Student Enrolment Form

CHC33021 Certificate III in Individual Support (Ageing and Disability)

Creating Brighter Futures

Australia

PO Box 239, Fawkner Victoria
Melbourne, Australia, 3060

India

Flat 11D Purva Oceana, Marine Drive,
Ernakulam 682018, Kerala, India

PROVIDING FALSE OR MISLEADING INFORMATION MAY RESULT IN YOUR ENROLMENT BEING CANCELLED

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PRIVACY STATEMENT

Why we collect your personal information

We as a company affiliated the Training Company, we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. Should you decline to provide required information we may not be able to process your enrolment application.

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. You should also be aware that if you reside overseas then we may need to disclose your personal information to overseas agents of the RTO. For example, if you as an overseas student use an education agent to assist with the enrolment process, then they will need to access personal information about you.

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 Employment and Workplace Relations (DEWR), 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.

DEWR 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 DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at https://www.dewr.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 Global Education & Job Placement or Dedoncker Training and Health Care Services 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.

Students may access Dedoncker Training and Health Care Services Privacy Policy on the webpage.

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ENROLMENT QUESTIONS

1. Applicant Personal Details				
Title				
Given Name*				
Middle Name				
Family Name*				
Date of Birth*				
Gender	❒ Male	❒ Female	❒ Other	❒ Prefer not to say

**As it appears on your passport*

2. Contact Details	
Mobile number	
Email address	
Alternate email address *	

** If you have one*

3. Australian Address Details *						
3.1 Residential Address						
Street address						
Suburb | City		State		Postcode		
3.2 Postal Address (If same as residential address, please tick here.) ☐						
Street address						
Suburb | City		State		Postcode		

** If you are currently offshore and do not have an Australian address, please fill in Section 4*

4. Permanent Overseas Address			
Address Line 1			
Address Line 2			
Suburb | City			
State/Province		Zip code / Postcode	
Country			

5. Emergency Contact or Next of Kin			
Full name		Relationship	
Contact number		Email address	
Address			

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6. Passport & Visa Details			
Passport number		Passport expiry date	
Passport country			
Country of birth		Nationality	
Do you currently hold an Australian visa?	❒ Yes (please fill 6.1 & 6.2)		❒ No (please fill 6.2)
6.1 Section A (if applicable)			
Visa number		Visa type	
Visa expiry date			

8. Disability, Impairments and Special Needs			
❒ I do not have a disability, impairments and/or special needs			
❒ I do have a disability, impairments and/or special needs Please indicate if you consider you have any of the following disabilities, impairments, learning challenges, or long-term conditions that may affect your ability to complete your course?			
Hearing/deaf	❒	Physical	❒
Intellectual	❒	Learning	❒
Mental illness	❒	Acquired brain impairment	❒
Vision	❒	Medical condition	❒
Others, please specify			

9. Course Enrolment Application

☑ **Please indicate the course(s) in which you want to enroll.**

Qualification(s)

❒ *CHC33021 Certificate III in Individual Support (Ageing & Disability)*

❒ *CHC33021 Certificate III in Individual Support (Ageing)*

❒ *CHC33021 Certificate III in Individual Support (Disability)*

Dedoncker Training and Health Care Services does not collect or accept tuition fees in advance.

10.0 Course Age Entry Requirement

❒ I confirm that I will be 18 years or older at the time of course commencement.

