

ENROLMENT FORM

Ready Health Nursing College



www.readyhealth.com.au info@readyhealth.com.au	QLD Legal Org 102463 NSW Legal Org: 438963 National Code: 91697	NSW Ph: 0404 986 457 Ph: 02 9687 8801 Fax: 02 9687 8802	QLD Ph: 0404 986 457 Ph: 07 5596 1735 Fx: 02 0687 8802	VET Invest <input type="checkbox"/> Smart and Skilled: <input type="checkbox"/> Fee for Service: <input type="checkbox"/> First Aid: <input type="checkbox"/>	Concession <input type="checkbox"/> Concession: <input type="checkbox"/> Traineeship <input type="checkbox"/> TPPPQ Skill Set <input type="checkbox"/>
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PLEASE PROVIDE ALL THE INFORMATION REQUIRED IN THIS FORM. (PLEASE SIGN WHERE REQUIRED)

<input type="checkbox"/> CHC33021 Certificate III in Individual Support(Aged Care and Disability)	Course Fee: \$	Concession Fee \$
<input type="checkbox"/> CHC43015 Certificate IV in Ageing Support	Course Fee: \$	Concession Fee \$

Fee as per Fee Structure (page 4): Text Book: \$100 Graduation: \$30 Police Check: \$55 Total: \$

Title: _____ **First Name:** _____ **Middle Name:** _____ **Surname:** _____

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

Phone (w): _____ **(m):** _____ **NOK (m):** _____ **Remote:** **Regional:**

Email: _____ **M** **F** **O** **Date of Birth:** ____/____/____

CONCESSION INFORMATION (PLEASE TICK APPROPRIATE BOX AND ATTACH DOCUMENTATION)

ATSI: Yes <input type="checkbox"/> No <input type="checkbox"/>	Documents sighted:	Smart and Skilled Proof of Eligibility:	Start Date: ____/____/____
Pension: Yes <input type="checkbox"/> No <input type="checkbox"/> Type: _____	Drivers Licence: <input type="checkbox"/>	ATSI Documentation: <input type="checkbox"/>	End Date: ____/____/____
Traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medicare: <input type="checkbox"/>	Centrelink CRN Number: <input type="checkbox"/>	1 st Extension: ____/____/____
Disabilities: Yes <input type="checkbox"/> No <input type="checkbox"/> Specify: _____	Australian Passport: <input type="checkbox"/>	Centrelink income statement: <input type="checkbox"/>	2 nd Extension: ____/____/____
Special needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa Class: _____ <input type="checkbox"/>	Employment services letter: <input type="checkbox"/>	First Aid Date: ____/____/____
Job Find: Yes <input type="checkbox"/> No <input type="checkbox"/>	Birth Certificate: <input type="checkbox"/>	School Leaver over 15 yrs: <input type="checkbox"/>	Graduation Date: ____/____/____
TFN: Yes <input type="checkbox"/> No: _____	Citizenship Certificate: <input type="checkbox"/>	National Police Check: <input type="checkbox"/>	Withdrawal date: ____/____/____
CRN. No: Yes <input type="checkbox"/> No: _____	Birth Certificate (15yrs) <input type="checkbox"/>	NDIS Workers Screening <input type="checkbox"/>	File Closure date: ____/____/____
Unemployed >52 weeks N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Covid Vaccinations <input type="checkbox"/>	Working With Children Check <input type="checkbox"/>	
Living or registered for a Housing Yes <input type="checkbox"/> No <input type="checkbox"/>	Flu Vaccination <input type="checkbox"/>	Transcript Evidence <input type="checkbox"/>	
	NSW Address <input type="checkbox"/>		

QUESTIONNAIRE:

Your information may be required by Ready Health College or the Department of Education or The National Centre for Vocational Education Research (NCVER) for research, statistical analysis, program evaluation, post-completion surveys and quality improvement. Your privacy and confidentiality will be maintained. Thank you for answering the following questions.

In which country & Town were you born? _____	Have you successfully completed any of the following qualifications? Bachelor or Higher Degree <input type="checkbox"/> Advanced Diploma or Associated Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Miscellaneous Education <input type="checkbox"/> Are you seeking Recognition of Prior Learning (RPL)? Yes <input type="checkbox"/> No <input type="checkbox"/> 1 st Qualification: <input type="checkbox"/> 2 nd Qualification: <input type="checkbox"/> How did you find out about us? Flyers <input type="checkbox"/> Street sign <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Previous student <input type="checkbox"/> Web Site <input type="checkbox"/> Other <input type="checkbox"/> _____ Self <input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What Language do you normally speak at home? _____	
What is your residency status? _____	
Is there a Visa Expiry? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes record the date: ____/____/____	
Your main reason for undertaking this course is: _____	
LLN: What is your highest completed school level? (e.g. yr 10) _____ When (yr) _____	
Which of the following would best describe your current employment status? _____	
Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Employer <input type="checkbox"/> Self employed <input type="checkbox"/>	
Employed, unpaid worker in a family business <input type="checkbox"/> Unemployed <input type="checkbox"/>	
Unemployed seeking: <input type="checkbox"/> Full Time Employment <input type="checkbox"/> Part Time Employment	
Is this course related to your work currently? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
What Industry are you employed by? Aged Care/NDIS <input type="checkbox"/> Community <input type="checkbox"/> Other _____	
Organisation Name: _____	
Manager: _____ Ph: _____ Email: _____	

