

Enrolment Application Form – Secondary School Student

Please complete in your own handwriting using BLOCK letters and black or blue pen.

Unique Student Identifier

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Skills for All Number (if Applicable)

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RTO internal unique student ID

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Training Contract number (if Applicable)

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OFFICE USE ONLY

Title (Please Tick One Box Only)

<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
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<input type="checkbox"/> Other	
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Gender (Please Tick One Box Only)

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Last Name (family name or surname) First Name

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Middle Name

Preferred Name

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Date of birth (DD/MM/YYYY)

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Age in years:

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Address details

Current residential address

Unit:	Building:
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Number:	Street:
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Suburb:

State/Territory:	Postcode:
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Postal address (leave blank if same as above)

PO Box or Roadside Delivery Box:

Suburb:

State/Territory:	Postcode:
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Employer details

Are you an Apprentice? ☐ Yes ☐ No

If yes complete the following:

Salon name:	Managers name:
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Contact phone #:	Street Number:
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Street Name:

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Suburb:

State/Territory:	Postcode:
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Contact phone #:

Contact email:

Are you applying through Skills for All (TGSS)?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Personal Details

Phone Numbers:

Home:

Mobile:

Email:

What is your preferred form of contact?

<input type="checkbox"/> Mobile	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
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Emergency contact:

Name:

Relationship to Enrollee:

Mobile phone #:

Your School details

School name:

VET Coordinators name:

Contact email:

Contact phone #:	Street Number:
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Street Name:

Suburb:

State/Territory:	Postcode:
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Your SACE registration number:

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Qualification and course type you are enrolling in:

Certificate II in Hairdressing SIH20111

<input type="checkbox"/> VET in Schools

<input type="checkbox"/> Training Guarantee for SACE Students

Certificate III in Hairdressing SIH30111

<input type="checkbox"/> School Based Apprenticeship
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Certificate II in Retail Make-Up & Skin Care SIB20110

<input type="checkbox"/> VET in Schools

Short course - (Not funded under Skills for All)

Short Course name:

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When would you like to start training?

Month:	Year:
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Residency details

1. In which country were you born?

☐ Australia

☐ Other – please specify: _____

Which Town/City where you born? _____

Resident type

☐ Australian citizen

☐ Permanent Australian resident

☐ New Zealand citizen living in South Australia

☐ Visa type – check (go to 2)

2. Visa type (if applicable)

☐ Skilled - Regional Sponsored (provisional) Visa, subclass 475 and subclass 495

☐ Skilled - Regional Sponsored (provisional) Visa, subclass 487

☐ Skilled - Nominated or State Territory Sponsored, Subclass 489

☐ State/Territory Sponsored Business Owner (provisional) Visa, subclass 163

☐ State/Territory Sponsored Senior Executive (provisional) Visa, subclass 164

☐ State/Territory Sponsored Investor (provisional) Visa, subclass 165

3. Are you currently enrolled in secondary school?

☐ Yes

☐ No (go to 4)

If yes which of the following applies?

☐ School Based Apprenticeship, Training Contract

☐ Training Guarantee for SACE Students

☐ VET in Schools (Not applying through Skills for All (TGSS))

4. Have you SUCCESSFULLY completed any of the following qualifications?

☐ No post school qualifications

☐ Certificate I _____

☐ Certificate II _____

☐ Certificate III _____

☐ Certificate IV _____

☐ Diploma _____

☐ Advanced Diploma or Associated Degree level

☐ Bachelor Degree or Higher Degree level

Note: Evidence of each qualification that you have completed must be provided.

5. Are you registered with Centrelink for these allowances?

☐ Yes

☐ No (go to 6)

If yes which of the following applies?

☐ Newstart allowance

☐ Youth Allowance

☐ Age pension

☐ Disability support pension

☐ Parenting Payment (single)

☐ Parenting payment (partnered)

If one of the above please complete 7 and 8:

6. Do you hold any of the following concessions?

☐ Health Care Card

☐ Pensioners Concession Card

☐ Veterans Affairs Concession Card

☐ None

7. Please state: Centrelink customer reference number (CRN)

8. Centrelink benefit expiry date: _____

9. Are you a prisoner?

☐ YES (if yes, contact the Skills for All info line 1800 506 266)

☐ NO

10. Were you/Are you under the Guardianship of the Minister?

☐ YES (if yes, contact the Skills for All info line 1800 506 266)

☐ NO

11. What is your highest COMPLETED school level? (tick one only)

☐ Year 12 or Equivalent

☐ Year 11 or Equivalent

☐ Year 10 or Equivalent

☐ Year 9 or Equivalent

☐ Year 8 or Below

☐ Never attended school

In which year did you complete that school level? _____

Where did you complete the above school level? _____

12. Are you currently enrolled into another institution?

☐ No

☐ Yes, if yes please provide details.

