Course Application Form

Please ensure to answer all questions. Incomplete applications will not be processed.

**Personal Details**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Other:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unique Student Identifier (USI)</td>
<td>10 digits</td>
<td>You can obtain a USI from: <a href="http://www.usi.gov.au">www.usi.gov.au</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home/Work Phone:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country of Birth:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Town/City of Birth:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Eligibility and General Information**

1. Are you living in NSW social housing or are you or your household on the NSW Housing Register? □ Yes □ No

2. Are you still at school? □ Yes □ No

3. Select your citizenship/residency status:
   - □ An Australian Citizen
   - □ On a humanitarian visa
   - □ An Australian permanent resident
   - □ Other
   - □ A New Zealand citizen
   - Please provide/attach evidence of citizenship/residency status

4. Have you achieved any qualifications since turning 17?
   - □ Yes, while still at school? List qualification/s: ______ Institution: ______
   - □ Yes, after leaving school? List qualification/s: ______ Institution: ______
   - □ No

5. Are you registered for a traineeship in NSW? □ Yes, registered □ Yes, intending to be registered □ No
   - If yes, name your Apprenticeship Centre & contact person: ________________________

6. Are you of Aboriginal or Torres Strait Islander origin?
   - □ No □ Yes, Aboriginal □ Yes, Torres Strait Islander □ No

7. Are you enrolled, or have you undertaken a NSW Smart and Skilled subsidised qualification **THIS** calendar year. If yes, please provide details:
   - □ Yes □ No
   - If yes, complete the following: Name of Course: ________________________
   - Provider Name: ________________________ Completion Date: ________________________

8. Do you have a disability? □ Yes □ No
   - If no, go to question 9
   - If yes, complete Section 12
   - Do you have a disability support pension? □ Yes (also complete Section 12) □ No
   - Have you been assessed by a specialist support professional as having a disability? □ Yes (complete Section 12) □ No
   - If yes, please describe: ____________________________________________________________
Are you a dependent child or spouse of a person in receipt of a disability support pension?

- Yes (also complete section 12)
- No

Please select ONE option only:

- I am a job seeker (go to questions 10 - 12)
- I am currently working (go to 11 or 12 for concession/scholarship or exemptions or 13 Course Preferences)

I am with an Employment Service Provider (Job Service Provider)?

- Yes
- No

If yes; Name of Employment Service Provider (Job Service Provider)

Employment Service Provider Client ID (JSID) ________________________

Were you referred to this training by your Employment Service Provider?

- Yes
- No

If yes, Employment Service Provider Referral ID ________________________

Have you been unemployed greater than 52 weeks?

- Yes
- No

If yes, please attach evidence with this application.

Concessions/Scholarship

<table>
<thead>
<tr>
<th>Entitlement(s)</th>
<th>Appropriate evidence must be provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Pension</td>
<td></td>
</tr>
<tr>
<td>Austudy</td>
<td></td>
</tr>
<tr>
<td>Carer Payment</td>
<td></td>
</tr>
<tr>
<td>Exceptional Circumstances Relief Payment</td>
<td>Centrelink Income Statement</td>
</tr>
<tr>
<td>Family Tax Benefit Part A (maximum rate)</td>
<td>Centrelink evidence – dependent child of a specified welfare recipient</td>
</tr>
<tr>
<td>Sickness Allowance</td>
<td>A letter from Centrelink or Veteran’s Affairs</td>
</tr>
<tr>
<td>Newstart Allowance</td>
<td></td>
</tr>
<tr>
<td>Parenting Payment (Single)</td>
<td></td>
</tr>
<tr>
<td>Widow Allowance</td>
<td></td>
</tr>
<tr>
<td>Widow B Pension</td>
<td></td>
</tr>
<tr>
<td>Wife Pension</td>
<td></td>
</tr>
<tr>
<td>Veteran’s Children Education Scheme</td>
<td></td>
</tr>
<tr>
<td>Youth Allowance</td>
<td></td>
</tr>
</tbody>
</table>

You must attach suitable evidence to qualify for a concession/scholarship:

- Centrelink Income Statement
- Pensioner Concession Card
- Centrelink evidence – dependent child of a specified welfare recipient
- A letter from Centrelink or Veteran’s Affairs

A NSW New Entrant Trainee in a Newstart Allowance is NOT eligible for a concession fee. (Proceed to Q13)

Exemptions

<table>
<thead>
<tr>
<th>Entitlement(s)</th>
<th>Appropriate evidence must be provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am an Australian Aboriginal and/or Torres Strait Islander; OR I am currently receiving a Disability Support Pension and this is my first fee exemption this year; OR I am a dependent child, spouse or partner of a recipient of the Disability Support Pension and this is my first fee exemption this year.</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate dependency status:

- Dependent Child
- Dependent Spouse or Partner

You must attach suitable evidence to qualify for an exemption:

- Letter from Centrelink confirming receipt of the Disability Support Pension
- Letter from Centrelink indicating dependent child of a recipient of a Disability Support pension
- Current Disability Pensioner Concession Card
- Centrelink Income Statement

VC001 College of Sports & Fitness – Course Application Form 25/02/2016
© Copyright 2013 International College of Capoeira Pty Ltd trading as ‘College of Sports & Fitness’ ABN 90 125 114 730/
Registered Training Organisation 91345/ CRICOS Provider Code 03057C
**Course Application Form**

### Course Preferences

**Please note that not all courses are available at all locations**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 14 | Certificate II in Sport Coaching  
|  | Certificate III in Sport Coaching |
| 15 | Please indicate if you have a training start date and/or completion date:  
|   | Planned Training Start Date: ________________________ Planned Training End Date: ________________________ |

**Are you wishing to apply for credit transfer or RPL?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Credit Transfer: ☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>PRL: ☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

### Education/Work History/ Course Reasons

List any qualifications and/or courses you have successfully completed (attach copies of results/certificates). Please indicate if any of these courses were completed whilst in High School or Overseas.

<table>
<thead>
<tr>
<th>Qualification/Course Name</th>
<th>Training Provider</th>
<th>Year Completed</th>
<th>Overseas Y/N</th>
<th>School Based Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Fees and Charges

17 Please tick one of the funding options below:

- ☐ NSW Government funding – Smart and Skilled subsidy (eligibility criteria apply)
- ☐ Fee for Service (Payment plans available, see below)

### Payment of course enrolment fee

18 Select from the list below:

- ☐ I have enclosed a cheque or money order
- ☐ I have paid by direct deposit & emailed the transaction receipt
- ☐ I have completed my credit card details below
- ☐ Employer / JSA / DSA / Jobsearch paying enrolment fees:
- ☐ I am applying for a scholarship/full exemption of fees (evidence attached)

<table>
<thead>
<tr>
<th>Credit Card Payment Authorisation</th>
<th>Visa or MasterCard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Number: ____________________</td>
<td>Expiry: ______ / ______</td>
</tr>
<tr>
<td>Amount: $_______________________</td>
<td></td>
</tr>
<tr>
<td>Name on Card: __________________</td>
<td>Verification Code (last 3 digits): __________</td>
</tr>
<tr>
<td>Cardholder Signature: ______________</td>
<td>Date: ___ / ___ / ______</td>
</tr>
</tbody>
</table>

Direct Deposit details:
ANZ Castle Hill  
BSB: 012 263  
A/C #: 836441631  
A/C Name: International College of Capoeira Pty Ltd, trading as "College of Sports & Fitness"

If paying by direct deposit, please enter your name in the reference field & email the transaction receipt to: accounts@csf.edu.au
Course Application Form

Please refer to the Course Information Flyer and website for specific information about the course you are applying for. This information is available at www.csf.edu.au

Applicant Declaration – All applicants to complete

For the purposes of this application:

- I verify that all information has been completed by me personally and this information is true and correct.
- I provide consent for this information to be used by College of Sports & Fitness, the National VET Regulator and the Department of Education and Communities (the Department) for enrolment and auditing purposes — see below for detailed consent (NSW Government funding applicants, including New Entrant Trainees).
- I am aware of the Notification of Enrolment Process and consent to College of Sports & Fitness submitting my information to the Department.
- I have been provided with all relevant pre-enrolment information prior to my application.
- I am aware of the College of Sports & Fitness Consumer Protection Policy.
- I am aware of the College of Sports & Fitness Policy on Withdrawal and Deferment of Studies.
- I understand that if my application is incomplete it will not be processed.
- I understand that this application does not guarantee a place in a course.

Signature: __________________________________ Date: _____ / _____ / _______

Consent to use and disclosure of personal information to the Department of Education and Communities and other government agencies – NSW GOVERNMENT FUNDING APPLICANTS ONLY

Please read and complete the following Consent to use and disclose information if you are applying for NSW Government subsidised funding.

I ______________________________________________________________________________________
(First, middle and surname)

Of ______________________________________________________________________________________
(Current residential address)

With date of birth ___________________________________________________________________

Understand and agree that personal information collected from me, my parent or guardian, such as my name, Unique Student identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity and health information) collected by College of Sports & Fitness may be disclosed to the Department of education and Communities (the Department).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with College of Sports & Fitness for the purposes of evaluating and assessing my subsidised training.

FULL NAME: ______________________________________________________________________________________
SIGNATURE: _____________________________________________ DATE: _____ / _____ / _______

NOTE: If applicant is under 18 years of age at the time of giving consent, then the consent of a guardian is required.

GUARDIAN FULL NAME: __________________________________________________________________________
GUARDIAN SIGNATURE: _______________________ DATE: _____ / _____ / _______