

Applicant name (Office use only): \_\_\_\_\_

Chisholm VIP Student (Please tick if you have studied at Chisholm before)

## Berwick TEC – 2012 APPLICATION FORM

- This is an **application form only** and not an offer for a place
- This form is NOT to be used for VTAC applications
- This form CAN be used as a DIRECT ENTRY application form

### VCAL Courses – Commencing Semester I, 2012:

*Please mark order of preference next to selection (if you are applying for more than one course)*

Allied Health	(B)	[ ]	Health & Community Careers –	(B)	[ ]
Automotive	(D)	[ ]	<i>(A variety of Health &amp; Community tasters)</i>		
Bricklaying	(B)	[ ]	Landscaping	(B)	[ ]
Carpentry	(B)	[ ]	Nursing	(B)	[ ]
Children’s Services	(B)	[ ]	Trade Careers <i>(A variety of trade tasters)</i>	(B)	[ ]
ESL – Business <small>(English as Second Language)</small>	(D)	[ ]	Plumbing	(B)	[ ]
Electrical	(B)	[ ]	VCAL Fast Track	(B)	[ ]
Hair & Beauty	(B)	[ ]	Sport and Recreation	(B)	[ ]

*VCAL courses include a full industry certificate where possible*

### INDUSTRY SPECIFIC COURSES; Commencing Semester I, 2012

Cert. II in Building & Construction (Bricklaying)	21844VIC	(B)	[ ]
Cert. II in Building & Construction (Carpentry)	21844VIC	(B)	[ ]
Cert. II in Electrotechnology	21887VIC	(B)	[ ]
Cert. II in Plumbing	21642VIC	(B)	[ ]
Cert. III in Brick & Blocklaying ( <i>Apprenticeship</i> ) *	CPC30108	(B)	[ ]

B – Course delivered at Berwick Campus

D – Course delivered at Dandenong Campus

Surname/Family name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Student mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at 1/1/2012: \_\_\_\_\_ Male  Female

Are you an Australian Citizen / Permanent resident of Australia? Yes  No

If you answered NO, please indicate which type of Visa: Student  Visitor

#### Emergency Contact:

<b>Name:</b>	<b>Name:</b>
<b>Relationship to student:</b>	<b>Relationship to student:</b>
<b>Mobile phone #:</b>	<b>Mobile phone #:</b>
<b>Home phone #:</b>	<b>Home phone #:</b>
<b>Work phone #:</b>	<b>Work phone #:</b>
<b>Email address:</b>	<b>Email address:</b>



Return completed form via:  
**Mail:** Chisholm Institute, Berwick TEC  
 PO Box 684, Dandenong VIC 3175  
**Fax:** 9212 4537 or  
**E-mail:** Berwick\_TEC@chisholm.edu.au



Are you Centrelink registered? Yes  No   
 If yes, please provide registration number \_\_\_\_\_  
 Benefit Type: \_\_\_\_\_  
 Referral Agency & Contact \_\_\_\_\_

**EDUCATIONAL LEVEL / BACKGROUND (Please give details)**

Tick which year level you completed successfully in your schooling:

Primary (1-6)                    1       2       3       4       5       6   
 Secondary (7-12)            7       8       9       10       11       12

School(s) attended \_\_\_\_\_ Year you left: \_\_\_\_\_

Did you attend tertiary study (university or other post secondary study)? Yes  No

If yes, what course did you study? \_\_\_\_\_

**Please attach evidence of any previous study (if possible)**

**EMPLOYMENT / WORK EXPERIENCE / VOLUNTARY WORK**

Are you currently employed? Yes  No

IF YES, PLEASE SELECT FROM THE FOLLOWING OPTIONS:

Full-time  Part-time  Casual

Type of work \_\_\_\_\_

What job / profession / further study are you interested in?  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASONS FOR APPLYING – PLEASE GIVE DETAILS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION (must be signed and dated)**

I declare that to the best of my knowledge the information supplied in this application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of information relating to my application may result in cancellation of any offer of enrolment.

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

Chisholm Institute complies with the Information Privacy Act 2000 and the Health Records Act 2001. Any information provided to us will be used in accordance with the Information Privacy Principles in these Acts.