

APPLICATION FOR ENROLMENT



Animal
Industries
Resource
Centre

Please complete this application form and return to the AIRC. Please use block letters and boxes as required.

Which course are you applying for? (Please tick one only)

- | | |
|---|---|
| <input type="checkbox"/> RUV20104 Certificate II in Animal Studies (Veterinary Nursing) | <input type="checkbox"/> RUV50204 Diploma of Veterinary Nursing (Surgical) |
| <input type="checkbox"/> RUV20104 Certificate II in Animal Studies (Reception) | <input type="checkbox"/> RUV50404 Diploma of Veterinary Nursing (Emergency and Critical Care) |
| <input type="checkbox"/> RUV40404 Certificate IV in Veterinary Nursing | |
| <input type="checkbox"/> RUV40404 Certificate IV UPGRADE | |
| <input type="checkbox"/> RPL Process RUV20104/RUV40404 Cert II/IV | |

Personal Details

Title: Ms/Miss/Mr/Mrs

First Name: _____ Middle Name: _____ Surname: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____ State: _____ Postcode: _____

(If different to above) _____ Suburb

Phone (home): _____ Fax (home): _____

Mobile: _____ E-mail: _____

Would you like to receive information on special offers / newsletters / workshops? Yes No

Date of Birth: _____ Gender: Male Female

Country of Birth: _____ Language spoken at home: _____

Citizenship: Australian Citizen Australian Temporary Resident

Australian Permanent Resident New Zealand Citizen

Are you of Aboriginal or Torres Strait Islander Origin?: No Yes

Do you have a permanent or significant disability?: No Yes If yes, please state: _____

Are you applying for enrolment under a Traineeship?: Yes No

If yes, what is the Apprenticeship Centre name?: _____

Apprenticeship Centre consultant name?: _____ Phone number: _____

Number of months you have been employed (with this organisation) continuously prior to entering this traineeship contract:

Full time: _____ Part time: _____

Education Information

Highest qualifications already attained: _____

Institution: _____ Year Completed _____

Grade achieved at school: _____ Year Completed: _____

Level achieved at school: _____ Year Completed: _____

If you are attending Grade 10, 11, or 12 in Queensland you must supply a LUI number (Learner Unique ID Number).

If you studied your VN qualification through another training organisation, please ensure you send in a copy of your certificate and transcript. Your enrolment WILL NOT be processed until this has been received.

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Employment Information

Employment Status: Full Time Part Time Casual Volunteer Hours worked per week: _____

Veterinary Practice Name: _____

Employer Name/s: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____ State: _____ Postcode: _____

(If different to above) Suburb

Telephone: _____ Fax: _____ E-mail: _____

Mentor Name: _____ Position: _____

Qualification/s: _____

I agree to act as Mentor and assist the applicant throughout the course as per the Structured Tutoring Program and Training Timetable

Mentor Signature _____ Date: _____

Certification

I hereby apply for enrolment for the **Certificate II in Animal Studies/ Certificate IV Veterinary Nursing/ Diploma (Emergency & Critical Care/ Surgical)** (Please circle relevant level) and in so doing:

- A) I acknowledge that this enrolment application does not serve as an automatic entry into the nominated course. However, the submission of a fully completed enrolment application form together with appropriate enrolment/tuition fee payment will secure a position in the nominated course subject to full enrolment confirmation from AIRC.
- B) Should your application be unsuccessful, the AIRC will reimburse in full the enrolment/tuition fees according to the cancellation policy outlined in the appropriate Student Handbook.
- C) I confirm that I intend to gain extra underpinning knowledge and experience by attending the courses and/or working with other fellow staff to achieve current industry standards as outlined in the Animal Care and Management Training Package.
- D) I understand that it is at the discretion of the AIRC to assess and verify my level of competence in line with current industry standards.
- E) I agree to not reproduce or use my notes or AIRC materials except for use in study and place of employment. All materials are subject to copyright laws.
- F) I confirm I have read the Student Handbook (available on our website) and accept the terms, conditions and policies outlined within.
- G) I give permission to AIRC to discuss the progress of my training with my nominated mentor.

Signed by Applicant: _____ Date: _____

If you were referred to our organisation, please indicate referral's detail _____

Skeldale House 14 Main Street, SAMFORD QLD 4520 PO Box 10, SAMFORD QLD 4520

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