

## STANDARD ENROLMENT FORM 2018

Enrolment form for non-Uniting ReGen staff. You can review course information on the [E&T ReGen website](#) prior to enrolling with Uniting ReGen RTO (RTO Number 20956).

### Previous Study

Have you previously studied at Uniting ReGen? Yes  No

### Unique Student Identifier (USI)

Please provide your unique student identifier

From 1<sup>st</sup> January 2015 all students undertaking in nationally recognised training delivered by a RTO are required to have a unique student identifier (USI). Please provide your USI to successfully complete and receive a statement of attainment. Students who do not have a USI may apply through the USI website ([www.usi.gov.au](http://www.usi.gov.au)).

### Victorian Student Number (VSN)

VSN If you are aged 24 or below, please provide your Victorian Student Number [Click here to enter text.](#)

## STUDENT DETAILS

<b>Title:</b>	<input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs	<b>Gender:</b>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> other	<b>Date of Birth:</b>	
<b>Name:</b>				<b>Preferred Name:</b>	
<b>Address:</b>					
<b>Postal Address (if different from above)</b>					
<b>Work Phone:</b>		<b>Mobile:</b>			
<b>Preferred email address:</b>					
<b>Alternative Email:</b>					
<b>Position</b>					
<b>Manager's Details:</b>	(ReGen is required to collect feedback on the quality of our training from your employer.)				
	<b>Manager/team leader:</b>	*	<b>Contact email</b>	*	
<b>Emergency contact:</b>		<b>Phone:</b>			
<b>Dietary Requirement:</b>	Do you have any special dietary requirements?				

## TRAINING REQUIREMENTS

**Do you work with clients who have AOD issues?**

Yes  No

**In which sector do you currently work?**

- Alcohol and other drugs
- Youth Services
- Community Service
- Community Health
- Nursing
- Aged Care
- Mental health

**Language, Literacy and Numeracy (LLN) requirements and assistance**

Would you like assistance for the course?

Yes  No

If so, please provide details to assistance required:

[Click here to enter text.](#)

**Recognition of Prior Learning/Credit transfer**

Would you like to apply for Recognition of Prior learning (RPL) or credit transfers?

Yes  No

If yes, which units?

[Click here to enter text.](#)

## STATISTICAL INFORMATION

### LANGUAGE & CULTURAL DIVERSITY

#### In which country were you born?

- Australia | Please Specify | [Click here to enter text.](#)

#### Are you of Aboriginal or Torres Strait Islander origin?

- No  
 Aboriginal  
 Torres Strait Islander  
 Both

#### Do you speak a language other than English at home? Yes No

**If yes** please specify language:

\*

**If yes**, how well do you speak English?

- Very well  Well  
 Not well  Not at all

### EMPLOYMENT

#### Which BEST describes your current employment status? (please check 1 box only)

- Full time employee  
 Part-time employee  
 Self-employed not employing others  
 Employer  
 Employed – unpaid family worker  
 Unemployed – seeking full-time work  
 Unemployed – seeking part-time work  
 Not employed – not seeking employment

### SCHOOLING

#### What is your highest COMPLETED school level?

- Completed Year 12  
 Completed Year 11  
 Completed Year 10  
 Completed Year 9 or equivalent  
 Completed Year 8 or lower  
 Did not attend school

### PREVIOUS QUALIFICATIONS ACHIEVED

#### Have you SUCCESSFULLY COMPLETED any of the following? Yes No

If **Yes**, please tick applicable:

- Bachelor Degree or Higher Degree  
 Advanced Diploma/Associate Degree  
 Diploma (or Associate Diploma)  
 Certificate IV/Advanced Certificate  
 Certificate III  
 Certificate II  
 Certificate I  
 Certificates other than the above

### DISABILITY

#### Do you have a disability, impairment or long-term condition?

- Yes  
 No

**If yes** please tick applicable

- Hearing/Deaf  
 Intellectual  
 ABI  
 Physical  
 Mental illness  
 Vision  
 Medical condition  
 Other

#### Do you require assistance?

- Yes  No

Please list any assistance required:

\*

### REASON FOR STUDY

Which category BEST describes your main reason for undertaking this course?

