



NSW Family Day Care Association Inc.

ABN: 97 377 365 755



Individual Units from- CHC50908 Diploma of Children's Services (early childhood education and care)

Student No: _____

Date: _____

Invoice Number: _____

(Office use only)

PLEASE SELECT the Diploma Unit of Study Required:

- CHCIC510A Establish & implement plans for developing co-operative behaviour
- BSBRSK501A Manage Risk
- CHCORG614C Manage a community Sector organisation
- CHCIC512A Plan and implement inclusion of children with additional needs
- CHCPR510B Design, implement and evaluate programs and care routines for children

* If upgrade please supply the date and venue of where workshop was attended.

Date: _____ Venue: _____

PERSONAL INFORMATION

Title:	Surname:
Given Name:	Other Names:

Family Day Care Scheme:	
Position:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth:	

Home Phone:	Work Phone:
Mobile:	Email:
Emergency Contact Name:	
Emergency Contact Phone:	

RESIDENTIAL ADDRESS

Address:		
City:	State:	Post Code:

My Residential and Postal Addresses are the same



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POSTAL ADDRESS (If different from residential address)

Address:		
City:	State:	Post Code:

PRIVACY STATEMENT

The information requested in this form will be used by PEAK TRAINING for research, statistical information to the relevant government departments and internal management purposes only. In supplying the requested information, the learner is deemed to have consented to the use of the information for those purposes. Please confirm by signing, I have visited the FDC website www.nswfdc.org.au , downloaded the student handbook from PEAK.

Name: _____ Signature: _____ Date: _____



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SPECIAL PRICE for attendees of workshops, please attached verification of attendance

Upgrade with Certificate of Attendance - COST PER UNIT \$100 x _____ = \$ _____

REGULAR COST PER UNIT \$170 x _____ units \$ _____

PAYMENT METHOD - Please tick the boxes below and provide payment details.

- CHEQUE** – made out to NSW Family Day Care Assoc & PEAK Training
- MONEY ORDER**- made out to NSW Family Day Care Assoc & PEAK Training
- CREDIT CARD** –

(circle) **Visa Bankcard MasterCard**
Name:.....
Card Number:.....
Expiry date:.....
Amount:.....



**Please address your envelope to PEAK Training Enrolment;
P.O. Box 386; Summer Hill; NSW 2030**