

You must answer every question

1. Personal Details

Title (Please circle)	Mr / Mrs / Ms / Miss	Surname		
First Name		Preferred Name		
Date of Birth		Age in Years		
Country of Birth		Gender (Please circle)	Male	Female
Home Phone		Work Phone		
Mobile Phone		Email Address*		

*For online access to your student records you must provide a current email address.

2. Address Details

Street Address				
State		Postcode		
Postal Address (If different from street address)				
State		Postcode		

3. Next of Kin

Title		First Name		
Surname		Preferred Name		
Street Address				
State		Postcode		
Home Phone		Work Phone		
Mobile Phone		Relationship to you		

4. Employment Details

Are you currently employed in the early childhood profession? (Please circle)	YES	NO		
If YES, please provide details below. If NO, please continue to section 5				
Centre Name		Contact person		
Address				
Contact phone number		Your total time in the Early Childhood profession (years)		
Your current position		Time in your current position (months or years)		
Work Status (Please circle)	Full time	Part Time	Casual/Relief	If casual/relief, please indicate your average weekly hours:
If you are an ABC staff member, please provide Regional Management Centre (RMC) details, if known? i.e. RMC number				

PRIVACY

The National Institute of Early Childhood Education is collecting the information on this form for the purposes of enrolment and administration only. This information will not be used for any other purpose. We may be required to provide some information to various State and Commonwealth Government Departments and your Employer for their data collection purposes or obligations under State legislation.

OFFICE USE ONLY				
Student Number	_____	Training Coordinator	_____	Campus
Start Date	_____	Nominated End Date	_____	

5. Your Study Mode Selection

Please tick the study mode you wish to enrol in.

<input type="checkbox"/>	Full Time (available at Brisbane campus only)
<input type="checkbox"/>	External
<input type="checkbox"/>	Traineeship/Apprenticeship

6. Your Course Selection

Please tick which qualification you wish to enrol in.

<input type="checkbox"/>	CHC30402	Certificate III in Children's Services
<input type="checkbox"/>	CHC50302	Diploma of Children's Services
<input type="checkbox"/>	CHC60202	Advanced Diploma of Children's Services
<input type="checkbox"/>	BSB51004	Diploma of Business (Frontline Management)

7. Full-Time Students Only – Your Start Date

Please nominate your preferred start date – Available start dates are outlined on pages 13-18 of the student enrolment guide.

DATE	MONTH	THIS IS FOR BRISBANE CAMPUS FULL TIME ENROLMENTS ONLY
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8. High School Education

When did you finish high school? (e.g. 1998)		What level did you complete? (e.g. Year 11)	
What was the name of your High School?			

9. Further Study

Have you undertaken further study since leaving school in any of the following? Please circle YES / NO.

If YES, please provide details below

	Details e.g. completed, still studying, etc	If you wish to claim a Credit Transfer for your previous study in Early Childhood Education, you must attach a copy of your results signed by a JP in order for your enrolment to be processed.		
		Attached (please tick)	Would you like Credit Transfers for your previous study? (please tick)	Have you attached a JP Signed copy of your results?
Bachelor Degree				
Advanced Diploma or Associate Degree level				
Diploma Level				
Certificate IV				
Certificate III				
Certificate II				
Certificate I				
Other				

10. Recognition of Prior Learning (RPL)

Do you wish to apply for RPL for relevant experience or previous informal / formal learning?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If YES, please complete the attached **Self Assessment Form (R07)**. The College will notify you in writing of your acceptance (or otherwise) into the RPL process.

(For Information on RPL, please refer to page 5-6 of this Enrolment Guide)

11. Disabilities

Do you consider yourself to have a disability, impairment, or long-term condition?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If YES, please indicate the nature of your disability, impairment or condition.