Payment via Internet Banking Only. (use your name as a reference. Send an e-mail to the College with your payment/ transaction details.)

Bank: ANZ Bank **Account Name:** READY HEALTH NURSING COLLEGE

BSB: 0 1 2 3 7 0 **Account No:** 1 8 4 5 0 2 6 8 8

Further Assistance Provided:	CT <input type="checkbox"/>	RPL <input type="checkbox"/>	LLN: Date: ____/____/____ Score: _____ Speaks English: Well <input type="checkbox"/> Very Well <input type="checkbox"/> Poor <input type="checkbox"/> Completed enrolment Form without help <input type="checkbox"/> Requires extra support: YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Terms and Conditions: <input type="checkbox"/> Consent	1	2	
<input type="checkbox"/> Fee Structure <input type="checkbox"/> Orientation:	3	4	
<input type="checkbox"/> First Aid Book: <input type="checkbox"/> ID Photos x 1	5	6	
<input type="checkbox"/> Student Handbook <input type="checkbox"/> Uniforms	7	8	
<input type="checkbox"/> Personal documentation <input type="checkbox"/> USI:	9	10	
<input type="checkbox"/> RPL Application: <input type="checkbox"/> Police Clearance:			
<input type="checkbox"/> CT Transcript Evidence <input type="checkbox"/> Immunisation Status:			
<input type="checkbox"/> CT Transcript Validation <input type="checkbox"/> Smart and Skilled Info			
<input type="checkbox"/> Student Assessment Guide <input type="checkbox"/> Clinical Placement			

Print Name: _____ **Signature:** _____ **Pending:** ____/____/____
Confirmed: ____/____/____

FOR OFFICE USE ONLY:

Date Enrolment Form received: ____/____/____	Student Number allocated: _____	USI Created: ____/____/____	Certificate No: _____
Commitment ID: _____	VA _____	USI Activated: ____/____/____	
Commitment Expiry Date: ____/____/____		USI No: _____	
			Issue Date: ____/____/____

NOTES for administrative purposes.

Student to send copy of relevant documents listed below:

- 1 x Passport Photos for ID
- Tax File Number: _____
- CRN Number: _____
- Centrelink Income Statement
- Qualifications and Transcripts
- RPL Form (if required)
- Credit Transfer Confirmation with Training Provider
- National Police Check or Working with Children Check
- 100 Point ID check:
 - Drivers licence
 - Passport or VISA
 - Birth Certificate or Citizenship
 - Medicare Card
 - Credit/Debit Card
 - NDIS Orientation Module (Disability Course)
 - NDIS Workers Screening Check (Disability Course)
 - Work With Children Check (Disability Course)
- Covid Vaccinations
- Flu Vaccination
- Confirmed clinical dates below

For Admin Use:

- Fees Structure Signed Off
- All Enrolment Forms signed off
- Eligibility Check completed with evidence in file and copy to student
- Fee Structure confirmed and Payment Plan signed off
- Credit Transfers and RPL are confirmed and verified _____
- Name of Credentialing Organisation _____
- 15 x Dates for Clinical Placements: Clinical Facility: _____
 Clinical Facility: _____
 Clinical Facility: _____

(am =6.30 to 15.00hrs) (pm = 2.30 to 2200hrs) (shifts = week days)

Traineeship Rosters or Clinical Work Placement Plan

Dates	Days	Shift
1. ____/____/____	_____	_____
2. ____/____/____	_____	_____
3. ____/____/____	_____	_____
4. ____/____/____	_____	_____
5. ____/____/____	_____	_____
6. ____/____/____	_____	_____
7. ____/____/____	_____	_____
8. ____/____/____	_____	_____
9. ____/____/____	_____	_____
10. ____/____/____	_____	_____
11. ____/____/____	_____	_____
12. ____/____/____	_____	_____
13. ____/____/____	_____	_____
14. ____/____/____	_____	_____
15. ____/____/____	_____	_____

- Medications assessments at the Nursing Home is on 4 consecutive weekday mornings