

APPLICATION TO STUDY FORM (Local Students - 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.

(A) Course Details

Term (intake): Month: _____ Year: _____

Which qualification 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)** |
| BSB50215 DIPLOMA OF BUSINESS | 32 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 | 44 WEEKS | <input type="checkbox"/> | AUD\$250.00 | AUD\$200.00 | AUD\$5,500.00 | N/A | N/A |
| CHC43015 CERTIFICATE IV IN AGEING SUPPORT | 60 WEEKS | <input type="checkbox"/> | AUD\$250.00 | AUD\$200.00 | AUD\$11,000 | \$700 | \$0 |
| CHC43115 CERTIFICATE IV IN DISABILITY | 56 WEEKS | <input type="checkbox"/> | AUD\$250.00 | AUD\$250.00 | AUD\$5,000.00 | \$470 | \$0 |
| CHC30113 CERTIFICATE III IN EARLY CHILDHOOD EDUCATION AND CARE* | 46 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 | N/A | N/A |
| HLT42015 CERTIFICATE IV IN MASSAGE THERAPY | 52 WEEKS | <input type="checkbox"/> | AUD\$250.00 | AUD\$500.00 | AUD\$7,000.00 | N/A | N/A |
| HLT52015 DIPLOMA OF REMEDIAL MASSAGE | 77 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 |
| HLT54115 DIPLOMA OF 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 |
| HLT64115 ADVANCED DIPLOMA OF NURSING | 26 WEEKS | <input type="checkbox"/> | AUD\$250.00 | N/A | AUD\$12,000.00 | N/A | N/A |

* Eligibility criteria apply. Contact SCEI to check if you are eligible.

** Concession fee applicable to eligible students who hold a current health care card or pensioner concession card or veteran affairs concession card.

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(B) Applicant Details

Title: Mr Miss Mrs Ms

Given Name(s):

Last Name:

Gender: Male Female Unisex

Date of Birth:

(C) Usual Residence

Building/Property Name:

Flat/Unit Number: Street Number:

Street Name:

Suburb/Town/Locality:

State: Post Code:

(D) Postal Address (if different than above)

Building/Property Name:

Flat/Unit Number: Street Number:

Street Name:

Suburb/Town/Locality:

State: Post Code:

(E) Contact Details

Home Phone: Mobile:

Work Phone:

Email Address:

(F) Language and Cultural Diversity

Country of Birth:

| | |
|--|--|
| What is your residency status? | <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Permanent Humanitarian Visa holder <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Asylum Seeker/Victim Of Human Trafficking (Must Have Asrc/Arc Referral) <input type="checkbox"/> Temporary Resident on valid Visa (Go to Next Question) |
| Please provide Visa details if you have selected temporary resident above: | Visa Type _____ Subclass _____ |
| Do you speak a language other than English at home? | <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify _____ |
| 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 |

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| | |
|---|---|
| Are you of Aboriginal or Torres Strait Islander Origin? | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander |
|---|---|

(G) Educational Details

Are you still attending secondary school?

- Yes, please enter your SACE number _____
 No, what level did you complete?
 Year 12 Year 11 Year 10
 Year 9 Year 8 or below

Completion Year of secondary school? _____

Name of secondary school? _____

Have you successfully completed any of the following qualifications? **(Please tick the appropriate box where A = Australian Qualification, E = Australian Equivalent Qualification, I = International Qualification)**

| Qualification | A | E | I | Completion Year |
|--|--------------------------|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Advanced Diploma or Associate Degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> SACE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Do you want to apply for RPL/CT? Yes No

(H) Employment

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

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

(I) Disability

Do you have a disability, impairment or permanent medical condition that can affect your studies? Yes No (skip to the next step)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Hearing/ Deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Vision/Color Blindness | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Heart/Pacemaker | <input type="checkbox"/> Other, please specify: _____ | | |

(J) Barriers

Do you have any barriers that may prevent you from successfully completing your study?

- Yes No (skip to the next step)
- | | | |
|---|---|---|
| <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: _____ | | |

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(K) Reasons for study

What is your reason to study?

- Personal Interest To develop my existing business To get into another course of study
 I want extra skills for my job To try for a different career To start my own business
 To get a better job or promotion Other, please specify: _____

(L) Eligibility Details (for subsidized training ONLY)

Residency Status

- Australian Citizen Permanent Resident
 Bridging Visa (please circle) 457 495 487 489 163 164 165 188

If you are unemployed, are you currently register with an employment service provider?

- No
 Yes, Name: _____ Contact Person: _____
 Phone: _____ Job Seeker ID: _____

Are you register with Centrelink?

- No
 Yes, CRN: _____ Expiry Date: _____

Do you receive any allowances listed below? Yes No (skip to the next step)

- Newstart Allowance Youth Allowance Age Pension
 Disability Support Pension Parenting payment (single/partnered)

Do you hold any of the following current concession card? Yes No (skip to the next step)

- Health care card Pensioner concession card
 Concession card issued by the Department of Veteran Affairs
 Expiry Date:

Are you currently enrolled in a training course funded by the SA Government WorkReady?

- Yes No (skip to the next step)

(M) Information on Government Funding

Work Ready

For further information, contact us or visit www.skills.sa.gov.au

Centrelink

Our institute is a Centrelink Approved VET provider. Students may be able to access AUSTUDY, ABSTUDY, Youth Allowance and Pensioner Education Supplement (PES).

(N) Document Checklist

Have you:

- Filled in the form completely?
 Gather all necessary supporting information and documents for SCEI staff member to view?
 Passport
 Visa
 Concession Card
 Education certificates and statements of results
 Driver's Licence or Photo ID and proof of address

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(O) Student's Agreement & Declaration

I understand that by completing and sending the required payment with this form I am applying for enrolment into the course indicated above and will receive more information from the Southern Cross Education Institute in relation to completing my enrolment.

I also understand that this is an application to study and fees associated with this application only relate to the application to study and not the enrolment fees. Arrangement for the payment of tuition fees will be included in the ADEFOR69 Enrolment Agreement – Local (Adelaide Campus) form which will be issued once my application has been assessed. I understand SCEI has the right to reject my application prior to issuing ADEFOR69 Enrolment Agreement – Local (Adelaide Campus) form.

I understand that any offer or any subsequent enrolment in a training place (including WorkReady subsidised training), made on the basis of false or misleading information may be withdrawn by SCEI. Where the training place is subsidised by WorkReady the training place may be withdrawn by the Minister for Employment, Higher Education and Skills or the relevant Minister for Commonwealth funded courses.

I understand that completion of the course I am applying to enrol in may impact on my eligibility for subsidised training in the future.

I, _____ have honestly and accurately completed this application form.
(PRINT YOUR NAME)

Student's Signature:

Date:

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Students eligibility and entitlement confirmed on VETA (printed and attached to this application) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Upfront Assessment of Needs (ACER) test results attached | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did student meet the minimum literacy and numeracy levels needed for the chosen course (please see table 1) <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, what support has been organised for the student) | |
| ADEFOR251 Pre-enrolment review form attached | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Application Accepted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, student was notified via <input type="checkbox"/> Letter of Offer (attached) <input type="checkbox"/> Email (attached) <input type="checkbox"/> 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 |