

**IMPORTANT - Please note the following instructions:**

1. You **MUST** complete all sections of the Application Form and provide **ALL** supporting documentation for your application to be processed.
2. Please refer to the Student Handbook to assist with the completion of the Application form. The Student Handbook can be downloaded from the Customised Training website. Contact our Course Advisors to arrange a hard copy.
3. Use this checklist to ensure **ALL** requirements are addressed. Remove and retain this checklist before submitting your Application Form.

Application Form Checklist		
<b>Ensure you have completed all sections of the Application Form &amp; Pre-Training Review</b>		
<input type="checkbox"/>	Page 4	Complete Skills Recognition or Recognition of Prior Learning (RPL) statement
<input type="checkbox"/>	Page 5	Complete Fee Payment Information
<input type="checkbox"/>	Page 6	Complete and sign Applicant's Declaration
<input type="checkbox"/>	Page 6	Complete Required Resources statement
Application Form Attachments		
<input type="checkbox"/>	If you are submitting any supporting documentation listed under a former surname you must attach a certified copy of your Marriage Certificate or Change of Name Certificate as proof of your legal change of name.	
<input type="checkbox"/>	Attach a copy of Certificates and Statement of Results for any previously attained or partially completed qualifications	
<input type="checkbox"/>	<b>Government Subsidised Applicants only</b> Attach certified copies of identification documents or provide the originals to a Course Adviser or Trainer in person. <b>Please note</b> - Distance delivery applicants must provide certified documents.	
<input type="checkbox"/>	Attach original Job Seeker Referral form attached (if applicable)	
<input type="checkbox"/>	Attach copy of your Concession Card (if applicable)	
<input type="checkbox"/>	Attach an up-to-date CV or Resume (Please ensure there are no unexplained periods of time.)	
<b>IMPORTANT</b> Certified documents must be <u>coloured</u> photocopies of original documents. Certified documents must be <u>posted or delivered</u> to Customised Training - not faxed or e-mailed.		
Need Assistance?		
Call a Course Advisor on 1300 275 282 between 9:00am – 5:00pm Monday to Friday or email <a href="mailto:info@ctcs.com.au">info@ctcs.com.au</a>		
Submitting your Application Form & Pre-Training Review		
<b>Mail</b>  Customised Training Pty Ltd Reply Paid 85331 BACCHUS MARSH VIC 3340 (No postage necessary)	<b>Fax</b>  03 5367 1607  <span style="color: red; font-size: small;"><b>NOTE:</b> Original certified documents will need to be posted or sighted by an authorised Customised Training delegate. Faxed or scanned documents are not acceptable.</span>	<b>E-mail</b>  <a href="mailto:info@ctcs.com.au">info@ctcs.com.au</a>  <span style="color: red; font-size: small;"><b>NOTE:</b> Original certified documents will need to be posted or sighted by an authorised Customised Training delegate. Faxed or scanned documents are not acceptable.</span>

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# Application Form & Pre-Training Review



Today's Date:            /            /		Received Date: (Office use only)            /            /	
Qualification Code/s:			
Qualification Name/s:			
Study Mode: (Please circle)		CLASSROOM	WORKPLACE
			DISTANCE
Class Details: (Please list if known)			
<b>Personal Details</b>			
Sex: (Tick only one box)    Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth:            /            /	
Title: (Please circle)		MR	MRS
		MS	MISS
			OTHER
Given Name: (Legal Given Names)			
Preferred Name:		Middle Name:	
Surname: (Legal Family Name)			
Home Phone:		Mobile Phone:	
E-mail address (mandatory):			
Residential Address:			
Suburb:		State:	Postcode:
Postal Address: <input type="checkbox"/> Tick if same as residential address			
Postal Address:			
Suburb:		State:	Postcode:
<b>Emergency Contact</b>			
Name:		Phone:	
Relationship to you: (e.g. Partner, Friend)			
<b>Practical Placement Information (Education Support, Children's Services and Community Services Applicant to review)</b>			
Applicants applying for the following qualifications must be working in the industry or will need to submit a Practical Placement Agreement:			
• CHC30213 Certificate III in Education Support		• CHC30113 Certificate III in Early Childhood Education and Care	
• CHC40213 Certificate IV in Education Support		• CHC50113 Diploma of Early Childhood Education and Care	
• CHC40708 Certificate IV in Community Services Work			
Have you completed and submitted a Practical Placement Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please request a Practical Placement Agreement from a Course Adviser			
<b>Employment Details: (All Early Childhood Education &amp; Care Applicants must complete this section)</b>			
Trading Name:		Legal Name:	
ABN/ACN:		Industry Type:	
Address:			
Suburb:		State:	Postcode:
Employer's Phone Number		Supervisor's Name	
Employer's Fax Number		Supervisor's E-mail	
<b>Workplace Traineeship (All Early Childhood Education &amp; Care Applicants must complete this section)</b>			
Will the training be conducted under a Traineeship Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What employment award or registered agreement is the trainee paid under?			
Has the employer contacted the AAC to arrange the traineeship sign up? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no CTCS will arrange a sign up with the service's preferred AAC:		Supervisor's Signature:	
If yes please list the name of the AAC:			

