

## PARTICIPANT ENROLMENT FORM

Please complete and either give to your trainer or email back to Crown Coaching and Training :  
admin@crowngoaching.com.au

### TRAINER TO COMPLETE

Company Trading Name: Crown Coaching and Training

Crown Coaching and Training, ATL Rep:  
Leah Shmerling, Sophie Murphy

Crown Coaching & Training, ATL Trainer:  
Leah Shmerling

Course Name:  
Foundations in Career Development Practice course (Incorporating CHCSS00005 Career Development Practice Skill Set)

### PARTICIPANT TO COMPLETE

#### NAME

| Question       |  |
|----------------|--|
| 1. Full Name:  |  |
| Phone Home:    |  |
| Phone Mobile:  |  |
| Email Address: |  |

#### DATE OF BIRTH

| Question                                      |  |
|---|--|
| 2. Enter your birth date:<br>(Day/Month/Year) |  |

#### SEX

| Question                    |   |
|-----------------------------|---|
| 3. Sex: (tick one box only) | <input type="checkbox"/> Male <input type="checkbox"/> Female |

#### RESIDENTIAL ADDRESS

| Question   |  |
|------------|--|
| 4. Street: |  |
| Suburb:    |  |
| Postcode:  |  |

#### EMERGENCY CONTACT INFORMATION

| Question                   |  |
|----------------------------|--|
| 5. Full Name:              |  |
| Phone Home:                |  |
| Phone Mobile:              |  |
| Relationship with student: |  |

#### POSTAL ADDRESS

| Question   |  |
|------------|--|
| 6. Street: |  |
| Suburb:    |  |

Postcode:

#### DISABILITY

| Question   |
|--|
| 7. Do you consider yourself to have a disability, impairment or long-term condition?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Go to question 8</i> )   |
| 8. If Yes, please indicate the areas of disability, impairment or long-term condition (you may tick more than one):<br><br><input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Mental Illness<br><input type="checkbox"/> Physical <input type="checkbox"/> Acquired Brain Impairment<br><input type="checkbox"/> Intellectual <input type="checkbox"/> Vision<br><input type="checkbox"/> Learning <input type="checkbox"/> Mental Condition<br><input type="checkbox"/> Other |

#### LANGUAGE AND CULTURAL DIVERSITY

| Question   |
|--|
| 9. In which country were you born?<br><br><input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify _____ |
| 10. Are you an Australian Citizen/Permanent Resident?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No              |

#### LANGUAGE AND CULTURAL DIVERSITY ( CONTINUED )

| Question  |
|---|
| 11. Do you speak a language other than English at home?<br><br><input type="checkbox"/> No (English only – <i>Go to question 12</i> )<br><input type="checkbox"/> Yes, other – please specify _____ |
| 12. How well do you speak English?<br><br><input type="checkbox"/> Very well <input type="checkbox"/> Not well<br><input type="checkbox"/> Well <input type="checkbox"/> Not at all                 |
| 13. Are you of Aboriginal or Torres Strait Islander origin?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal<br><input type="checkbox"/> Yes, Torres Strait Islander     |

**SCHOOLING**

| Question   |
|--|
| <p>14. What is your highest completed school level?<br/>(Tick one only)</p> <p> <input type="checkbox"/> Completed Year 12    <input type="checkbox"/> Completed Year 9 or Equivalent<br/> <input type="checkbox"/> Completed Year 11    <input type="checkbox"/> Completed Year 8 or Lower<br/> <input type="checkbox"/> Completed Year 10    <input type="checkbox"/> Never attended School<br/> <i>(Go to question 17)</i> </p> |
| <p>15. In which YEAR did you complete that school level?</p>   |
| <p>16. Are you still attending secondary school?</p> <p> <input type="checkbox"/> Yes    <input type="checkbox"/> No </p>  |
| <p>17. Name of current/previous school attended?</p>   |

