**CPP50721 Diploma of Access Consulting -**

**Course for Occupational Therapists**

**Enrolment Information and Enrolment Form**

**Delivered Live Online via Zoom and self-paced learning**



**Read the following before you proceed**

This course is designed for **Occupational Therapists only.**

In order to enrol in this course you must provide some information about your qualifications and experience, complete the attached Enrolment Form and send to Access Institute.

**(If you are not an Occupational Therapist contact Access Institute for options regarding other courses).**

**Step 1: To enrol in this course:**

Complete the attached Enrolment Form.

**Note**: There must be a minimum number of enrolments received by Access Institute, 2 weeks prior to course commencement, in order for this course to proceed. This number varies according to the course type and location.

Confirmation that a course will or will not proceed as scheduled, will be provided to each enrolled student, via email, no later than 2 weeks prior to course commencement date.

**Step 2: Attach a copy of the following documents to the enrolment form:**

* A copy of your qualification and registration as an Occupational Therapist within your State

and

* A statement from your employer (or other relevant evidence) that you have been carrying out responsibilities associated with the above professional role for a period of not less than 12 months

If you have a current White Card (or similar) please attach a copy of this, you may be eligible for additional RPL: CPPACC4015 Follow WHS requirements when working at client sites.

You must then submit these documents to Access Institute:

by email to [**admin@accessinstitute.com.au**](mailto:admin@accessinstitute.com.au) or send by mail to P O Box 255, North Melbourne, 3051.

**Step 3: Notification of receipt of documents by Access Institute and payment of fee**

Once these documents are received by Access Institute, an invoice for the Course Fee will be issued to you. Once a payment is received the assessment of your documents will then be undertaken. This will not occur until payment is received by Access Institute. If necessary you will also be contacted by phone by an Access Institute assessor if any further information is required.

**Step 4: Confirmation of enrolment**

Once the document assessment is completed, you will be issued with written confirmation of enrolment. An invoice for the balance of the total course fee will be sent to you at this time. You will be provided with further details of the course, as well as any necessary pre-course materials.

**CPP50721 – Diploma of Access Consulting – Course for Occupational Therapists ONLY**

**Delivered Live Online via Zoom and self-paced learning**

**9 days – plus 12 months to complete all assignment materials**

# Enrolment Form

Please ensure that you read the Course Information Handbook prior to answering all questions in this course Enrolment Form. When completed, submit this form to Access Institute as per the details on the last page.

**Acknowledgement**: I have read the Course Information Handbook, please sign:

**Note**: There must be a minimum number of enrolments received by Access Institute, 2 weeks prior to course commencement, in order for this course to proceed. This number varies according to the course type and location. Confirmation that a course will or will not proceed as scheduled, will be provided to each enrolled student, via email, no later than 2 weeks prior to course commencement date.

1. **Personal details**

Name (Surname)…………………………. (Given name) …………………….……....

Date of Birth Day ……………...…. Month …………….. Year …………………….…....

Gender  Male  Female  Other

**It is a mandatory requirement for students to supply current legible photographic identity evidence**

I have attached a copy of a valid Australian Drivers Licence or Passport (Australian)

**It is compulsory for all students enrolling in nationally recognised training to have a Unique Student Identifier (USI).**

**Please provide your Unique Student Identifier**

**………………………………………………………………………………………………**

**Or**

I would like Access Institute to apply for a USI on my behalf and authorise Access Institute to do so. I declare that I have read the privacy information at <https://www.usi.gov.au/system/files/documents/privacy_notice_0.pdf> (refer to the Privacy Statement in this Enrolment Form)

1. **Residence**

What is the address location and postcode of the suburb, locality or town in which you usually live?

Address ................................................................................ Postcode …………

Home Telephone ………………..……….. Mobile …………….…............................

Email…………………………………………………………...............................................

Postal address (if different from above) ……………………………………………………

…………………………………………………………………………………………………..

1. **Employment**

Employer name (if applicable).......................................................................................

Your current role ........................................................................................................

Employer address ........................................................................................................

Phone .......................................................... Fax .........................................................

Email ............................................................................................................................

Of the following categories, which best describes your current employment status?

(Tick **one** box only)  Full-time employee  Part-time employee

Self employed – not employing others  Self employed – employing others

Employer  Employed – unpaid worker in a family business

Unemployed – seeking full-time work  Unemployed – seeking part-time work

Not employed – not seeking

1. **Person to Contact in an Emergency**

Name ………………………………………… Relationship ………………………………

Address ……………………………………… Telephone .………………………............

Mobile ……………………………………….. Email.......................................................

1. **Language and Cultural Diversity**

In which country were you born?  Australia  Other – please specify

……………………….……………………………………………………………………….

Town/City of Birth …………………………………………………………………………………..

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

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

Other Please specify ……………………………………………..……………………….....

How well do you speak English?  Very well  Well  Not well  Not at all

Are you of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander

1. **Particular Requirements**

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

Yes  No

If Yes, please indicate the areas of disability, impairment or long term condition: (You may indicate more than one area)  Hearing/deaf  Physical  Intellectual  Learning  Mental Illness  Acquired Brain Impairment  Vision

Medical Condition  Other

Do you have any specific requirements that we need to know about to ensure you can participate in the course effectively? Yes No

If **Yes,** please provide more information so that we can prepare, in consultation with you, the most appropriate support arrangements

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1. **Education**

Are you still attending secondary school?  Yes  No

What is your highest **completed** school level? (Tick **one** box only)

Completed Year 12  Completed Year 11  Completed Year 10

Completed Year 9 or Equivalent  Completed Year 8 or Lower

Did not go to High School

In which year did you complete that high school level …………………….

