

APPLICATION TO STUDY - LOCAL (ADELAIDE CAMPUS)

The following form is to be completed by local students aspiring to study with Southern Cross Education Institute (SCEI). All prospective students must complete the following form to initiate their enrolment process. Please complete the following table of information accurately, attach all relevant documents with the form (Certificates, Passport Copies etc) and return to Southern Cross Education Institute.

SECTION A. COURSE DETAILS							
TERM (INTAKE): MONTH:.....				YEAR:.....			
COURSE/QUALIFICATION/UNIT TITLE AND CODE – ON CAMPUS COURSES							
Which qualification/unit do you wish to complete? (Please Tick)							
COURSE/UNIT TITLE	DURATION	PLEASE TICK	REGISTRATION FEE	MATERIALS FEE	TUTION FEE		
					FEE FOR SERVICE PRICE	GOVERNMENT SUBSIDISED PRICE (NON CONCESSION)*	GOVERNMENT SUBSIDISED PRICE (CONCESSION)**
22250VIC CERTIFICATE I IN EAL (ACCESS)	28 WEEKS	<input type="checkbox"/>	AUD\$250.00	N/A	AUD\$3,740.00	N/A	N/A
22251VIC CERTIFICATE II IN EAL (ACCESS)	28 WEEKS	<input type="checkbox"/>	AUD\$250.00	N/A	AUD\$3,910.00	N/A	N/A
22255VIC CERTIFICATE III IN EAL (FURTHER STUDY)	26 WEEKS	<input type="checkbox"/>	AUD\$250.00	N/A	AUD\$3,910.00	N/A	N/A
22258VIC CERTIFICATE IV IN EAL (FURTHER STUDY)	26 WEEKS	<input type="checkbox"/>	AUD\$250.00	N/A	AUD\$3,740.00	N/A	N/A
BSB50215 DIPLOMA OF BUSINESS	26 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$350.00	AUD\$6,000.00	N/A	N/A
BSB60215 ADVANCED DIPLOMA OF BUSINESS	33 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$350.00	AUD\$8,000.00	N/A	N/A
CHC33015 CERTIFICATE III IN INDIVIDUAL SUPPORT	32 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$200.00	AUD\$5,500.00	N/A	N/A
CHC43115 CERTIFICATE IV IN DISABILITY	45 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$250.00	AUD\$5,000.00	N/A	N/A
CHC30113 CERTIFICATE III IN EARLY CHILDHOOD EDUCATION AND CARE*	28 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$250.00	AUD\$5,270.00	N/A	N/A
CHC50113 DIPLOMA OF EARLY CHILDHOOD EDUCATION AND CARE	104 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$250.00	AUD\$16,000.00	AUD \$6,907.00	\$0.00
HLT42015 CERTIFICATE IV IN MASSAGE THERAPY	39 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$500.00	AUD\$7,000.00	N/A	N/A
HLT52015 DIPLOMA OF REMEDIAL MASSAGE	72 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$500.00	AUD\$10,000.00	N/A	N/A
CHC52015 DIPLOMA OF COMMUNITY SERVICES	72 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$350.00	AUD\$12,000.00	N/A	N/A
CHC62015 ADVANCED DIPLOMA OF COMMUNITY SECTOR MANAGEMENT	66 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$350.00	AUD\$10,000.00	N/A	N/A
HLT51612 DIPLOMA OF NURSING (ENROLLED -DIVISION 2 NURSING)	80 WEEKS	<input type="checkbox"/>	AUD\$250.00	AUD\$800.00	AUD\$28,000.00 (\$24,000 COURSE FEE + \$4,000 WORK PLACEMENT FEE)	N/A	N/A
HLT61107 ADVANCED DIPLOMA OF NURSING (ENROLLED-DIVISION 2 NURSING)	26 WEEKS	<input type="checkbox"/>	AUD\$250.00	N/A	AUD\$5,000.00	N/A	N/A

* ELIGIBILITY CRITERIA APPLY. CONTACT SCEI TO CHECK IF YOU ARE ELIGIBLE.

** CONCESSION FEE APPLICABLE TO ELIGIBLE STUDENTS WHO HOLD A CURRENTHEALTH CARE CARD OR PENSIONER CONCESSION CARD OR VETRETRAN AFFAIRS CONCESSION CARD.