**PREVIOUS QUALIFICATION ACHIEVED**

| Question   |
|--|
| <p>18. Have you SUCCESSFULLY completed any of the following qualifications?</p> <p> <input type="checkbox"/> Yes    <input type="checkbox"/> No <i>(Go to question 19)</i> </p>  |
| <p>19. If Yes, tick any applicable boxes:</p> <p> <input type="checkbox"/> Bachelor Degree or Higher Degree<br/> <input type="checkbox"/> Advanced Diploma or Associate Degree<br/> <input type="checkbox"/> Diploma (or Associate Diploma)<br/> <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)<br/> <input type="checkbox"/> Certificate III (or Trade Certificate)<br/> <input type="checkbox"/> Certificate II<br/> <input type="checkbox"/> Certificate I<br/> <input type="checkbox"/> Certificates other than the above </p> |

**STUDY REASON**

| Question  |
|---|
| <p>21. Of the following categories, which BEST describes your main reason for undertaking this traineeship? (Tick one only)</p> <p> <input type="checkbox"/> To get a job<br/> <input type="checkbox"/> To develop my existing business<br/> <input type="checkbox"/> To try for a different career<br/> <input type="checkbox"/> To get a better job or promotion<br/> <input type="checkbox"/> To start my own business<br/> <input type="checkbox"/> A requirement of my job<br/> <input type="checkbox"/> I wanted extra skills for my job<br/> <input type="checkbox"/> To get into another course of study<br/> <input type="checkbox"/> For personal interest or self-development<br/> <input type="checkbox"/> Other </p> |

**EMPLOYMENT**

| Question   |
|--|
| <p>20. Of the following categories, which BEST describes your current employment status? (Tick one only)</p> <p> <input type="checkbox"/> Full-time employee<br/> <input type="checkbox"/> Part-time employee<br/> <input type="checkbox"/> Self-employed – not employing others<br/> <input type="checkbox"/> Employer<br/> <input type="checkbox"/> Employed – unpaid family worker<br/> <input type="checkbox"/> Unemployed – seeking full-time work<br/> <input type="checkbox"/> Unemployed – seeking part-time work<br/> <input type="checkbox"/> Unemployed – not seeking employment </p> |

**OCCUPATION**

| Question                    |  |
|-----------------------------|--|
| 1. Occupation:              |  |
| Length of employment:       |  |
| Employer Name:              |  |
| Employer Address:           |  |
| Employer Telephone:         |  |
| Name of Manager/Supervisor: |  |

**VICTORIAN STUDENT NUMBER – IF APPLICABLE**

A Victorian Student Number (VSN) is allocated to all school and VET students up to 24 years of age upon their first enrolment in a VET training provider from 2011

| Question  |
|---|
| <p>22. Enter your Victorian Student Number (VSN)</p>  |
| <p>If you have not provided a VSN, is this because:</p> <p> <input type="checkbox"/> I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider in Victoria </p> <p><i>* Leave both the VSN and the above tick box blank if you don't have or don't know your VSN.</i></p> |

## PRE-TRAINING REVIEW ACTIVITIES

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Briefly describe what you think you might learn from this course.

Please complete the following

$8 \times 5 =$

$12 \times 3 =$

$27 + 6 =$

$\frac{1}{2} \text{ of } 60 =$

$20 - 8 =$

$\$3.50 + \$2 =$

Does the trainee require assistance with any of the following? (Tick Yes or No)

*If yes, please provide details below in special comments*

- |                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| Language Skill   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Literacy Skills  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Numeracy Skills  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written Skills   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other Skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

RPL/CT explained and offered to Trainee/Student?  Yes  No

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

Special Comments

## PRE TRAINING REVIEW (*Continued*)

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*The following outline must be explained to student before enrolment*

A pre-training review ensures that the training is designed to meet your individual needs and your workplace requirements.

The pre-training review ensures you;

- Understand your objectives for completing the course
- Explores your current competencies that relate to the course.
- Discussed the opportunity to have your current competencies assessed through Recognition of Prior Learning (RPL)
- Ensures your Language, Literacy and Numeracy skills suit the learning and assessment strategies.