Have you successfully completed any of the following qualifications?  Yes  No

If Yes, tick **any applicable boxes**  Bachelor Degree or Higher Degree

Advanced Diploma or Associate  Degree  Diploma Level

Certificate IV  Certificate 111  Certificate 11  Certificate 1

Certificates other than the above

Are you planning to apply for any Credit Transfer?  Yes  No

Are you planning to apply for any RPL?  Yes  No

1. **Study Reason**

Of the following categories, which **best** describes your main reason for undertaking this course?

to get a job  to develop my existing business  to start my own business

to try for a different career  to get a better job or promotion

it was a requirement of my job  I wanted extra skills for my job

to get into another course of study  for personal interest or self development

other reasons

**Course Dates 2024**

**Note**: The following are the only dates and locations for this course in 2024 at this time.

**9 days– Daily from 10.00a.m. to 5.00p.m.**

**Locations: Please tick the course you wish to attend**

**. Delivered Live Online via Zoom:** **14, 15, 16 23, 24, 29, 30 May and 13, 14 June 2024**

**Fees, Charges and Refunds**

**Course fee:** **Please refer to the Course Information Handbook**

Total fee can be paid on enrolment or alternatively paid in the instalments: please refer to the Diploma of Access Consulting Course Information Handbook for instalment dates.

**Please tick your preferred payment option:**

**Lump Sum Prior to Course:** (No GST is applicable)

**Installments:** (No GST is applicable)

If a student withdraws from a course after they have confirmed their enrolment. i.e. submitted their enrolment form to Access Institute, a minimum fee of 50% of the full course fee will apply if withdrawal occurs more than 14 days prior to course commencement.

If a student withdraws from a course within 14 days of the course commencement, 100% of the total course fee will apply.

All fees for any RPL undertaken by Access Institute for any student who withdraws from a course, after they have confirmed their enrolment, will be payable in full by the student.

All fees and charges must be received by Access Institute as per the information provided in the Course Information Handbook in order for a student to participate in the course.

If a students’ internet connections is unstable or drops out during a session delivery, no refund of course fees will be applicable. Alternatives will be discussed with the student to support completion of any course requirements.

I understand the terms of this Contract and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student of Access Institute.

Authorising Officer:………………………………. Signature:…………………………….

Your email address for Invoices:……………………………………………………………

Access Institute policies and further course information is provided in the Course Information Handbook, available from Access Institute at [info@accessinstitute.com.au](mailto:info@accessinstitute.com.au)

To support high quality training, numbers of students enrolled in each course are limited. Enrolment is not guaranteed or confirmed until fees are received by Access Institute and Access Institute has confirmed enrolment with the student via email.

Access Institute reserves the right to cancel any course at any time. If a course is cancelled by Access Institute ALL of your course fees paid will be refunded. Access Institute reserves the right to change the mode of course delivery as required. i.e. webinar, teleconference, face to face etc.

Access Institute does not however take responsibility for any participant’s costs associated with any such cancellation related to airfares, travel or accommodation.

Access Institute will endeavour to notify students as early as possible of any course cancellation but no later than 2 weeks prior to a scheduled course commencement.

**Where did you hear about this course? Please circle:**

**Access Institute Website Access Insight Newsletter**

**Colleague Access Institute eNews**

**Other: please state: …………………………………………..**

**All assessments must be completed and submitted within 12 months of course commencement.**

**Privacy Statement**

|  |
| --- |
| For more information in relation to how student information may be used or disclosed please contact Access Institute Administration Manager on phone 03 9988 1979 or email [admin@accessinstitute.com.au](mailto:admin@accessinstitute.com.au)  I acknowledge and agree to the terms described in this privacy statement:  Applicant signature: ………………………………………………………………………  **Tick this box  to confirm acceptance of the privacy statement for online enrolments.** |
| Personal information is collected solely for the purpose of operating as a Registered Training Organisation under the Australian Quality Training Framework administered by the Australian Skills Quality Authority (ASQA) who are the registering authority. The requirements of the registering authority may require the release of your personal information for the purposes of audit or for collection of data by Commonwealth and State Government departments and agencies. It is a requirement of the Standards for Registered Training Organisations 2015 that students can access personal information held by the college and may request corrections to information that is incorrect or out of date. Please apply to the Assessment Manager if you wish to view your own records.  **USI Declaration:**  I have authorised Access Institute to apply, pursuant to sub-section 9(2) of the *Student Identifiers Act 2014*, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at <https://www.usi.gov.au/system/files/documents/privacy_notice_0.pdf> . I understand that documents supplied for the sole purpose of creating a USI will be destroyed once a valid USI is created  **Applicant Signature ...........……………………............. Date………………………..**  I understand the terms of this Contract and the refund conditions and confirm that I have been fully advised of the fees, refund conditions and conditions of enrolment and agree to be a student of Access Institute. I acknowledge I have read and understood the contents of the course information handbook.  **Applicant Signature ...........……………………............. Date………………………..** |

**In order to enrol in the CPP50721 Diploma of Access Consulting Course for Occupational Therapists you must also complete the following checklist:**

YourSurname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **I have attached the following:** | **Yes**  **Please tick**  **below** |
| 1. Course Enrolment Form |  |
| 1. A copy of my qualification and registration as an Occupational Therapist within my state. |  |
| 1. A statement from my employer that I have been carrying out responsibilities associated with the above professional role for a period of not less than 12 months |  |
| 1. If you have a White Card (or similar) |  |
| 1. This checklist |  |

Note: You are responsible for any original documents sent to Access Institute by mail. If you wish these to be returned to you by registered mail, please include a Registered Mail envelope with your submission.

**Email the enrolment form, this checklist and your documents to** [admin@accessinstitute.com.au](mailto:admin@accessinstitute.com.au) **or send to Access Institute P O Box 255, North Melbourne 3051**