Use this form to enrol in courses provided by CHC Services as listed below. Fill in all sections clearly and carefully by writing in block letters. (If you have an electronic version of this form you can fill it out on the computer and email at info@chcservices.edu.au.)

COURSE DETAILS (check the boxes below to indicate course selected)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Tuition fee</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAE40110</td>
<td>Certificate IV in Training &amp; Assessment</td>
<td>$2,500.00</td>
<td>52 Weeks</td>
</tr>
<tr>
<td>FNS40215</td>
<td>Certificate IV in Bookkeeping</td>
<td>$4,500.00</td>
<td>26 Weeks</td>
</tr>
<tr>
<td>FNS50215</td>
<td>Diploma of Accounting</td>
<td>$8,900.00</td>
<td>52 Weeks</td>
</tr>
<tr>
<td>FNS60215</td>
<td>Advanced Diploma of Accounting</td>
<td>$11,200.00</td>
<td>78 Weeks</td>
</tr>
</tbody>
</table>

Also include:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolment fee</td>
<td>$300.00 (non-refundable)</td>
</tr>
<tr>
<td>Material fee</td>
<td>$100.00 (non-refundable)</td>
</tr>
</tbody>
</table>

Uniform Fees (for Certificate III & IV in Aged Care only): $50 (non-refundable)

*For other fees, please refer to the student handbook.
*For latest promotion, please contact CHC marketing team.

Commencement date:

APPLICANT INFORMATION

PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Title</th>
<th>Given Name</th>
<th>Middle name</th>
<th>Surname</th>
<th>Preferred Name</th>
</tr>
</thead>
</table>

Date of Birth: ________________________

Gender: [ ] Male  [ ] Female

CONTACT DETAILS

<table>
<thead>
<tr>
<th>Work Phone</th>
<th>Mobile Email Address</th>
<th>Fax</th>
<th>Home Phone</th>
<th>Email Address</th>
<th>Website</th>
</tr>
</thead>
</table>

Postal Address

<table>
<thead>
<tr>
<th>Line 1:</th>
<th>Line 2:</th>
<th>City/Suburb:</th>
<th>State:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

NATIONALITY

<table>
<thead>
<tr>
<th>Country:</th>
<th>Country of Birth: Australia [ ]</th>
<th>Other (Please specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Country of Citizenship: Australia [ ]</td>
<td>Other (Please specify):</td>
</tr>
<tr>
<td></td>
<td>Are you a VISA HOLDER?: [ ] YES  [ ] NO</td>
<td>If Yes VISA Type:</td>
</tr>
</tbody>
</table>

Enrolment Form - V 1 2016

RTO: 32463, CRICOS NO: 03396F
**Are you of Aboriginal, Torres Strait Islander or Maori origin? (For persons of both Aboriginal AND Torres Strait Islander origin, mark both “Yes” boxes)**

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

**Native Language:**

- English
- Other (please specify):

**How well do you speak English?**

- Very Well
- Well
- Not well
- Not at all

Do you require English assistance to complete your studies?  

- No
- Yes,

### EMPLOYMENT

<table>
<thead>
<tr>
<th>What is your current employment status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Full-time worker</td>
</tr>
<tr>
<td>☐ Part-time worker</td>
</tr>
<tr>
<td>☐ Employer</td>
</tr>
<tr>
<td>☐ Not employed – not seeking employment</td>
</tr>
<tr>
<td>☐ Job seeker</td>
</tr>
<tr>
<td>☐ Voluntary or unpaid worker</td>
</tr>
</tbody>
</table>

### EDUCATION

<table>
<thead>
<tr>
<th>Are you attending school/s: YES ☐ NO ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current school level:</td>
</tr>
</tbody>
</table>

Please tick any of the following qualification levels which you have completed:

- Bachelor or higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Certificate/Technician)
- Certificate I / II / III (or Trade Certificate)
- High School Certificate (HSC)
- Certificates other than the above

### DISABILITY

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

- No
- Physical
- Vision
- Medical Condition
- Hearing/Deafness
- Intellectual
- Mental Illness
- Learning difficulty
- Intellectual
- Other

Please specify any particular requirements you have

### EMERGENCY CONTACT DETAILS

<table>
<thead>
<tr>
<th>Name of the person we should contact in an emergency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to you:</td>
</tr>
<tr>
<td>Contact number:</td>
</tr>
<tr>
<td>Your workplace contact (If applicable):</td>
</tr>
</tbody>
</table>

### CAREER OBJECTIVES

- To get a job
- To start my own business
- To get a better job or promotion
- I wanted extra skills for my job
- To develop my existing business
- To try for a different career
- It was a requirement of my job
- To get into another course of study

### HOW DID YOU HEAR ABOUT US?

- Letterbox flyer
- Local newspaper (specify)
- White pages
- Our website
- Careers expo
- Yellow pages
- Referral
- Other (specify)
**CHC Services Pty Ltd commitment**

**Privacy Declaration** - Information contained in these forms will be used by CHC Services Pty Ltd for administrative and legal purposes only. No access to your enrolment will be provided to any other third party without your consent, in accordance with the RTO’s Privacy Policy. Commonwealth and State government agencies will be granted access to enrolment information as requested for specific purposes, such as AVETMISS statistical data to substantiate funding arrangements.

**Training and Assessment** – CHC Services will provide high quality training resources, (human and physical) to ensure that the student enrolled in a course of study will have the best possible chance of completing the competency requirements with reasonable support and in a timely manner.

CHC Services commits to follow the policies, procedures and other commitments made in the Student Handbook and all other documented RTO policies and procedures.

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**Principal Executive Officer**  
CHC Services Pty Ltd  
Provider No: 32463

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**Student Agreement**

I confirm:

- that all details provided on this enrolment form are correct
- that I have been provided with adequate information about the course in which I am enrolling to enable me to make an informed choice.
- that I have read the CHC Services Student Handbook and understand my rights and obligations with respect to access and equity, privacy, access to records, payments of fees and refunds, course cancellation, and complaints and appeals.

I agree to:

- abide by the policies and procedures of the Registered Training Organisation as detailed in the CHC Services Student Handbook
- provide information to CHC Services prior to enrolment as requested to identify where special consideration of the learning and assessment process and support may be required to complete the course which I am undertaking.
- advise CHC Services of any issues (e.g. medical) that could affect my ability to complete the course in which I am enrolling
- conduct myself in a professional manner and respect CHC Services staff and its clients
- complete and submit all assessments in accordance with the course requirements and CHC Services policies and procedures for assessment
- pay all course fees as is required by CHC Services Pty Ltd Payment terms and conditions section (refer to Letter of Offer)

Student Name: ___________________________ Signature: ___________________________ Date: ____________

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**PAYMENT OPTIONS**

CHC Services requires that payment of course fees be made through EFT or Direct Credit to our bank account. **Important: Please provide your surname as the payee reference to ensure that your payment is credited to your account.**
SUBMITTING YOUR FORM

1. This form is to be completed at enrolment.
2. If you have an electronic version of this form you can fill it on the computer and send it back via email to info@chcservices.edu.au
3. You can also print the completed form and fax it to CHC Services admin. at 1300 595 228

TAX INVOICE REQUEST

Please complete this section if you require a tax invoice.

Name of person/company to whom the invoice should be addressed:

Full address to which the invoice is to be sent:

Amount to be invoiced: