

# Acts 2 College of Mission & Evangelisation

## Enrolment Form

### Certificates I-III

**INFORMATION CONTAINED IN THIS DOCUMENT IS UTILISED IN ACCORDANCE WITH ACTS 2 COLLEGE OF MISSION & EVANGELISATION PRIVACY POLICY**

**PERSONAL DETAILS** (PLEASE CHOOSE BY PLACING AN X IN THE BOXES THAT APPLY TO YOU)

TITLE:	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS	<input type="checkbox"/> MISS	<input type="checkbox"/> OTHER:
GENDER:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DATE OF BIRTH:		
SURNAME:					
GIVEN NAMES:					

**CONTACT DETAILS**

PHONE: (HOME)					
MOBILE:					
EMAIL:					

**HOME ADDRESS**

ADDRESS:					
SUBURB:					
STATE:		POSTCODE:			

**MAILING ADDRESS (COMPLETE THIS SECTION ONLY IF YOUR MAILING ADDRESS IS DIFFERENT TO YOUR HOME ADDRESS)**

ADDRESS:					
SUBURB:					
STATE:		POSTCODE:			

**LIST AT LEAST ONE FORM OF ID (E.G. SCHOOL ID; DRIVERS LICENCE). STAFF TO SIGHT ID**

ID TYPE	ID #	ID SIGHTED (INSTRUCTOR / ADMIN TO SIGN)

**USI NUMBER:**

**INDIGENOUS STATUS** (PLEASE CHOOSE BY PLACING AN X IN THE BOXES THAT APPLY TO YOU)

<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/> Yes. Torres Strait Islander	<input type="checkbox"/> No, Neither Aboriginal or Torres Strait Islander

1 IF ENROLLING AS PART OF A GROUP OF STUDENTS, PLEASE PROVIDE COLLEGE, CHURCH OR ORGANISATION DETAILS	
NAME OF ORGANISATION:	
CONTACT PERSON:	
CONTACT DETAILS:	
2. DISABILITY STATUS (PLEASE CHOOSE BY PLACING AN X IN THE BOXES THAT APPLY TO YOU)	
DO YOU SUFFER FROM ANY PHYSICAL / MENTAL DISABILITY THAT MAY AFFECT YOUR PARTICIPATION IN THE COURSE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO – GO TO QUESTION 3	
<input type="checkbox"/> Hearing / Deafness	<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	<input type="checkbox"/> Not Specified
3. Language and Literacy (Please choose by placing an X in the boxes that apply to you)	
Are you an Australian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, what is your country of birth?	
Is English your First Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, what language do you usually speak?	
Do you require assistance with English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need any additional support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify:	
4. Education (Please choose by placing an X in the boxes that apply to you)	
What is your highest level of education COMPLETED?	
<input type="checkbox"/> Year 8 or Below	<input type="checkbox"/> Completed Year 11 or Equivalent
<input type="checkbox"/> Completed Year 9 or Equivalent	<input type="checkbox"/> Completed Year 12 or Equivalent
<input type="checkbox"/> Completed Year 10 or Equivalent	<input type="checkbox"/> Completed post-secondary course

Have you completed any other courses / qualifications?  
 (Specify Below)  Yes  No

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**5. Qualification Selection (Please choose by placing an X in the boxes that apply to you)**

I am applying for the following course:

Certificate I in Active Volunteering – CHC14015	<input type="checkbox"/>
Certificate II in Active Volunteering – CHC24015	<input type="checkbox"/>
Certificate III in Christian Leadership and Ministry - 52558WA	<input type="checkbox"/>

I am applying for RPL/RCC for the following course/units (application will be supplied for this):

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**Declaration**

I, \_\_\_\_\_, declare that I have answered all questions truthfully to the best of my knowledge. I understand that these details are confidential and are protected by relevant privacy laws. I give my consent to Acts 2 College of Mission & Evangelisation to release my name, date of birth, contact details and statistical information to the relevant State Government bodies for the purpose of auditing, regulation of training, obtaining feedback and as statistical information.

Name: \_\_\_\_\_

Signature: _____	Date: _____
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**If student is under 18, please provide parental/guardian consent**

Name: \_\_\_\_\_

Signature: _____	Date: _____
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