- To get a job  
 It was a requirement of my job  
 I wanted extra skills for my job  
 To get a better job or promotion  
 For self development  
 To develop my existing business  
 To get a better job or promotion  
 To get into another course of study  
 To try for a different career  
 To start my own business  
 For other reasons

### SUPPLEMENTARY INFORMATION

#### What is the postcode of the suburb or town in which you usually live?

[Click here to enter text.](#)

### SUPPLEMENTARY INFORMATION cont

#### Where did you hear about this training?

- ReGen website  
 Uniting service  
 VAADA  
 Department of Health  
 Employer  
 Internet search  
 Word of Mouth  
 Other

## STUDENT DECLARATIONS

I, the undersigned, hereby declare the above enrolment information to be true and accurate to the best of my knowledge. (Typing your name here constitutes a signature for the purposes of this form)

Name: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

## STUDENT DECLARATION

### RELEASE OF INFORMATION

I, the undersigned, give permission for particulars and information, which I understand to be confidential, to be extracted and divulged from my training notes and assessment tasks for the purpose of:

- 1) Communicating with:
  - Workplace supervisor
  - Other Uniting ReGen Education & Training Staff
  - Uniting ReGen Manager of Clinical Education Programs and Consumer Participation
- 2) I understand that this authority will remain valid for twelve months after commencement of my training in the units selected on pg. 3
- 3) I understand that this authority includes any units I undertake within twelve months with Uniting ReGen, or the units' equivalents and is limited to the provision of information related to my:
  - Attendance and academic results

Name [Click here to enter text.](#)

Date [Click here to enter text.](#)

## COURSE SELECTION 2018

**First Aid training (includes CPR)**

The [first aid](#) course runs from 9am – 5 pm.

**CPR training**

The [CPR training](#) is a 4 hour course.

### AOD training program for 2018

Enrol	Modules	Delivery Dates
<input type="checkbox"/>	<b>Work with the AOD sector Module</b> <a href="#">CHCAOD001 Work in AOD context</a>	21 <sup>st</sup> , 22 <sup>nd</sup> , 28 <sup>th</sup> and 29 <sup>th</sup> May
<input type="checkbox"/>	<b>Working with intoxicated clients module</b> <a href="#">CHCAOD002 Work with clients who are intoxicated</a>	7 <sup>th</sup> , 8 <sup>th</sup> , 14 <sup>th</sup> & 15 <sup>th</sup> May
<input type="checkbox"/>	<b>Assessment and Individual Treatment Plan (ITP) module</b> <a href="#">CHCAOD004 Assess needs of clients with AOD issues</a> <a href="#">CHCAOD009 Develop and review individual AOD treatment plans</a>	16 <sup>th</sup> , 17 <sup>th</sup> , 18 <sup>th</sup> July & 6 <sup>th</sup> , 7 <sup>th</sup> & 8 <sup>th</sup> August
<input type="checkbox"/>	<b>Providing Interventions and relapse prevention strategies Module</b> <a href="#">CHCAOD006 Provide interventions for people with AOD issues</a> <a href="#">CHCAOD007 Develop strategies for AOD relapse prevention &amp; management</a>	3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 17 <sup>th</sup> , 18 <sup>th</sup> , 19 <sup>th</sup> , 26 <sup>th</sup> and 27 <sup>th</sup> September
<input type="checkbox"/>	<b>Provide AOD withdrawal services Module</b> <a href="#">CHCAOD005 Provide AOD services</a>	To be advised

\*\* course dates may be subject to change

Additional information about the unit is available by using links above

Please return completed enrolment form to Education & Training by Email: [rto@vt.uniting.org](mailto:rto@vt.uniting.org).  
or Fax: 03 9383 6705

### Payment:

Payments can be made by credit card (MasterCard and Visa), direct deposit or cheque.

Would you like the invoice emailed? Yes  No

What is the email address? [Click here to enter text.](#)

Please note Statements of Attainment will not be issued until payment is made in full.

**Thank you for your enrolment with Uniting ReGen RTO (RTO Number 20956).**

Authorized by: CEO	Version No: 9	RTOFRO_018 Enrolment form Controlled Copy, Uncontrolled When Printed.
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