





**ENROLMENT FORM
Individual Unit
CHC30113 Certificate III in Early Childhood Education and Care**

(Office use only)
Student No: _____
Date: _____
Invoice Number: _____

PLEASE SELECT THE UNIT/S REQUIRED:

- CHCPRT001 Identify and respond to children and young people at risk
- HLTWHS001 Participate in work health and safety

A. STUDENT DETAILS (please print in block letters)

| | | | |
|---|---|---|----------------------------------|
| Title: | | Surname: | |
| Given Names: | | Other Names: | |
| Gender: <input type="checkbox"/> Female | <input type="checkbox"/> Male |  | Compulsory Date of Birth: |
| Home phone number : (02) | | Mobile: | |
|  | Compulsory USI (Unique student Identifier number): _____ | | |
| Please note: To obtain a USI number visit usi.gov.au and click on 'Create a USI' | | | |
| Email: | | | |
| Residential Address : | | | |
| City: | State: | Postcode: | |
| Postal Address : | | | |
| City: | State: | Postcode: | |
| Emergency Contact Name: | | Emergency Contact Number: | |



PAYMENT DETAILS (If you have paid online, please tick the online payment box below)

Cost \$ 180 per unit x _____ = \$ _____

- Online payment
- BANK TRANSFER - BSB# 032 272 / Acct # 162 368
** Important Note: Please put your Full Name and Type of Payment on bank transfer description and send your transfer receipt to accounts@nswfdc.org.au
- CHEQUE – made out to NSW Family Day Care Assoc & PEAK Training
- CREDIT CARD –

(circle) Visa MasterCard

Name: _____
Card Number: _____
Expiry date: _____
Amount: _____

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 student 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.

- I give permission to NSWFDCA to contact me with any relevant information.
**You may opt out of these communications at any time.

Name: _____ Signature: _____ Date: _____



Please return the completed and signed enrolment form with accompanying documents

by mail to:
PEAK Training Enrolment
PO Box 386
Summer Hill
NSW 2130

or scan and email to:
admin@peaktraining.net.au

Thank you for completing this form and choosing to study with PEAK Training.