10.1 Image and Media Consent

Can the Institute photographs, or other media containing your image, that may be taken during classes or training sessions to promote the Institute in brochures, posters, the Institute's website and on similar promotional materials?. This consent is voluntary

❒ Yes, that's Ok

❒ No, I do not consent

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11.0 Education & Previous Qualification		
Qualification Achieved	**Year Finish**	**Education Provider**
❒ Bachelor's Degree or higher		
❒ Advanced Diploma/Associate Degree Level		
❒ Diploma		
❒ Certificate IV		
❒ Certificate III		
❒ Certificate II		
❒ Certificate I		
❒ Year 12		
❒ Year 11		
❒ Any other qualifications, please specify:		

9.1 Current Studies (if you are currently enrolled in a course)		
Qualification	**Date Started**	**Education Provider**

12. English Language and Cultural Diversity	
Is English your primary language? ❒ Yes ❒ No (if 'No' complete section 12.1)	
If no, please specify your first language:	

12.1 English Language Proficiency Entry Requirement

English Language Test Providers	Completed ✓	Date Completed (dd/mm/yyyy)
International English Language Testing System (IELTS) Score 6.0 or higher	❒	_ _ / _ _ / _ _ _ _
Completed Year 11, or higher	❒	_ _ / _ _ / _ _ _ _
Completed a qualification, delivered in English, at AQF Level II or higher	❒	_ _ / _ _ / _ _ _ _

❒ I have completed none of the above

You may need to complete the Institute's English Language Proficiency Assessments before submitting this enrolment form.

13.0 Aboriginal or Torres Strait Islander
Are you of Aboriginal or Torres Strait Islander origin? ❒ Yes ❒ No
If yes, ❒ Aboriginal, or ❒ Torres Strait Islander

14. Unique Student Identifier (USI)	
Do you have a Unique Student Identifier (USI)? ❒ Yes ❒ No	
Yes, please provide your USI details:	
No, you can create a USI via https://www.usi.gov.au/ If you are unsure about how to proceed with this, please consult with Platinum Institute's Student Support and Careers Manager.	

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15. Credit Transfer / Advanced standing / Recognition of Prior Learning (RPL)					
Will you be applying for credit transfer / advanced standing or Recognition of Prior Learning (RPL)? ❒ Yes ❒ No					
If yes, please fill below.					
Qualification(s) Completed or Currently Completing					
Code and Title of qualification(s)		Provider		RTO Code	
		Provider		RTO Code	
		Provider		RTO Code	
		Provider		RTO Code	
If you are applying for **CREDIT TRANSFER**, you need to provide certified copies of relevant documents, such as USI Transcript or Statement(s) of Attainment with this application.					

15.1 Are you transferring from another provider, such as an Institute of College? ❒ Yes ❒ No	
Name of Provider	
RTO Code*	

* You will find this on www.training.gov,au

16. Employment Status			
What is your current employment status?			
Full- time employee *(Go to 16.1)*	❒	Part-time employee *(Go to 16.1)*	❒
Self-employed – not employing others	❒	Self-employed – employing others	❒
Employed – unpaid worker in a family business *(Go to 16.1)*	❒	Unemployed – seeking full-time work	❒
Unemployed – seeking part-time work	❒	Not employed – not seeking employment	❒

16.1 If currently employed, please provide details:	
Employer Name	
Employer Address	
Job Title	

17. Study Reason(s)	
❒ To get a job	❒ To get skills for community/voluntary work
❒ To develop my existing business	❒ I wanted extra skills for my job
❒ To start my own business	❒ To get into another course of study
❒ To try for a different career	❒ It was a requirement of my job
❒ To get a better job or promotion	❒ For personal interest or self-development
❒ Other reason(s) *(please specify)*:	

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18. Education / Migration Agent Details *(if applicable, to be completed by Agent)*	
Agency Name	
Contact Name	
Agent Address	
Telephone Number	
Email address	

19. Document and Action Checklist
Please note you need to attach *copies of all relevant documents* to support your application. Enrolment cannot be processed until all required certified documents are provided.
Please confirm if the documentation has been submitted with this application.
❒ Passport
❒ Visa
❒ Overseas Student Health Cover (OSHC) *(only if applicable)*
❒ Academic records for all studies completed e.g. USI Transcript, Statement(s) of Attainment or Academic Transcript(s)
Evidence of your proficiency in the English Language which meets course entry requirements: ❒ Certificate of Year 12 or higher, or equivalent ❒ IELTS English Proficiency Test result ❒ AQF Qualification at Level II or higher
❒ I will bring my own laptop / notebook with internet access, and MS Word and MS Excel installed.
❒ Other supporting documents *(if applicable, please specify)*:

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Student Declaration

- I declare that the information given in this application and the supporting documentation is true and correct.
- I declare that I am a genuine student.
- I understand that my student visa requires me to remain with my provider until I complete six (6) months of my principal course, which is the course at the highest AQF level.
- I agree to allow Dedoncker Training and Health Care Services to check my visa entitlements via DHA's visa Entitlement Verification Online (VEVO) system. I agree to allow Dedoncker Training and Health Care Services to obtain official records from any prior or current educational institutions I have attended, and/or employers I have stated, on this application form, by whom I have been employed.
- I understand that Dedoncker Training and Health Care Services may give advance notice of its intention to cancel my enrolment if my tuition fees are not paid by the required date. If my enrolment is cancelled due to non-payment of fees, I understand that Dedoncker Training and Health Care Services will be required to cancel my Confirmation of Enrolment; and that I will have to seek advice from the Department of Immigration and Border Protection regarding my ongoing eligibility for a student visa.
- I understand that any incorrect information or documentation given or the withholding of relevant information or documentation that relates to this application may result in cancellation of an offer letter or enrolment as a consequence.
- I declare that I have visited Dedoncker Training and Health Care Services' website and read relevant course guides and understand the relevant sections, including the course information of the courses I have selected, admission and entry requirements, tuition fees, terms and conditions and refund policy.
- I understand that my enrolment may be terminated, and all fees forfeited should any course work, or part thereof, submitted by me for assessment be found to be plagiariseds, copied without acknowledgement or not my own, where it is clear that I present and submit it as my own work.
- I agree to allow Dedoncker Training and Health Care Services to obtain official records from any prior or current educational institutions I have attended, or employers I have stated that I have been employed by on this application form.
- I understand that tuition fees do not include books and other course materials other than those specifically stated in the course guide. I have read and understood the above conditions and accept them in full.
- I understand that I will need to bring my own laptop / notebook with internet access, and MS Word and MS Excel installed

Additional Declaration for Sponsored Students Only:

- I understand that I am responsible for ensuring that the Financial Guarantee provided by my sponsor remains current.

If my Financial Guarantee expires, becomes invalid or my sponsor fails to pay, I understand that I will become responsible for payment of my tuition fees, Overseas Student Health Cover and Amenities Fee (where applicable).

Your Full Name (as it appears on your passport)

_____

Your Signature:

_____

Date: _____

** Where a parent or legal guardian signs this declaration, a copy of an identify document, which includes the person's signature must be provided with this enrolment application. Students must be 18 years of age at the time of course commencement.*

Completed Enrolment Forms and documents may be submitted by e-mail as follows:
A scanned copy of the completed enrolment form, and

required documents, may be submitted by email: info@dedonckers.com

Platinum Institute does not collect or accept tuition fees in advance. To pay your R.s. 500/- (INR) enrolment administration fee, please use the following bank details:

INR

Detail	Information
Bank Name	HDFC Bank
Bank Account No.	50200123536101
Branch	Fort Kochi
IFSC Code	HDFC0009488
Branch Address	No. 8/234, Old No. 12/134, Ground Floor, Sonu Vihar, Santo Gopalan Road, Koovappadam, Fort Kochi, Ernakulam, Kochi, Kerala - 682002

AUD

Detail	Information
Bank Name	Australia and New Zealand Banking Group Limited
Bank Account No	013 310 813769183
Branch	Hampton Park Branch
SWIFT Code	ANZBAU3M
Branch Address	Shop 23 Foodcourt, Hampton Park Shopping Centre

You must include your full name, as it appears on your passport or other official ID document.

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