- |   |   |
|---|---|
| <input type="checkbox"/> Nationally Recognised Qualification / Traineeships | <input type="checkbox"/> Code of Conduct                              |
| <input type="checkbox"/> Flexible learning and assessment                   | <input type="checkbox"/> Access and Equity                            |
| <input type="checkbox"/> RPL / CT - Recognition of AQF                      | <input type="checkbox"/> Employability Skills                         |
| <input type="checkbox"/> Training Plan and Training Plan Cycle              | <input type="checkbox"/> Course delivery                              |
| <input type="checkbox"/> Withdrawal from normal work routine                | <input type="checkbox"/> Privacy Policy                               |
| <input type="checkbox"/> Learning / Assessment methods                      | <input type="checkbox"/> Available Support                            |
| <input type="checkbox"/> Resources  | <input type="checkbox"/> Victorian Student Number                     |
| <input type="checkbox"/> Learner Questionnaire and Employer Satisfaction    | <input type="checkbox"/> Training environment                         |
| <input type="checkbox"/> Who will help you with your training?              | <input type="checkbox"/> Plagiarism and cheating                      |
| <input type="checkbox"/> How to get the most out of your training           | <input type="checkbox"/> Disciplinary procedure                       |
| <input type="checkbox"/> Who will assess you?                               | <input type="checkbox"/> Language, literacy and numeracy assistance   |
| <input type="checkbox"/> Assessment Process                                 | <input type="checkbox"/> Qualifications and Statement of Attainments  |
| <input type="checkbox"/> What are your rights and responsibilities?         | <input type="checkbox"/> Quality assurance and continuous improvement |
| <input type="checkbox"/> What are your employer's responsibilities?         | <input type="checkbox"/> Fees and Charges Policy                      |
| <input type="checkbox"/> Complaints and appeals procedures                  | <input type="checkbox"/> Any questions                                |

The above has been explained and discussed with my trainer from Access Training & Logistics.

Participant Name

Participant Signature

Date

## PARTICIPANT TO READ, UNDERSTAND AND SIGN THE FOLLOWING

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### Student Enrolment Privacy Notice:

I understand Access Training & Logistics is required to provide the Victorian Government, through Higher Education Skills Group (HESG), with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at [www.skills.vic.gov.au/corporate/providers/data-collection](http://www.skills.vic.gov.au/corporate/providers/data-collection)). Higher Education Skills Group (HESG) may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Higher Education Skills Group (HESG) may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires Access Training & Logistics to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact Access Training & Logistics Privacy Officer Sophie Murphy on (03) 9696 5999 or email [sophiem@accesstraininglogistics.com](mailto:sophiem@accesstraininglogistics.com)

I acknowledge and agree to the terms described in this privacy statement and acknowledge that I understand it is my responsibility to provide all relevant required information. I request enrolment with Access Training & Logistics:

I confirm acceptance of the above privacy statement.

Participant Name

Participant Signature

Date

## SERVICE FEE AGREEMENT

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**Email to:** admin@crowncoaching.com.au

OR

**Mail to:** Crown Coaching and Training  
PO Box 64 Elsternwick  
Victoria 3185

**Service Fee Agreement**  
**To: Crown Coaching and Training**  
**ABN 29 846 394 799**

**Please Select One Option Below**

|                             |
|-----------------------------|
| Title:                      |
| First Name:                 |
| Surname:                    |
| Company Name:               |
| Daytime contact number:     |
| Trainee Name:               |
| Credit card account number: |

**Course Payment Options –**

Direct deposit, Credit Card via Pay Pal, or Cheque  
Crown Coaching and Training

**BSB:** 083 231

**Acc:** 39 354 2977

**Payments made by cheque can be mailed to:**

Crown Coaching and Training  
PO Box 64 Elsternwick  
Victoria 3185

|                |
|----------------|
| Enrolment Fee: |
| Materials Fee: |
| Total:         |

**Request and Authority**

I request and authorise Crown Coaching and Training, to debit the nominated account described in this Service Fee Agreement, with the payment amounts set out above of this (Service Fee Agreement) or any other amount I notify Access Training & Logistics from time to time.

Payment 1: \$            Due / /

Payment 2: \$            Due / /

By signing this request, I acknowledge having read and understood the terms and conditions governing the debit arrangements between Crown Coaching and Training and I, as set out in this Service Fee Agreement.

**DETAILS OF YOUR NOMINATED ACCOUNT TO BE DEBITED**

|   |  |
|---|--|
| Name of account:                          |  |
| BSB number:                               |  |
| Account number:                           |  |
| Financial Institution name:               |  |
| Financial Institution address (optional): |  |

Signature .....

Date .....

Signature 2 (if applicable) .....

Date .....