SECTION B: APPLICANT DETAILS

TITLE		FIRST NAME		LAST NAME	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH / /		E-MAIL	
MOBILE		HOME NUMBER		WORK NUMBER	
RESIDENTIAL ADDRESS		UNIT NO	STREET NO	STREET NAME	
		SUBBURB		STATE	POST CODE
POSTAL ADDRESS <small>(if different to residential address)</small>		PO BOX NO			
COUNTRY OF BIRTH		<input type="checkbox"/> AUSTRALIA <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
WHAT LANGUAGE DO YOU SPEAK AT HOME <input type="checkbox"/> ENGLISH ONLY <input type="checkbox"/> OTHER (PLEASE SPECIFY)					
IF BORN OUTSIDE AUSTRALIA, HOW WELL DO YOU SPEAK ENGLISH?					
<input type="checkbox"/> VERY WELL <input type="checkbox"/> WELL <input type="checkbox"/> NOT WELL <input type="checkbox"/> NOT AT ALL					
ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?					
<input type="checkbox"/> ABORIGINAL <input type="checkbox"/> TORRES STRAIT ISLANDER <input type="checkbox"/> ABORIGINAL AND TORRES STRAIT ISLANDER <input type="checkbox"/> NEITHER					
ARE YOU STILL ATTENDING SECONDARY SCHOOL?					
<input type="checkbox"/> YES, please enter your SACE number					
<input type="checkbox"/> NO, what level did you complete? <input type="checkbox"/> YEAR 12 <input type="checkbox"/> YEAR 11 <input type="checkbox"/> YEAR 10 <input type="checkbox"/> YEAR 9 <input type="checkbox"/> YEAR 8 OR BELOW					
YEAR YOU COMPLITE SECONDARY SCHOOL			NAME OF SECONDARY SCHOOL		
PREVOUSE EDUCATION COMPLITED, tick ALL levels that apply, you MUST tick at least one box					
<input type="checkbox"/> NONE		<input type="checkbox"/> CERTIFICATE II		<input type="checkbox"/> DIPLOMA	
<input type="checkbox"/> SACE		<input type="checkbox"/> CERTIFICATE III		<input type="checkbox"/> ADVANCED DIPLOMA OR ASSOCIATE DEGREE LEVEL	
<input type="checkbox"/> CERTIFICATE I		<input type="checkbox"/> CERTIFICATE IV		<input type="checkbox"/> BACHELOR DEGREE OR HIGHER LEVEL	
EMPLOYMENT STATUS					
<input type="checkbox"/> FULL-TIME (employer suburb_____)		<input type="checkbox"/> UNEMPLOYED – seeking full-time work			
<input type="checkbox"/> PART-TIME (employer suburb_____)		<input type="checkbox"/> UNEMPLOYED – seeking part- time work			
<input type="checkbox"/> SELF EMPLOYED – not employing others		<input type="checkbox"/> UNEMPLOYED – not seeking employment			
DO YOU HAVE A DISABILITY, IMPAIRMENT OR LONG TERM CONDITION? <input type="checkbox"/> NO <input type="checkbox"/> YES, please provide details					
<input type="checkbox"/> Acquired brain impairment		<input type="checkbox"/> Hearing		<input type="checkbox"/> Intellectual	
<input type="checkbox"/> Medical condition _____		<input type="checkbox"/> Heart / pacemaker		<input type="checkbox"/> Mental	
<input type="checkbox"/> Physical _____		<input type="checkbox"/> Vision / color blindness		<input type="checkbox"/> Learning	
DO YOU HAVE ANY BARRIERS THAT MAY PREVENT YOU FROM SECCESFULLY COMPLITING YOUR STUDY?					
<input type="checkbox"/> Learning difficulties		<input type="checkbox"/> Transport issues		<input type="checkbox"/> Unstable housing	
<input type="checkbox"/> Primary caregiver responsibilities		<input type="checkbox"/> Ongoing regular appointments		<input type="checkbox"/> Legal issues	
<input type="checkbox"/> Financial issues		<input type="checkbox"/> Work commitments		<input type="checkbox"/> Other, please specify	
DO YOU HAVE ANY EXPERIENCE RELEVANT TO THE QUALIFICATION YOU HAVE CHOSEN TO UNDERTAKE?					
<input type="checkbox"/> NO					
<input type="checkbox"/> YES , if yes will you be applying for Recognition of Current Competency (RPL) or Credit Transfer?					
REASONS FOR STUDY?					
<input type="checkbox"/> Personal interest		<input type="checkbox"/> To develop my existing business		<input type="checkbox"/> To get into another course of study	
<input type="checkbox"/> I want extra skills for my job		<input type="checkbox"/> To try for a different career		<input type="checkbox"/> To develop my existing business	
<input type="checkbox"/> To start my own business		<input type="checkbox"/> To get a better job or promotion		<input type="checkbox"/> Other	

FOR OFFICE USE ONLY

This ADEFOR68 Application to study – local form received on _____ (DATE)

Correct and relevant supporting documents sighted, photocopied and attached to this application? Yes No

Students eligibility and entitlement confirmed on VETA (printed and attached to this application) Yes No

Upfront Assessment of Needs (ACER) test results attached Yes No

Did student meet the minimum literacy and numeracy levels needed for the chosen course (please see table 1)

Yes No (if no what support has been organised for the student)

ADEFOR251 Pre-enrolment review form attached Yes No

Application Accepted? Yes No

If Yes, student was notified via Letter of offer(attached) Email (attached) in person

This application was assessed by:

Staff Name: Staff Signature: Date: / /

NOTES:

TABLE 1: Minimum literacy and numeracy levels	
Course	ACER level
Certificate II or III level	ACSF exit level 2 in reading and numeracy
Certificate IV and above	ACSF exit level 3 reading, writing and numeracy
Diploma of Nursing	ACSF exit level 3 working at level 4 in reading, writing and numeracy