Institution name:

Course name:

Note: You MUST notify Clip Joint Education As soon as possible if you enroll in another Skills for All Course while enrolled with us.

13. Of the following categories, which BEST describes your current employment status? (Tick one box only)

☐ Full-time employee

☐ Part-time employee

☐ Self-employed – not employing others

☐ Employer

☐ Employed – unpaid worker in a family business

☐ Unemployed – seeking full-time work

☐ Unemployed – seeking part-time work

☐ Not employed – not seeking employment

If employed please give location details of work premises:

Suburb: Postcode:

14. Referees (please provide details for two (2))

Full Name:

Contact number:

Email:

Full Name:

Contact number:

Email:

14. Do you speak a language other than English at home?

☐ NO, English only

☐ YES, other – Please specify: _____

15. How well do you speak English?

☐ Very well

☐ Well

☐ Not Well

☐ Not at all

16. Are you of Aboriginal or Torres Strait Islander origin?

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

☐ Yes, Aboriginal and Torres Strait Islander

17. Do you consider yourself to have a disability, impairment or long-term condition?

☐ Yes If YES, then please indicate the areas of disability, impairment or long-term condition. (you may indicate more than one area.)

☐ No

☐ Hearing/Deaf

☐ Physical

☐ Intellectual

☐ Learning

☐ Mental Illness (e.g. Anxiety/Depression)

☐ Acquired Brain Impairment

☐ Vision

☐ Medical condition

☐ Other – Please Specify _____

18. Your major reason for study? (tick ONE box only)

☐ Get a job

☐ To develop my existing business

☐ To start my own business

☐ To try for a different career

☐ To get a better job or promotion

☐ It was a requirement of my job

☐ I wanted extra skills for my job

☐ To get into another course of study

☐ For personal interest or self-development

☐ Other reasons – Please Specify _____

19. RPL, Credit Transfer, Recognition of current competencies.

Do you believe you don't need to study some or all units because you have already studied them as part of a previous qualification and you wish to be assessed for Recognition of Prior Learning, Credit Transfer? Credit Transfer evidence must be provided.

☐ NO

☐ YES, - if YES, please contact the Recruitment Administrator to provide evidence to be assessed.
- An application for RPL will incur a fee per unit. This is non-refundable should you wish not to continue.
- There is no fee for Credit Transfer.

Qualification Fees and Payment Details

Application: Student Course Fees and any Incidental Fees are made clear to you as part of this application process. When you submit your application When your application is accepted by CJE you will receive a **letter of offer**. You will be invited to complete an Enrolment Agreement confirming Student course fees and Incidental fees where applicable. These fees are all detailed in your fee schedule which is in your Enrolment Agreement. This needs to be paid no later than thirty (30) days before course commencement date.

Late registration will be considered subject to place availability and CJE's acceptance of enrolment. Prompt payment to the Recruitment Administrator or their nominee of any initial payment as required by your fee schedule in your Enrolment Agreement paid before course commencement.

Payment details: To secure your place at CJE (subject to CJE's acceptance of enrolment) this enrolment application must be completed, the Enrolment Agreement signed and the Course fees received by CJE at least thirty (30) calendar days prior to the qualification commencement day.

Payment of the application fee and all other fees may be made by cash, cheque, money order, or by Visa card or Master card (not by Amex card) over the phone or at our counter. The balance of the Tuition fee if applicable can either be paid in full or by direct debit arrangement.

Cheques should be made payable to **Clip Joint School of Hairdressing Pty Ltd** and crossed "Not Negotiable". Please ensure your cheque is accompanied with relevant application details.

CJE reserves the right to withdraw any participant from their studies if payment has not been received in accordance with our payment terms and agreement.

Student Declaration (Parent/Legal Guardian if under 18 years of age)

I declare that I have read and understood:

1. I have personally and honestly completed the information required in this application and any supporting information is complete, up to date and true.

2. The application and my declaration. To proceed with this application process I will complete an Enrolment Agreement and receive a CJE Code of Practice, Refund Policy and be informed of my rights and obligations. This information is also found on the Clip Joint website www.clipjoint.com.au/education

3. That the information provided by me, my parent(s)/legal guardian(s) and/or my employer (if applicable), my school VET Coordinator (if applicable) to CJE may be shared between CJE and the Australian government and designated authorities and, if relevant, the Tuition Assurance Scheme. Records may otherwise be disclosed without consent where authorised or required by law.