# Application Form & Pre-Training Review

<b>Tick one box that describes your employment status:</b>			
<input type="checkbox"/> Full Time employee	<input type="checkbox"/> Employer	<input type="checkbox"/> Self Employed <i>Not employing others</i>	<input type="checkbox"/> Employed <i>Unpaid worker in a family business</i>
<input type="checkbox"/> Part Time/Casual employee	<input type="checkbox"/> Unemployed <i>Seeking part-time work</i>	<input type="checkbox"/> Not employed <i>Not seeking employment</i>	<input type="checkbox"/> Unemployed <i>Seeking full-time work</i>
<b>Citizenship/Residency Status Please attach a certified colour copy of your identification documents (See section 2.8 in Student Handbook)</b>			
Country of Birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (Please specify):	
<b>Identification needs to be confirmed by one of the listed documents. (Tick one box only)</b>			
<input type="checkbox"/> An Australian citizen <i>(green Medicare card, birth certificate, current Australian passport or Naturalisation Certificate)</i>		<input type="checkbox"/> Asylum Seeker and Victim of Human Trafficking Initiative <i>(relevant referral form)</i>	
<input type="checkbox"/> Holder of a Permanent Visa <i>(green Medicare card or Visa and VEVO printout)</i>		<input type="checkbox"/> A New Zealand citizen <i>(green Medicare card or current New Zealand passport)</i>	
<b>If you are under the age of 20 years of age as at 1st January of the year of enrolment, and your identification document does not contain a date of birth, please also provide one of the following:</b>			
<input type="checkbox"/> Current Drivers Licence	<input type="checkbox"/> Current Learner's Permit	<input type="checkbox"/> Proof of Age Card	<input type="checkbox"/> Key Pass Card
<b>Are you of Aboriginal or Torres Strait Origin? (Tick all that apply)</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	
<b>Do you speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often)</b>			
<input type="checkbox"/> No, English only		<input type="checkbox"/> Yes, other (Please specify)	
<b>How well do you speak English?</b>			
<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not at all
<b>Is English Assistance Required?</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

<b>School and Training History</b>
<b>Please attach a copy of Certificate and Statement of Results for previously attained or partially completed qualifications</b>
<b>Unique Student Identifier (USI)</b>
<p>Please list your Unique Student Identifier (USI) _____</p> <p><b>If you do not know your Unique Student Identifier, please continue reading.</b></p> <p>As of September 2014 students are able to apply for a Unique Student Identifier (USI). A USI account will contain all of a student's nationally recognised training records and results from 1st January 2015 onwards. A student's results from 2015 will be available in their USI account in 2016. In order to be issued any certificates or statements from 1st January 2015 a USI will be required. The process to apply for a USI takes a few only a few minutes. For more information on the Unique Student Identifier (USI) or to apply please visit <a href="http://www.usi.gov.au">www.usi.gov.au</a></p> <p><input type="checkbox"/> Please tick if you will apply for a Unique Student Identifier (USI) and forward the number to Customised Training <b>OR</b></p> <p><input type="checkbox"/> Please tick if you give Customised Training permission to apply for a Unique Student Identifier (USI) on your behalf</p> <p>In order to apply for a USI please provide the following: Town/City of Birth:</p> <p>Medicare No(10 Digits): _____ Individual Reference#: _____ Card Colour: _____ Valid To: _____</p>
<b>Victorian Student Number</b>
<p>Please list your Victoria Student number (VSN) _____</p> <p><b>If you do not know your Victoria Student Number, please continue reading.</b></p> <p>Have you attended any Victoria school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider since 2011?</p> <p><input type="checkbox"/> <b>No</b> – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011 <b>OR</b></p> <p><input type="checkbox"/> <b>Yes</b> – I have attended a Victorian school since 2009. Most recent Victoria school attended: _____ <b>and / or</b></p> <p><input type="checkbox"/> <b>Yes</b> – I have participated in training at a TAFE or other training organisation since the beginning of 2011 (List up to 3 training organisations)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