<input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Visual/sight
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Physical	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Hearing/deaf
<input type="checkbox"/> Other			

Additional information: _____

12. Language, Literacy and Numeracy

Do you feel you may require assistance in areas of reading, writing and/or mathematics?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

13. How Did You Hear About NIECE?

Please indicate with a tick, and specify source where applicable

<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> ABC Centre
<input type="checkbox"/> Television	<input type="checkbox"/> Internet	<input type="checkbox"/> Careers Expo
<input type="checkbox"/> I am a previous student	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other

14. Fees

Full fee details are provided in the Enrolment Guide. Please ensure you are familiar with the fee structure attached to your preferred mode of study.

Please complete the relevant boxes and amount enclosed:

Enrolment Fee

Full Time Students
BRISBANE CAMPUS ONLY

External Students & RPL Students

Tuition Fees

Full Time – I wish to pay in full, prior to course commencement.
BRISBANE CAMPUS ONLY

Full Time – I wish to pay in instalments.
Guarantor details must be provided below
BRISBANE CAMPUS ONLY
(\$300 x 11 fortnightly payments)

External – I will pay for each unit as I order the learning materials, using the standard order form.
I would like to order my first unit please.

ABC Learning Centre Personnel – I will pay for each unit as I order the learning materials, using the standard order form. I would like to order my first unit please.

RPL – I will pay for each cluster upon acceptance into the RPL process.
* Clusters are made up of several units of similar subject matter at a cost of \$140 or \$112 per unit

Applicable Fee	Amount Enclosed
\$500	
\$100	
See Page 13-17 of Enrolment Guide	
See Page 13-17 of Enrolment Guide	
\$140	
\$112	
Amount varies per cluster depending on number of units.	Not payable yet.

Total Amount Enclosed \$

Cheque or Money Order attached made payable to
"NATIONAL INSTITUTE OF EARLY CHILDHOOD EDUCATION"

Credit Card
Bank Card, Visa, MasterCard (please circle one)

Card Number: _____

Expiry Date: _____

Name of Card holder: _____

Signature of Card holder: _____

or

I have completed a wage deduction form for tuition payments and it is attached together with my initial enrolment fee of \$100

15. Guarantor – Full Time Students Only (if applicable)

If you have selected the payment plan to pay for your full time tuition fees, the following details about your Guarantor MUST be provided:

Title (Please circle)	Mr / Mrs / Ms / Miss	Relationship to you			
First Name		Street Address			
Surname		State		Post Code	
Home Phone		Work Phone			
Mobile Phone		Email Address			

Guarantor Declaration: I, _____ as the Guarantor, agree to the terms and conditions of this enrolment and give my unconditional guarantee of payment for the course as described in this Enrolment Form.

Guarantor Signature _____ Date: _____

Justice of the Peace Signature _____ Date: _____

Justice of the Peace Name & Address
in Block Letters _____

16. Student Declaration

Please read and sign the following:

- ✓ I declare that all information provided by me to be true and correct.
- ✓ I am aware that it is my responsibility to supply all supporting documentation for my enrolment and agree it is my responsibility to provide the College with any changes to my enrolment (e.g. name, address, phone number, employer, vocational placement centre).
- ✓ I declare that I have read, understood and agree to the conditions of enrolment and college policies as outlined in the Student Handbook provided with the Enrolment Guide, including the Fee and Refund policies.
- ✓ I accept that the enrolment fee is non-refundable except in the event that the College declines my enrolment or in the event that the College cancels a course in which I enrol.
- ✓ I accept that the College reserves the right to vary fees, course structure and timetables without prior notice.
- ✓ I give the College authority to obtain further information as required regarding my enrolment, including contacting referees regarding my current and previous work performance.
- ✓ I give the College consent to provide information requested to the following parties:
 - State and Commonwealth Government Departments.
 - Australian Taxation Office.
 - Hospital and Emergency Care staff in emergency situations.
 - My Employer.

Student Name: _____

Student Signature _____ **Date:** _____

Parent Signature
(Only required if Student is under 18 years of age) _____ **Date:** _____

Send your completed form, attachments and fees to:

Brisbane Campus	For Enquiries
Student Services Officer National Institute of Early Childhood Education PO Box 12089 George Street BRISBANE QLD 4003	Free call: 1800 617 455 Phone: (07) 3220 3232 Fax: (07) 3229 2799