



Centre for Training in Social Housing

General Enrolment Form 2018



Please tick which qualification in which you are enrolling

CHC42215 Certificate IV in Social Housing

This qualification reflects the role of workers who are engaged in delivering social housing services and support to tenants, residents, applicants and the community, including clients who are experiencing homelessness or at risk of experiencing homelessness.

CHC52015 Diploma of Community Services

This qualification reflects the roles of community services, case management and social housing worker involved in the managing, co-ordinating and/or delivering of services to individuals, groups and communities.

Workers may be senior staff, housing managers, refuge managers or team leaders and also have responsibility for the supervision of other workers and volunteers.

CHC52015 Diploma of Community Services (Social Housing)

This qualification is the same as above however 3 social housing electives are required

CHC52015 Diploma of Community Services (Case Management)

This qualification is the same as above however 4 case management electives are required

Pre-enrolment information

Before completing your Enrolment Form we suggest you read the attached pre-enrolment information This handbook contains vital information about your training and about The Centre for Training in Social Housing (CTSH).

Student Handbook

Before completing your Enrolment Form you must read the student handbook. This handbook contains vital information about your training and about The Centre for Training in Social Housing (CTSH).

Link to handbook:

http://www.communityhousing.org.au/T_training/2018LearnersHandbook.pdf

Authorising Manager's Signature

Where your employer is paying for your training or providing study leave or other support, it is essential that your enrolment form is signed by your manager or supervisor.

Selecting your Units

Use the 2018 Enrolment Unit Selection form to tick which Units you wish to study. You must read the Instructions for completing the Unit Selection form. Once completed, please save it as a Word Marco Enabled Document and email it to enrolments@communityhousing.org.au. This form will be available by email or on our website from the January 2018 at http://www.communityhousing.org.au/T1_training.html or by emailing trainingenquiries@communityhousing.org.au

If you are flying to Sydney for a Training session please don't make any airline or accommodation booking until you have received your Training Reminder email. We will try and get these out as early as possible.

A final word

The Training Manager is always available to help you. Please email kevinS@communityhousing.org.au or phone 02 92817144 ext 215 if you are having trouble choosing your Core and Elective Units or have any questions about completing your Enrolment Form. **Note: Training dates are subject to change and students will be informed.**

Please submit completed form to enrolments@communityhousing.org.au

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STUDENT DETAILS

Unique Student Identifier (USI)

USI NUMBER:

As of 1 January 2015 if you are undertaking nationally recognised accredited training delivered by a registered training organisation you are required to have a Unique Student Identifier (USI). Apply by clicking the link below. **We cannot proceed without your USI.**

www.usi.gov.au/create-your-USI

Type or write your USI in this box:

Mr/Mrs/Miss/Ms/Dr/Other _____ Gender: M F

Full Name: _____ Date of Birth: _____

Home Address (No box numbers): _____

POSTCODE

Postal address (if different from the above)? _____

Email: _____ Work email: _____

Please indicate where you would like all correspondence and materials to be sent to.

Home Phone: _____ Personal Mobile: _____

Please specify any dietary requirements if food is provided: _____

Have you studied with us before? Yes No If yes what year.....

I allow permission for photos to be taken that may be used for publicity or news items Yes No

Emergency Contact Person: _____ Contact Person's Phone: _____

Emergency Contact email: _____

EMPLOYMENT AND STATISTICAL INFORMATION

Employer Name: _____

Employment Address: _____

Job Title: _____ Work phone number: _____

When did you commence employment with this employer?
(Month/year) _____

Manager's name: _____ Manager's phone: _____

Manager's email: _____

Email address and name for Invoices _____

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Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS)

As a registered provider of Vocational Training and Education, CTSH is required to provide statistical information to the Australian Skills Quality Authority (ASQA) and other government agencies. All information provided in this form will be kept strictly confidential and is used for reporting purposes only. If you have any questions regarding the completion of the form, please call (02) 9281 7144 or email trainingenquiries@communityhousing.org.au

Of the following categories, which BEST describes your current employment status? (Tick ONE box only.)

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not employed – not seeking employment |

Of the following categories, which BEST describes your main reason for undertaking this course?

(Tick ONE box only)

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reasons: |

In which country were you born? Australia Other:

What is your nationality?

Are you of Aboriginal or Torres Strait Islander origin? (please tick)

- No Yes, Aboriginal Yes, Torres Strait Islander

Do you speak a language other than English at home?

- No, English only
 Yes, other- please specify

If you answered yes to the question above, how well do you speak English?

- Very Well Well Not well Not at all

What is your highest COMPLETED school level? (Tick ONE box only.)

- | | |
|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 9 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 8 or equivalent |
| <input type="checkbox"/> Year 10 or equivalent | <input type="checkbox"/> Never attended school |

In which YEAR did you complete that school level?

Have you successfully completed post-secondary qualifications? Yes No

If yes, which qualification(s)?

- | | |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree level | <input type="checkbox"/> Advanced Diploma or Associate Degree |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate IV |
| <input type="checkbox"/> Certificate III (or trade certificate) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificates other than the above:..... |

If you are applying for credit transfer or RPL, please provide a certified copy of your qualifications

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Do you consider yourself to have a disability? Yes No

Yes, please specify from the following list (you may note more than one)

- | | |
|---|--|
| <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental Illness | |

If you believe that you may require learning support, please check the box and our Training Manager will contact you.

Eligibility

Please confirm your citizenship status: (Please select below)

- | | |
|---|--|
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> Permanent Resident |
| <input type="checkbox"/> Humanitarian visa Holder | <input type="checkbox"/> New Zealand Citizen |
| <input type="checkbox"/> Other | |

Student Declaration

I acknowledge that I have read the Student Handbook. I understand that by signing this enrolment form I agree to attend the selected course. I understand that there is a cancellation/refund policy in effect and if I do not attend I/my employer may be charged if applicable. I understand that some of my information will be provided as statistical data to an external government body as is required by the National Vocational Education and Training Regulator Act 2011. Any identifying personal information provided by me to CTSH will be kept strictly confidential. I understand that I must inform CTSH of any change to the details contained within this form.

Student Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Identification Provided: (Please Tick)

Driver's Licence / Passport

Medicare

Other

Entered VETtrak	Invoice created	Confirmation email	Event	Folder/ID
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