# Application Form & Pre-Training Review

<b>Are you currently attending secondary school?</b>			
This includes any government, non-government, independent or Catholic school or a student registered for home schooling in Victoria			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, has this training been arranged by the school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is your highest completed school level? (Tick one box only)</b>			
<input type="checkbox"/> Never attended school	<input type="checkbox"/> Completed Year 8 or lower	<input type="checkbox"/> Completed Year 9 or equivalent	<input type="checkbox"/> Completed Year 10
<input type="checkbox"/> Completed Year 11	<input type="checkbox"/> Completed Year 12		
<b>In which year did you complete that school level?</b>			
<b>Have you successfully completed any of the following qualifications?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>If yes, tick any applicable boxes.</b>			
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)
<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/> Certificate II	<input type="checkbox"/> Certificate I	<input type="checkbox"/> Certificates other than above
<b>Disability – Customised Training encourages people with disabilities to explore opportunities to develop their skills through VET</b>			
<b>Do you consider yourself to have a disability, impairment or long-term condition?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>If yes, please indicate the areas of disability, impairment or long-term condition</b>			
<input type="checkbox"/> Learning	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired Brain Impairment
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Physical
<input type="checkbox"/> Other (please specify)			
<b>Study Reason – Tick one box that best describes your main reason for undertaking this qualification</b>			
<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other Reasons		
<b>Jobseeker - Please attach Job Seeker Referral Form if applicable.</b>			
Are you a Job Seeker registered with Job Services Australia?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your application as a result of a JSA Referral?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please record which JSA you are registered with and the name and phone number of your contact person:			
Are you a participant in the Commonwealth Government's Development Employment Program or Access Program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Workers in Transition Program - Please attach WiTP letter from the Department if applicable</b>			
Are you taking part in the Workers in Transition Program		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Concession – Please attach a colour copy of your signed concession card (Please refer to section 2.11 of Student Handbook)</b> (If you have self-identified as an Aboriginal or Torres Strait Islander you will be eligible for concession rates)			
Do you hold a valid/current concession card?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate the type:		<input type="checkbox"/> Commonwealth Health Care Card	<input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> Veteran's Gold Card
<b>Are you a prisoner?</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please state which custodial setting you are held at:		
<b>Are you detained under the Mental Health Act 1986, or the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 or the Sentencing Act 1991 at the Thomas Embling Hospital?</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please specify:		
<b>Are you detained (other than on weekend detention) under the Children, Youth and Families Act 2005 or the Sentencing Act 1991 or held on remand at Malmsbury Juvenile Justice Centre or Parkville Youth Residential Centre?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Are you on a community based order?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		



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<b>Fee Payment Information – Please refer to section 2.10 of the Customised Training Student Handbook on <a href="http://www.ctcs.com.au">www.ctcs.com.au</a></b>			
Course Fee: \$ _____	Resources: + \$ _____	Payment Plan Establishment Fee + \$35.00 <small>(Applicable only to Payment Plans)</small>	Total Enrolment Fee = \$ _____
<b>Payment Method – Your application will progress once payment has been made or payment plan established. Please select one option:</b>			
<b><input type="checkbox"/> Option 1 - Payment Plan (Direct Debit Requested)</b>			
<p><b>NB:</b> Payment Plans are only available where the total cost of enrolment exceeds \$500.                  Payment Plans are only available for deductions from a cheque or savings account. This is not available for credit cards.</p> <p>I/We authorise and request Customised Training Pty Ltd (User ID 379976 BECS) to arrange for funds to be obtained from <b>my/our</b> nominated account via the Bulk Electronic Clearing System at the financial institution shown below according to the scheduled specified below. Direct Debit (DDR) Service Agreement is available from <a href="http://www.ctcs.com.au">www.ctcs.com.au</a> or by calling 1300 275 282.</p> <p><b>If debiting from a joint bank account both signatures are required.</b></p> <p>➔ Signature _____ Date ____/____/_____                  ➔ Signature _____ Date ____/____/_____</p>			
<b>Name of financial institution:</b>			
<b>Account Name:</b>		<b>BSB Number:</b>	
<b>Account Number:</b>		<b>Commencing on:</b>	/ /
<b>Please debit</b>	\$	<b>* from the above account each: (Please circle one option below)</b>	
<input type="checkbox"/> Weekly Thursday <input type="checkbox"/> Fortnightly Thursday**		<input type="checkbox"/> Monthly (1 <sup>st</sup> of the month) <input type="checkbox"/> Monthly (15 <sup>th</sup> of the month)	
<small>*The debit amount can be confirmed with Customised Training by calling 1300 275 282</small>		<small>** Default debit frequency if no selection made (ABN 88 112 522 077)</small>	
<b><input type="checkbox"/> Option 2 - Cheque/Money Order - Payable to Customised Training Pty Ltd</b>			
<b><input type="checkbox"/> Option 3 - PayPal - An email will be sent to you enabling you to make payment via PayPal</b>			
<b><input type="checkbox"/> Option 4 - Credit Card</b>			
Card Holder Name: _____		Card Type: VISA / MasterCard	
Card Number: _____ / _____ / _____ / _____			
Expiry Date: ____/____/____		CCV: _____	
Nominated debit date* (must be within 14 days) ____/____/____		➔ Signature: _____	
<small>*If funds are not available on the nominated date Customised Training will re-try for 3 consecutive business days</small>			
<b>Office Use Only (For over the phone payments) Identification Checklist (Confirm at least two on Application Form or aXcelerate)</b>			
<input type="checkbox"/> Student's Address		<input type="checkbox"/> Student's Mobile Number	
		<input type="checkbox"/> Student's Date of Birthday	
<b><input type="checkbox"/> Option 5 - Employer Payment (To be completed by the Authorised Employer/Supervisor)</b>			
The completion of this section indicates the acceptance of the stated Terms and Conditions (T&C) and entry into a tri party contract between the Employer, Student and Customised Training Pty Ltd. The T&C are intended to protect the Employer, Student and Customised Training Pty Ltd by informing all parties of their rights and responsibilities. Students and Employers must read the T&C prior to signing this agreement. The T&C can be found at <a href="http://www.ctcs.com.au/links">www.ctcs.com.au/links</a> . This agreement is valid for the student's entire enrolment period.			
Will the employer be paying for this training?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Purchase Order Number #	
Please indicate the fee type that the employer will be liable for. The student will be liable for the balance of fees:			
<input type="checkbox"/> Tuition Fee Only		<input type="checkbox"/> Resources Only	
		<input type="checkbox"/> Tuition Fee and Resources	
Does the employer accept liability for all changes made during the student's enrolment duration? i.e. Unit fee additions and or additional material fees		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer Authorisation – I confirm that:</b>			
<ul style="list-style-type: none"> <li>• All the employer details that have been supplied to Customised Training Pty Ltd previously and recorded in this Application Form are correct</li> <li>• I am authorized to sign this agreement on behalf of the employer organisation</li> <li>• I have read and accepted the Terms &amp; Conditions for this agreement available at <a href="http://www.ctcs.com.au/links">www.ctcs.com.au/links</a> and agree to accept liability for the student's fees as stated on this form</li> <li>• The purchase order (if noted above) is correct and that upon receiving an invoice quoting this purchase order the invoice will be processed for payment</li> </ul>			
<b>Name of Authorised Employer Delegate:</b>		<b>Signature</b>	<b>Date</b>
			/ /

