO Privacy Policy](#)

Student Declaration

Student Declaration		
<div style="margin-bottom: 10px;"><input type="checkbox"/> I have read and understand the Privacy Notice in this enrolment application.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I consent for ACCCO to contact applicable Training Providers to authenticate the certificates I have provided for recognition purposes.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I declare that all the information that I have provided on this form is true and correct.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I acknowledge that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with ACCCO for the purposes of evaluating and assessing my subsidised training.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that as a Centrelink approved provider, ACCCO is obliged to provide study progression reports to Centrelink if I am in receipt of a Centrelink Study Allowance.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I have read and understand the information provided in the Student Handbook and policies available on the ACCCO website www.accco.com.au</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I acknowledge that ACCCO may share information on my course, study and progression with my employer where the employer has requested information for their legislative or operational requirements.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I acknowledge it is my responsibility to ensure my concession evidence is current throughout my enrolment with ACCCO. If my concession evidence becomes out of date, I acknowledge that I may be charged at the non-concessional rate.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I give permission for ACCCO to provide a copy of my completed qualification or Statement of Attainment to my Employer.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that there are fees attached to my enrolment and study as outlined within the fee schedules available on the ACCCO website. www.accco.com.au</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that in the event I access a VET Student Loan, I will owe a debt to the Australian Government for the loan, which will be managed by the Australian Taxation Office (ATO).</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I declare that I have attached all the required evidence to support my application, as stipulated on the enrolment form and nominated on the evidence checklist.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that providing misleading information or failing to attach all required enrolment identification documents may delay my enrolment process.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> As part of my learning program I am required to undertake vocational placement within an approved education and care setting or relevant industry workplace.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I have read and I understand the Fee and Refund Policy located at www.accco.com.au</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand my enrolment in the course will be suspended or cancelled if I act in a manner which breaches a child's protection or rights; places a child in danger of being injured or at risk; have my 'working with children' check cancelled or suspended; knowingly not adhere to legislation, policy or procedure and/or knowingly fail to show duty of care.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> In consideration of accepting this application for enrolment as a student and providing tuition to me, I agree that I will not hold ACCCO, and/or its employees, and/or agents liable for any loss, damage, death or injury which I may suffer or cause during the period of: <ul style="list-style-type: none"> my attendance at any premises owned, operated or controlled by; and/or my attendance at any activity to which has organised or has any knowledge of including any sporting, cultural, social, educational or recreational event </div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I understand that my enrolment is valid until the nominated end date, on the proviso that I remain an active student (refer to Student Handbook for clarification of 'active student').</div>		
Student Name	Student Signature	Date
Parent / Guardian Name	Parent / Guardian Signature	Date

Evidence Checklist

Please complete the following checklist to ensure all relevant evidence is attached with your enrolment form.

If you are unable to supply the required documents, please call 1300 139 406 to discuss alternative documents with an enrolments officer.

☐ Proof of identification (ID). This can be either:

- Colour copy of Passport, or
- Driver's Licence, or
- 18+ Card, or
- Australian Birth Certificate

Please note: A copy of both sides of the Driver Licence will be required

☐ Proof of residential address. For example:

- Driver's Licence with address showing, or
- A Utilities Bill, or
- A Bank Statement

Please note: A copy of both sides of the Driver Licence will be required

☐ Colour copy of Medicare card

Please note: This counts as evidence of Australian citizenship

☐ Copy of Working with Children/Blue Card/Police check (if held)

☐ Qualifications and/or Transcripts of unit's studies in Certificate III in Early Childhood Education and Care (if applicable)

☐ Transcripts and/or qualifications of any previously completed studies for recognition purposes (if applicable)

☐ Evidence of being a Job Active Participant (if applicable)

– e.g. Letter from employment service provider

☐ Evidence of Concession (if applicable), either of the following is acceptable:

- Concession Card (copy of the front and back required)
- Healthcare Card (copy of the front and back required)

☐ Signed Student Declaration

☐ Completed Language, Literacy and Numeracy diagnostic assessment

☐ Marriage Certificate or Name Change Documents (if applicable)

Application Submission

Please return this form, along with a copy of all supporting evidence listed above in the evidence checklist

Via Post: ACCCO, PO Box 1108, Fortitude Valley Qld Australia 4006; or
Via Email: enrolments@accco.com.au

Once your enrolment application is processed you will be issued a Letter of Offer for enrolment into a course with ACCCO.