

Certificate IV Courses

Course enrolling into:	Full time	Part time
<input type="checkbox"/> CHC41808 Certificate IV in Youth Work	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHC40508 Certificate IV in Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHC40408 Certificate IV in Alcohol and Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>

1. Personal details

Family Name:* _____

Given name/s:* _____

(*the name recorded above will appear on results/awards issued)

Preferred name: _____

Title: Mr Mrs Ms Miss Pastor Other: _____

Gender: Male Female

Date of birth: _____

2. Contact details

Street address: _____

Suburb: _____ Postcode: _____

Postal address:* _____

Suburb: _____ Postcode: _____

(*please state "as above" if same as street address)

Home phone: () _____ Work phone: () _____

Mobile: _____ Email: _____

3. Parent/Guardian details*

(*if you are under 18 years of age and in the care of a parent/guardian)

Family Name:* _____

Given name/s:* _____

Preferred name: _____

Street address: _____

Suburb: _____ Postcode: _____

Postal address:* _____

Suburb: _____ Postcode: _____

(*please state "as above" if same as street address)

Home phone: () _____ Work phone: () _____

Mobile: _____ Email: _____

4. Emergency contact

(*please state "as above" if same as parent/guardian)

Name: _____

Relationship: _____ Home phone: _____

Work phone: _____ Mobile: _____

5. Place of birth

Were you born in Australia? Yes No If no, in which country were you born? _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

6. Employer details

Organisation name: _____

Address: _____

Suburb: _____ Postcode: _____

Contact name: _____

Phone: _____ Email: _____

7. Employment details

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

- | | |
|---|--|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Employed – unpaid family worker |
| <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed – seeking full-time work |
| <input type="checkbox"/> Self-employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Unemployed – not seeing employment |

8. Schooling

Are you still at school? Yes No If yes, name of school: _____

What is your highest completed school level? Year 12 Year 11 Year 10 Year 9 or lower

In which year did you complete that school level? _____

9. Language

Do you speak a language other than English at home? Yes No If so, please state: _____

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

10. Qualifications Achieved

Have you successfully completed any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Diploma or Associate Diploma |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Advanced Diploma or Associate Diploma |
| <input type="checkbox"/> Certificate III | <input type="checkbox"/> Bachelor or Higher Degree |
| <input type="checkbox"/> Certificate IV or Advanced Certificate | |

11. Interest in Course

Which of the following best describes your main reason for undertaking this course?

- | | |
|---|--|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> For personal interest |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For self development |
| <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> To try a different career path |
| <input type="checkbox"/> Other (please specify) | |

12. Where did you hear about Teen Challenge's Certificate IV courses?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Church | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Web search | <input type="checkbox"/> Other (please specify) _____ |

13. Working with Children/Police Check

***Not essential for enrolment, however will need for vocational placement.**

Do you hold a current Police or Working with Children Check (blue card)?*

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Yes
(please attach a certified copy) | <input type="checkbox"/> No
(need to organise yourself) | <input type="checkbox"/> Applied |
|--|--|----------------------------------|

14. Disabilities

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If yes, please tick () any applicable boxes:

- | | |
|---|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Other (please specify) _____ | |

If available, would you like to receive advice on support services that may assist? Yes No

15. Identity Verification

For privacy protection and to enable Teen Challenge Training to verify your identity via the phone, please provide a password:

Password

(up to 10 characters and/or numbers)

Password hint

(up to 20 characters)

16. Privacy Declaration

Teen Challenge Training is collecting this enrolment information for general student administration as well as for planning, communication, research and evaluation activities undertaken by the organisation. Only authorised personnel of Teen Challenge have access to this information.

If you are under 18 years of age your personal information, progress and results may be disclosed to your parent/guardian. No further access to your enrolment information will be provided to any other organisation or persons without your consent or, unless authorised or required by law, in accordance with the Information Privacy Principles.

Select Electives:

(please tick ✓)

Youth Work x3

- | | | |
|--------------------------|--------------|--|
| <input type="checkbox"/> | CHCAOD402A | Work effectively in the alcohol and other drugs sector |
| <input type="checkbox"/> | CHCMH403A | Establish and maintain communication and relationships to support the recovery process |
| <input type="checkbox"/> | CHCMH404A | Conduct assessment and planning as part of the recovery process |
| <input type="checkbox"/> | CHCMH405A | Work collaboratively to support recovery process |
| <input type="checkbox"/> | HLTHIR404B | Work effectively with Aboriginal and/or Torres Strait Islander people |
| <input type="checkbox"/> | CHCCS521A | Assess and respond to individuals at risk of suicide |
| <input type="checkbox"/> | CHCMH408B | Provide interventions to meet the needs of consumers with mental health and AOD |
| <input type="checkbox"/> | CHCAOD408A | Assess needs of clients with alcohol and/or other drugs issues |
| <input type="checkbox"/> | CHCAOD411A | Provide interventions for people with alcohol and other drug issues |
| <input type="checkbox"/> | CHCCM404A | Undertake case management for clients with complex needs |
| <input type="checkbox"/> | CHCORG405C | Maintain an effective work environment |
| <input type="checkbox"/> | CHCOHS312A | Follow safety procedures for direct care work |
| <input type="checkbox"/> | CHCAOD406A | Work with clients who are intoxicated |
| <input type="checkbox"/> | CHCCS401B | Facilitate responsible behaviour |
| <input type="checkbox"/> | CHCCS426A | Provide support and care relating to loss and grief |
| <input type="checkbox"/> | CHCCLD315A | Recognise stages of lifespan development |
| <input type="checkbox"/> | CHCNET404A | Facilitate links with other services |
| <input type="checkbox"/> | CHCYTH301D | Work effectively with young people |
| <input type="checkbox"/> | CHCDFV301A | Recognise and respond appropriately to domestic and family violence |
| <input type="checkbox"/> | CHCMH301A | Work effectively in mental health |
| <input type="checkbox"/> | CHCGROUP403D | Plan and conduct group activities |
| <input type="checkbox"/> | CHCMH401A | Work effectively in mental health settings |

Alcohol and Other Drugs x2

- | | | |
|--------------------------|--------------|--|
| <input type="checkbox"/> | CHCCD412A | Work within a community development framework |
| <input type="checkbox"/> | CHCCS422A | Respond holistically to client issues and refer appropriately |
| <input type="checkbox"/> | CHCICS406A | Support client self-management |
| <input type="checkbox"/> | CHCYTH401A | Engage respectfully with young people |
| <input type="checkbox"/> | CHCYTH402A | Work effectively with young people in the youth work context |
| <input type="checkbox"/> | CHCYTH403A | Support young people to create opportunities in their lives |
| <input type="checkbox"/> | HLTOHS300A | Contribute to OHS processes |
| <input type="checkbox"/> | CHCMH402A | Apply understanding of mental health issues and recovery processes |
| <input type="checkbox"/> | CHCMH403A | Establish and maintain communication and relationships to support the recovery process |
| <input type="checkbox"/> | CHCMH404A | Conduct assessment and planning as part of the recovery process |
| <input type="checkbox"/> | CHCMH405A | Work collaboratively to support recovery process |
| <input type="checkbox"/> | CHCCS521A | Assess and respond to individuals at risk of suicide |
| <input type="checkbox"/> | CHCMH408B | Provide interventions to meet the needs of consumers with mental health and AOD issues |
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| <input type="checkbox"/> | CHCYTH301D | Work effectively with young people |
| <input type="checkbox"/> | CHCDFV301A | Recognise and respond appropriately to domestic violence and family violence |
| <input type="checkbox"/> | CHCMH301A | Work effectively in mental health |
| <input type="checkbox"/> | CHCGROUP403D | Plan and conduct group activities |
| <input type="checkbox"/> | CHCMH401A | Work effectively in mental health settings |

18. Student Declaration

(please tick ✓)

- I have read and understood the Teen Challenge Training Prospectus and Trainee Handbook, and agree to abide by the Code of Conduct and policies and procedures
- I have enclosed a colour photo for my student ID card (or I have emailed it to *student@teenchallenge.org.au*)
- I have attached the computer document for entry requirements
- I confirm the accuracy of the information provided
- I have selected elective units as required
- I have arranged payment of fees
- I agree for my image and comments to be used in advertising by Teen Challenge Training
- I understand that my personal information may be disclosed to a registering body official for audit purposes
- I would like to receive information from Teen Challenge Qld on upcoming events, news updates etc
- Credit transfer documents are attached (if applicable)

Student's Signature _____ **Date** _____

Parent/Guardian's Signature* _____ **Date** _____

(*if student is under 18 years of age)

18. Course fees**FULL TIME**

please tick (✓)

Subject Fees (inc. non refundable enrolment fee (\$150.00) & intensive fee) **TOTAL COST** **\$ 1990.00**

OR

Payment plan option (enter amount agreed to with Teen Challenge Training) **TOTAL COST** \$ ____ . ____

PART TIME

please tick (✓)

Enrolment Fee (non-refundable) **\$ 150.00**

Subject Fees (GST free)

Payment 1 **\$ 460.00**

TOTAL COST **\$ 610.00**

INDIVIDUAL UNITS OF COMPETENCY

please tick (✓)

Enrolment Fee (non-refundable) (GST free) **\$ 150.00**

Subject Fees (GST free)

Number of units enrolling in _____ x **\$115.00** each **\$ ____ . ____**

TOTAL COST **\$ ____ . ____**

19. Payment

Cheque/Money Order (please make cheque or money order payable to 'Teen Challenge Training') Amount: _____

Credit Card

Card type: Visa Mastercard Name on Card: _____

Card number:

Expiry date: _____ Amount: \$ _____

Direct Deposit

Bank: Commonwealth **Account No.:** 10232125

BSB: 064 118 **Account Name:** Teen Challenge Training

Deposit date: _____ From Account No.: _____

Deposit amount: _____ From Account Name: _____

Reference used (i.e. first and last name) _____

Office Use Only

Received by: _____ **Date:** _____



Accredited Courses Entry Requirements

Must be submitted with enrolment form

In order to enrol in any Certificate IV course, you will need:

- ◆ A sound understanding of English, literacy, numeracy and computer skills

The way we would like you to show evidence of these skills is by creating a computer document that answers a few questions.

We will assess the way you answer the questions in terms of your skills in the use of English, literacy and computer skills, rather than by the actual answers that you give.

Prepare a computer processed document that answers the following questions:

1. Why would you like to complete a Certificate IV in Youth Work, Certificate IV in Mental Health Work, or Certificate IV in Alcohol and Other Drugs?
2. What do you believe are your current strengths and weaknesses in relation to youth work?
3. If a young person had \$100 and bought the following, how much money would he/she have left?
 - McDonalds \$5.45
 - New shirt \$29.95
 - Phone card \$20.00
 - DVD \$15.00