



JCE Positive Outcomes Enrolment Form

To be used for all traineeships and apprenticeships

If you have an enrolment enquiry:

JCEPO Information Line: (02) 6258 0033

Email: admin@jcepositiveoutcomes.com.au

JCEPO Student Support:

Services include: careers advice, counselling, disability support, financial assistance, migrant support, peer tutoring, student equity, youth support

Contact us: (02) 6258 0033

**Locations : 2/55 Crofts Crescent, Spence, ACT 2615 Australia
Suite 9, Grand Chancellor Hotel, 29 Cameron St
Launceston, TAS 7250 Australia**

www.jcepositiveoutcomes.com.au

Exceed your Expectations

RTO ID 88185



Personal details

1. Enter your full name *

Single name only (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section').

Family name (surname)
First given name
Second given name (middle name)

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want [name of RTO] to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

2. Enter your birth date

Day/month/year			
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3. Gender (Tick ONE box only)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other	<input type="checkbox"/>

4. Enter your contact details

Home phone Work phone

Mobile Email address

Alternative email address (optional)

Emergency Contact Name: Emergency Contact No:

5. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area, use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

Building/property name	
Flat/unit details	
Street or lot number (e.g. 205 or Lot 118)	
Street name	
Suburb, locality or town	
State/territory	
Postcode	

6. What is your postal address (if different from usual residence)?

Building/property name	
Flat/unit details	
Street or lot number (e.g. 205 or Lot 118)	
Street name	
Suburb, locality or town	
State/territory	
Postcode	

Language and cultural diversity

7. In which country were you born?

Australia	<input type="checkbox"/> 1101
Other – please specify	

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

(If more than one language, indicate the one that is spoken most often)

No, English only	<input type="checkbox"/> 1201
Yes, other – please specify	

How well do you speak English? (tick one box)

Very Well
 Well
 Not Well
 Not at all

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

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No	<input type="checkbox"/> 4	
Yes, Aboriginal	<input type="checkbox"/> 1	3 (yes to both)
Yes, Torres Strait Islander	<input type="checkbox"/> 2	

Disability

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

Yes	<input type="checkbox"/> Y	
No	<input type="checkbox"/> N	No – Go to question 12

11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

(You may indicate more than one area) Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/> 11
Physical	<input type="checkbox"/> 12
Intellectual	<input type="checkbox"/> 13
Learning	<input type="checkbox"/> 14
Mental illness	<input type="checkbox"/> 15
Acquired brain impairment	<input type="checkbox"/> 16
Vision	<input type="checkbox"/> 17
Medical condition	<input type="checkbox"/> 18
Autism Spectrum Disorder	<input type="checkbox"/>
Other	<input type="checkbox"/> 19

Schooling

12. What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9.

Year 12 or equivalent	<input type="checkbox"/> 12
Year 11 or equivalent	<input type="checkbox"/> 11
Year 10 or equivalent	<input type="checkbox"/> 10
Year 9 or equivalent	<input type="checkbox"/> 09
Year 8 or below	<input type="checkbox"/> 08
Never attended school	<input type="checkbox"/> 02

Never completed any primary or secondary level education – go to question 14

In which year did you complete that school level:

In which Australian state did you complete that school level:

13. Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

Previous qualifications achieved

14. Have you SUCCESSFULLY completed any of the qualifications listed in question 15?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

No – go to question 16

15. If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/> 008
Advanced diploma or associate degree	<input type="checkbox"/> 410
Diploma (or associate diploma)	<input type="checkbox"/> 420
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> 511
Certificate III (or trade certificate)	<input type="checkbox"/> 514
Certificate II	<input type="checkbox"/> 521
Certificate I	<input type="checkbox"/> 524
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/> 990

Qualification

Qualification Code			
Qualification Title			
Start Date (Expected)		End Date (Expected)	

Student Declaration

ENROLMENT

I declare that to the best of my knowledge the information supplied above is correct and complete. I have read and accept the terms and conditions as described in the JCEPO Participant Manual including privacy and fees and refunds information.

By enrolling at JCEPO I agree to abide by JCEPO policies and student responsibilities as listed in the JCEPO participant manual.

I give permission for JCE Positive Outcomes to review and report my training progress to representatives from Apprenticeship Network Providers, Department of Education and Communities, ASQA, State Education and Training Directorate and my employer.

I understand that my enrolment may be cancelled if fees are not paid in full by the invoice due date.

Withdrawals and Refunds

I am aware that if I withdraw from my course after the JCE Positive Outcomes invoice due date, I will be liable for payment of the fees even if I have not attended classes or completed any work.

For further information, please refer to our RTO's present refund terms and conditions policy in our student handbook/website.

I (we) agree that the above information has been provided to all parties during this induction.

Participant Name	Signature	Date

Supervisor Name	Signature	Date

JCEPO Rep. Name	Signature	Date

If Participant is under 18 years of age

I have read the terms and conditions and agree to this enrolment.

Parent/Guardian Name:

Signature:

Date:/...../.....

Induction Checklist

	Outline of training program		Duration of the program
	Completion of enrolment form		Selection of elective units
	Verified ID: Driver's License/Passport/Student ID Visa/Medicare		USI Number provided
	LLN assessment discussed and completed		Participant manual provided
	Training Plan discussed and completed		Regularity and method of visits by trainer/assessor
	Learning and assessment resources provided		Competence-Based Assessment and Assessment methods
	Qualification to be issued on successful completion		Recognition of Prior Learning explained and offered
	Student Hand Book provided		ASBA Concession card holder
	Explanation of traineeship processes, roles and responsibilities of all parties		Early completion is a consideration. YES NO
	JCE Positive Outcomes trainer and office contact details		Privacy Notice discussed
	Fees and fee payment discussed		Debit form used
	Payment option discussed		Appeal processes explained