4. If any of my fees are paid by my parent(s)/legal guardian(s), I grant CJE permission to provide my parent(s)/legal guardian(s)/(employer for Apprentices only) with information relating to any CJE policy breaches, ongoing academic progress, results, attendance and fee arrears.

5. For Apprentices only, I grant CJE permission to provide my employer with information relating to any CJE policy breaches, ongoing academic progress, results, attendance and fee arrears.

6. The provision of misleading, or false, or incorrect and/or incomplete information or documentation relating to my application may result in the cancellation of my enrolment.

7. I will notify CJE of any change to my address, contact details and any changes to fee payment arrangements to ensure fees are paid up to date while enrolled in study.

8. The issuance of a qualification parchment or statement of attainment parchment or Academic Transcript is subject to my fees being paid up to date.

9. That Skills for All Training Providers will be contractually required to collect student details and any changes to student information during the creation of the student profile and the training account. Through enrolment processes, Skills for All Training Providers must ensure that you agree to the terms and conditions of receiving a government funded training place and consented to use your student information. Skills for All Training Providers in the first instance are required to retain a hard copy or electronic copy of your consent (form included). For more information on *Skills for All* please visit www.skills.sa.gov.au or call 1800 506 266 or email skillsforall@sa.gov.au.

This application agreement does not remove my right to take further action under Australia's consumer protection laws

Print Full Name: _____

Signature: _____

Date: _____ / _____ / _____

Note: If person giving consent is under 18 years of age at the time of giving consent, then the consent of their guardian is required

Print Full Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____ / _____ / _____

OFFICE USE ONLY: If applying through Skills for All, Applicant has been Varified and Confirmed as being

☐

ELIGIBLE

☐

NOT ELIGIBLE

Name: _____ Signed: _____ Date: ____/____/20____

Eligibility Confirmed by;

Name: _____ Signed: _____ Date: ____/____/20____

Your letter to CJE: In your own handwriting please write a sentence for each question using a black or blue pen.

1. Explain why you want a career in hairdressing and / or make-up?

2. Describe your main reasons for undertaking a Clip Joint Education qualification?

3. Why you would be a good candidate for Clip Joint Education?

4. What are your career ambitions?

5. Your plan(s) for employment?

6. Identify and explain any challenges you foresee while you are attending Clip Joint Education.

7. How do you intend to fund your course?

100 Point Check - To be completed by CJE staff only

Documentation required to meet the 100 point proof of identity (ID) and proof of age.

Provide:

- at least one original ID document from Category A
- the rest of the documentation: all from Category A or from Category A and Category B
- current documents
- at least one document that includes your photograph
- documents with a current residential address
- ID in one name
- proof of name change if your ID is in two names.

If you are under 16 years old provide:

- two forms of ID including at least one Category A document.
- your parent/guardian must produce one form of Category A identification.

We prefer original documents but also accept colour photocopies certified by a JP.

We do not accept

- passports that are cancelled or expired
- birth certificate extracts
- document with a post box address as current address
- ID in two different names without proof of name change documentation
- more than one bank card/statement per financial institution.

Category A

70 points

- ☐ current Australian passport
- ☐ birth certificate: not an extract
- ☐ Australian citizenship certificate.

60 points

- ☐ driver's licence including foreign licences.
- ☐ tertiary education ID card

25 points

- ☐ proof of age card

Category B

40 points

- ☐ Centrelink card
- ☐ public service employee ID card
- ☐ security licence (OCBA)
- ☐ Medicare card
- ☐ Veteran Affairs gold card.
- ☐ Visa (with Non-Australian Passport)
- ☐ Australian Certificate Of Registration By Descent

25 points

- ☐ bank statements: not if using credit, bank, debit cards from the same account
- ☐ credit, bank, debit cards: maximum two cards from different institutions
- ☐ council rates notice
- ☐ electoral enrolment card
- ☐ insurance renewal documents: not health insurance
- ☐ motor vehicle registration
- ☐ rent records: less than three months old
- ☐ seniors card
- ☐ utility account: one only, less than three months old.

☐ I have witnessed the applicants ID and have certified copies or photocopied originals of all forms of ID provided for there student file

☐ I have confirmed the applicant's name is: _____ as identified and ticked above.

CJE staff name: _____ Signature: _____ Date: ____/____/____

Please check **ALL** sections are completed in your Enrolment Application Form and return to;

**Clip Joint Education
Recruitment Department
PO BOX 3443
Rundle Mall SA 5000**

OFFICE USE ONLY