

Section 1: Personal Details

Title: Mr/Mrs/Miss/Ms		Last Name:	
Given Names:		Preferred name:	
Date of birth: (Day/Month/Year)		Indigenous status: Aboriginal /Torres Strait Islander	
Are you an Australian Citizen? (yes or no)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, are you a permanent resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rate your language and communication skills in both written and spoken English:	Very good... <input type="checkbox"/>	What is your country of birth?	
	Good..... <input type="checkbox"/>	What is your home language?	
Average.... <input type="checkbox"/>			
Poor..... <input type="checkbox"/>			
Please state any medical conditions or disability that First Door should be aware of, such as diabetes, epilepsy			

Section 2: Communication contacts

Street address:			
Suburb:		State:	
		Postcode:	
Postal Address (if different)			
Suburb:		State:	
		Postcode:	
Home Phone:		Mobile:	
Email:			
Skype name:			
My best time of day for First Door contact is:			
Emergency contact Name of relative or friend			
Their address:			
Suburb:		State:	
		Postcode	
Their home phone:		Mobile:	

Section 3: Employment information

Current employer:			
Street address:			
Suburb:		State:	
		Postcode:	
Work Phone:		Work email:	
Name of workplace supervisor/mentor:		Name of ECEC centre Director:	
Current position held:		Year commenced:	
Employment status: Full time OR part time?		Unemployed: Seeking, OR not seeking work?	
Contract OR casual?		Self-employed?	

SECTION 4: Education and Training

Highest level of high school qualification:		Year completed:	
Highest level of post school education:		Year completed:	
Other relevant training: e.g. First Aid training		Year completed:	
Do you hold any previous credits of units towards this course	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, please attach a certified copy of attained units e.g. Unit CHCECE007 Develop positive and respectful relationships with children
Do you have a Unique Student Identifier?	No <input type="checkbox"/>	If no, please complete the USI form provided	If yes, please provide your USI number USI number: <input type="text"/>

SECTION 5: Recognised Prior Learning (RPL) application

I would like more information on what is required to RPL one or more units	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Note: Please complete this RPL section only if you consider that you would qualify to apply for RPL for one or more Certificate III in Early Childhood Education and Care course units		
Relevant experience and skills:		
Relevant training/courses:	Name of training provider:	
Please attach a copy of your current resume outlining your related work and life experience <input type="checkbox"/>		

SECTION 6: About my learning

I have completed the preferred learning style quiz on www.firstdoor.com.au and I believe my preferred learning style is: Visual Auditory Kinaesthetic

My particular learning needs are:
(please state any area of difficulty in learning or learning disability)

My best time of day for study is usually...

How did I learn about First Door?
e.g.: workplace/internet/recommended by

What made studying with First Door appealing to me?

I believe I am best suited to success using the **flexi or structured training plan** Flexi plan Structured plan

Please share your personal viewpoint on these two questions:

1. **What motivates me to study and complete a Certificate III in Early Childhood Education and Care?**

2. **How will completing this study improve my practice/career in Early Childhood?**

SECTION 7: Student fees

I would like to pay by direct debit from my bank account a regular nominated amount on a weekly/fortnightly/monthly basis (as agreed with First Door based on individual training plans) , OR	Direct debit \$_____ per _____
I would like to pay by internet banking prior to commencing each unit (Flexi plan), OR	Internet Flexi before new unit <input type="checkbox"/>
I would like to pay by direct debit from my bank account for each new unit on the 28 th of the month (Structured plan)	Direct debit Structured: 28 th month <input type="checkbox"/>

SECTION 9: Declaration and checklist

I have read and accept all the policies, procedures and guidelines contained within the First Door Student Handbook and Course Guide. In particular, I understand the student standards and fees policy. I shall abide by these for the duration of my training with First Door Training and Development.	Initial as read and understood X _____
I understand the course timeline and assessment requirements, I am required to complete a training plan with agreed assessment due dates. My assignments are to be received by First Door by 4pm on due date unless an extension has been requested and granted. I understand that a new unit of study is not able to be commenced until the previous unit is submitted. To complete the <i>Certificate III of Early Childhood Education and Care</i> I also understand that I am required to achieve the necessary Early Childhood workplace experience, activities and assessment. I give First Door staff permission to discuss my progress with my workplace supervisor and/or Centre Director.	Initial as read and understood X _____
I give First Door Training and Development Pty Ltd permission to indefinitely use my image and quotes in a respectful and positive manner for use in First Door training resources and in other media (e.g. First Door website).	Initial as read and understood X _____
Please note that the information you provide on this form is private and confidential. All student records are kept for thirty years by First Door Training and Development, as required by law. You are entitled to view your records upon written request to First Door Training and Development.	Initial as read and understood X _____
Checklist: Please ensure that you have: <input type="checkbox"/> completed all sections of this application form <input type="checkbox"/> attached all relevant supporting documentation <input type="checkbox"/> paid the \$65 non-refundable enrolment fee and \$195 first course unit fee Should you be required for an interview or for more information, you will be contacted by telephone or email.	Initial as read and actioned X _____
I declare that the information contained in this application is true and correct to the best of my knowledge. Signed by enrolling student (over 18 years of age): X	Enrolling student's full name: Dated:
I declare that the information contained in this application is true and correct to the best of my knowledge. Signed by parent/guardian (if the student is under 18 years of age) X	Parent/guardian's full name Dated:

First Door Admin Use Only:			Initial
Enrolment received	Date:	Enrolment fee and first unit fee received and entered	Date:
Info/interview required?	Date:		
Training Plan			
Individual needs			
Payment plan			
RPL information/interview	Date:		
Introduction: face to face	Date:		
Welcome pack received	Date:		
Entered student information to WiseNet	Date:		
First mentor meeting	Date:		
Notes:			