

**Home Modifications 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 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

You must then submit these documents to Access Institute: by email to **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.

**Step 4: Confirmation of enrolment**

You will be provided with further details of the course, as well as any necessary pre-course materials upon Course confirmation.

**Home Modifications Course for Occupational Therapists**

(incorporating units of competency: CPPACC4020 - Provide access advice on building renovations and CPPACC5016 - Provide expert access advice on renovations to private dwellings)

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

**2.5 days – plus 4 months to complete assignments and assessment**

**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:

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 condition [ ]  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

**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

**Locations: Please tick appropriate**

* **Delivered Live Online via Zoom:** 26, 27 November 2024 (10.00a.m. to 4.00p.m) and 28 November 2024 (10.00a.m. to 3.00p.m), Melbourne Times

**Fees, Charges and Refunds**

**Course Fee:** $1500.00 plus GST

**Refunds**

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, no refund will be provided and 100% of the total course fee will apply.

All fees for assessment of Recognised Prior Learning (RPL) or Credit Transfer (CT) undertaken by Access Institute, must be received before assessment of RPL or CT is undertaken. If a student withdraws from a course after RPL or CT assessment has been undertaken, no refund of course fees will be applicable.

All fees and charges must be received by Access Institute prior to course commencement in order for a student to participate in the course.

If a students’ internet connection is unstable or drops out during a session delivery, no refund of course fees will be applicable. Alternatives will be offered for 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

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.

**Cancelation of Course by Access Institute**

Access Institute reserves the right to cancel any course at any time. If a course is cancelled by Access Institute ALL course fees paid by a student 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 reserves the right to change course dates if necessary.

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

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.

Access Institute will endeavor to notify students as early as possible of any course cancellation or change of date.

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

**Access Institute Website Access Insight Newsletter**

**Colleague Access Institute eNews**

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

**Privacy Statement**

I understand that Access Institute is required to provide the Australian Skills Quality Authority (ASQA), with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the National VET Provider Collection Data Requirements Policy (which is available at <https://docs.education.gov.au/node/37145> . Access Institute may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting, and/or research activities. For these and other lawful purposes, ASQA may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

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

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 Home Modifications 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. 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 **or send to Access Institute P O Box 255, North Melbourne 3051**

**By submitting this form to Access Institute, you are acknowledging that you have read the Course Information Handbook and agree to the terms and conditions contained within it.**