# Application Form & Pre-Training Review

**Applicant's Declaration. Please refer to the Customised Training Student Handbook on [www.ctcs.com.au](http://www.ctcs.com.au) before completing this section.**

**Please complete areas indicated by arrows:**

➔ I (applicant's full name) \_\_\_\_\_ in seeking to enrol in  
(qualification title) \_\_\_\_\_ declare that:

The highest qualification I currently hold is: (qualification title of accredited course)

\_\_\_\_\_

➔ I have commenced (or I am scheduled to commence) the following number of government funded courses in 2014 \* (please circle number)

- 0
- 1
- 2
- 3+

\* Include any courses which you have enrolled in but not yet started. Do **not** count the course you are currently applying for.

➔ I am currently undertaking the following number of government funded course/s in 2014 \*\* (please circle number)

- 0
- 1
- 2
- 3+

\*\* Include any courses which you started prior to this current year and are continuing in.

Individuals accessing the Victorian Training Guarantee will only be eligible to commence a maximum of two courses/qualifications at the same Australian Qualifications Framework (AQF) level in their lifetime. Individuals will also only be eligible to commence a maximum of two accredited courses with the title 'Course in...' in their lifetime (excluding courses on the Foundation Skills List).

I understand that my enrolment in the above qualifications is being subsidised by the Victorian and Commonwealth Governments under the Victorian Training Guarantee. I understand that enrolling in the above qualifications may affect my future training options and eligibility for further government subsidised training under the Victorian Training Guarantee.

➔ I (please circle) **AM/AM NOT** enrolled in the Commonwealth Government's *Skills for Education and Employment* program.

I declare that the information I have provided is true and correct and I understand this qualification level determines my eligibility for funding into my proposed course of study.

I understand that giving false or misleading information is a serious offence. I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete this application form may result in a withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for Government subsidised training, and/or cancellation of enrolment at the discretion of Customised Training.

I authorise Customised Training to check all available records to confirm the information provided is correct, particularly pertaining to my eligibility for the Victorian Training Guarantee.

- I acknowledge that I have access to Customised Training's Student Handbook
- I acknowledge that I have read the Student Enrolment Privacy Notice (In the Student Handbook) and understand the methods by which Customised Training will collect, use and disclose my personal information
- I am aware of my rights to discuss any privacy concerns with Customised Training.
- I acknowledge and agree to the terms and conditions described in this Application Form, including, but not limited to, privacy, the fees and charges and terms and conditions of sale.

## ➔ Required Resources

I wish to purchase the required resources from Customised Training  Yes  No

## ➔ Applicant's Signature

Date: / /

## ➔ Parent's Signature (If applicant is under 18)

Date: / /