

4. Applicant Details continued

Reason for study? (Please tick)

To get a job <input type="checkbox"/>	To try for a different course <input type="checkbox"/>	To get a better job or promotion <input type="checkbox"/>	It was a requirement of my day job <input type="checkbox"/>
I wanted extra skills for my job <input type="checkbox"/>	To get into another course of study <input type="checkbox"/>	Personal Interest <input type="checkbox"/>	Self-Development <input type="checkbox"/>

Other:

Of the following categories, which best describes your current employment status? (Please tick)

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

5. Education

What was your highest completed school level (please tick)?

- Year 12 (or equivalent)
- Year 11 (or equivalent)
- Year 10 (or equivalent)
- Year 9 or lower

In which year did you complete this level?

Are you still attending secondary school? YES / NO Name of last high school:

State or Territory (or country, if overseas):

Have you completed any other type of qualification in Australia? If Yes, please select:

Bachelor or Higher Degree <input type="checkbox"/>	Advanced Diploma or Associate Degree <input type="checkbox"/>	Diploma <input type="checkbox"/>	Certificate IV (or Advanced Certificate) <input type="checkbox"/>
Certificate III (or Trade Certificate) <input type="checkbox"/>	Certificate II <input type="checkbox"/>	Certificate I <input type="checkbox"/>	Certificates other than the Above <input type="checkbox"/>
What Institution did you gain this qualification?		In what year did you complete your last qualification?	
If you studied a tertiary qualification overseas, has it been formally recognised in Australia?	Yes	No	

6. Special Needs

Do you consider yourself to have a disability or special needs? Yes No Unsure

If Yes, then please indicate the areas of disability, impairment or long-term condition.

Hearing/Deaf <input type="checkbox"/>	Mental Illness <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Acquired Brain Injury <input type="checkbox"/>
Physical <input type="checkbox"/>	Vision <input type="checkbox"/>	Learning <input type="checkbox"/>	Medical Condition <input type="checkbox"/>

Do you wish to be contacted by support staff to discuss your needs?

7. National Recognition

Do you wish to apply for national recognition (credit transfer)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, your application must include a completed Student National Recognition Application (available from www.equals.edu.au/students) form and supporting evidence.
Based on your current skills and/or experience, do you wish to seek Recognition of Prior Learning (RPL) for part of/or a whole qualification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please download and read the RPL Guide and Application form from www.equals.edu.au/students and contact us for your relevant RPL Toolkit.

Domestic Student Application Form



Declaration

I declare:

- a) that all information provided on my enrolment form and any other course related document is true and correct,
- b) that I agree to be bound by the terms and conditions of my course including all organisational policies and procedures which are listed in my student handbook or other organisational documents,
- c) that all the information provided in my health questionnaire is true and correct,
- d) that I understand that I must tell EQUALS of any change in my health that may affect my working as a Health Care professional.

In the event of an injury whilst on a work placement, EQUALS will be required to provide the above medical history to its insurer. If you fail to provide accurate medical information and sustain an injury whilst on a work placement the insurer may decline to accept your claim for compensation.

- I understand that I have a duty to disclose any medical condition, injury or disease, which may prevent me from being able to fulfil the work placement requirements adequately without endangering myself or other persons.
- I understand that EQUALS has an obligation to provide the above medical information to the work placement provider relating to any medical condition, injury or disease, which would require task modifications to enable me to fulfil the work placement requirements adequately without endangering myself or other persons.
- I understand that any false or misleading declaration made by me may jeopardise any entitlement to compensation if I sustain an injury whilst on a training placement.

Signature of Student: _____ Name: _____ Date: _____

Signature of Witness: _____ Name: _____ Date: _____

Declaration for students undertaking subsidised training

Undertaking subsidised training is an opportunity and privilege that comes with responsibilities. In many instances, EQUALS (Aust) Pty Ltd ("EQUALS") does not receive subsidy payments for your studies until you have completed part or all of a unit or course of study. By completing this declaration, you agree to make every effort to complete your subsidised course of study in a timely manner and in accordance with the policies and procedures referred to in the Student Handbook and as published on the equals.edu.au website.

Where you do not complete the course of study you are enrolled in, you may be required to repay in full the tuition costs associated with your enrolment. This amount will apply to tuition fees not already received for the units of study you have partially or wholly completed. If you are unclear as to how this may affect you, please contact the Admissions Advisor prior to completing this declaration.

Subsidised Course of Study: _____ Subsidy Type: (e.g. Work Ready) _____

Signature of Student: _____ Name: _____ Date: _____