

Application For Admission Certificate III in Outdoor Recreation (SIS30413)

In order to complete this form you will need to provide:

- Certified copy of your Identification (Drivers License, Passport, Birth Certificate)
- USI - Unique Student Identifier (Apply for one here - www.usi.gov.au)

Instructions for Certified copies - Identification and Documents

First, make a photocopy of your Identification or Document.

Take both the original document and photocopy of the original to be Certified by a Justice of the Peace, Police Officer, Notary Public, Lawyer, Accountant, Bank Manager, Minister of Religion or Pharmacist.

The **original** document must be sighted by a person authorised to certify documents.

The authorised person will then sign and certify the **photocopy** of the ID which will contain wording to the effect: 'I have sighted the original and certify this is a true and correct copy' and includes their signature and date signed.

The completed application form and associated documents are to be submitted to ACOM preferably by email.

Email: info@acom.edu.au

Post: ACOM VET Enrolments, PO Box 3694, Rhodes NSW 2138

UNIQUE STUDENT IDENTIFIER (USI)

Please enter your USI.

You can apply for one here - www.usi.gov.au

PERSONAL DETAILS

Information must be identical to that provided in identity documents

Title: Mr/Mrs/Ms/Miss **Surname:** _____

Given Names: _____

Preferred Name: _____ **Gender:** Female Male **Date of Birth:** ____ / ____ / ____

CONTACT DETAILS

Residential Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Postal Address (if different from above): _____

Suburb: _____ **State:** _____ **Postcode:** _____

Daytime Phone: _____ **Mobile (Required):** _____

Email (Required): _____

NEXT OF KIN

Name: _____ **Relationship:** _____

Mobile: _____ **Email:** _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

CURRENT EMPLOYMENT

Select which ONE best describes your current status

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

BACKGROUND DETAILS

Country of Birth: _____ City of Birth _____

If not born in Australia which year did you arrive in Australia? _____

Select which ONE best describes your citizenship status

- | | | |
|--|---|---|
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> New Zealand citizen | <input type="checkbox"/> Permanent resident |
| <input type="checkbox"/> Temporary visa holder | <input type="checkbox"/> Permanent humanitarian visa holder | |

If none of the above, please describe your citizenship status: _____

Do you identify as one of the following? Aboriginal Torres Strait Islander Both NeitherDo you speak a language at home apart from English? No Yes

If Yes, which language? _____

How well do you speak English? Very Well Well Not Well Not at all**SCHOOL DETAILS**Are you currently at high school? No Yes

If YES, what is your current year level? _____

If YES, what is your current school name in full? _____

If YES, what is your current VET Student Number (VSN) or Learner Identifier (LUI)? _____

Note: This refers to a VET Student Number or Learner Identifier applicable to that state education authority requirements for senior certification credit.

If No, what is your highest COMPLETED school education level?

<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 11 or equivalent
<input type="checkbox"/> Year 10 or equivalent	<input type="checkbox"/> Year 9 or below
<input type="checkbox"/> Never attended school	

Year completed school education _____

DISABILITYDo you have a disability? No Yes

If Yes, please indicate ALL areas of disability, impairment or long-term condition

- | | | |
|--|--|--|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Other |

Indicate how you feel that this will impact on your learning, and the support you might need so that you can undertake the study selected

PRIOR EDUCATION

Indicate if you have COMPLETED any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Certificate IV (or Advanced Certificate) |
| <input type="checkbox"/> Bachelor Degree (or Higher Degree level) | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/> Advanced Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Certificate I |

REASONS FOR STUDY

Which ONE statement best describes your reasons for study:

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other reason (specify): |

ENROLMENT DETAILS

Proposed commencement date: _____ / _____ / _____ Enrolment Status: Part Time Full Time

Network Organisation Name
(Campsite): _____

Would you like to apply for Credit Transfer or Recognition for Prior Learning? No Yes

Recognition of Prior Learning (RPL) is available. The cost of the RPL process is the same as paying to study the unit. If you wish to discuss this, please contact vetregistrar@acom.edu.au. For Credit Transfer application you must provide VET Statement of Attainments or VET Certificate and Transcript from a NVR RTO.

MARKETING AND PUBLICATION CONSENT

I consent to the inclusion of photos of myself in publications including promotional material. No Yes

I consent to receiving SMS marketing or promotion communication on my mobile. No Yes

APPLICATION CHECKLIST

- I have **ATTACHED a Certified copy** of my Identification (Required)
- I'm applying for Credit Transfer. Please attach certified VET Statement(s) of Attainment or VET Certificate and Transcript.

STUDENT DECLARATION

For your application to be valid, you must complete this section by checking all the boxes and signing where indicated.

If you are under 18 years old your parent or guardian MUST co-sign the application.

- I certify that the information on this form and the supporting documentation is correct and complete.
- I authorise ACOM to obtain other details relating to my application and to use personal information to process and effect my application.
- I acknowledge the provision of incorrect information and documentation relating to my application may result in cancellation of my enrolment.
- I have downloaded, read and understood the 2017 ACOM Vocational Education Student Handbook.
- I agree to abide by the policy and procedures as per the Vocational Education Student Handbook which constitutes my agreement with ACOM.
- I have read and understood the ACOM Fees Policy as stated in the 2017 ACOM Vocational Education Student Handbook and agree to the costs as per the fee schedule in the handbook.
- I understand that ACOM requires me to pay my unit fees upfront on a per unit basis unless I have set up an agreed payment plan with ACOM. I also understand that if I withdraw from a unit after the published census date there is no refund.
- I understand that if the ACOM course or subject fails to commence all related fees paid will be refunded in full.
- I have read and understood the learning environment requirements as stated in the 2017 ACOM Vocational Education Student Handbook . I declare that I have regular access to a computer, the internet and an individual email address.
- I understand and accept the privacy policy as stated in the 2017 Vocational Education Student Handbook and as summarized below:

ACOM requires the information requested of you in this form in order to provide you with education services and to cater for your particular student needs. If you do not provide all the relevant information, then we may not be able to provide such services. I understand that ACOM may provide the personal information given on this application form to third parties (eg accreditation bodies, Australian Government bodies such as Centrelink) in order to provide you with education services or where required by Commonwealth and State regulation. Only authorised staff in these organisations will have access to this information.

SIGNATURE OF STUDENT

Signature: _____ Date: / /

SIGNATURE OF PARENT/GUARDIAN IF UNDER 18 YEARS

Signature: _____ Date: / /

OFFICE USE ONLY

Date Received: / /	<input type="checkbox"/> Application Checked and Complete
<input type="checkbox"/> Entered into Job Ready	<input type="checkbox"/> VET LSM and Student advised
<input type="checkbox"/> Receipt/invoice issued	Processed by: _____