

Student Enroment Form

Please complete all details on this form and indicate which course you are applying for. If applying for Recognition of Prior Learning this application must be accompanied by copies of original documentary evidence of passes in units at other educational institutions. Officially finalise this application by signing and dating below in the space provided, and lodge with the Manager Training Ground at Relationships Australia Victoria (RAV) via email at trainingground@rav.org.au. Student Administration will in turn notify you in writing of receipt and status of application.

1. Personal Details									
Have you ever enrolled at Training Ground before?					Yes		No		
First Name					Last Name				
Address									
Suburb						Postcode			
Email									
Telephone		Home				Work			
						Mobile			
Date of Birth					Gender		Male		Female
If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number:					_____				
Are you new to the Victorian Education system or do not have your Victorian Student Number?					Yes, I am new to the Victorian Education system				
2. Course Information (please tick)									
Recognised Training: Bridging Course for Vocational Grad Dip in Family Dispute Resolution									
Nationally Recognised Training: CHC80308 Vocational Graduate Diploma of Family Dispute Resolution									
Start Date:									
3. Organisational and Payment Information: Please tick the appropriate box and complete the applicable information									
Agency Name									
Contact Person									
Agency Address									
Suburb						Postcode			
Email					Business Telephone				
What is your job title?									
I will be paying for the course myself					My organisation will be paying for me				
4. Equal Opportunity Information									
a. Were you born in Australia?			Yes				No		
If no, in which country were you born?									
b. Do you usually speak a language other than English at home?					Yes		No		
If yes, then please state the language spoken:									
c. Are you of Aboriginal or Torres Strait Islander Origin?									
No		Aboriginal			Torres Strait Islander			Both	

d. Do you consider yourself to have a permanent/significant disability?

Hearing	Physical	Intellectual	Learning	Vision
Mental Illness	Medical Condition	Acquired Brain Impairment		
Unspecified	Other:			

e. What is your major reason for attending this course (choose one only)

Get a job	Change jobs	Compulsory with job	Gain promotion
Update knowledge	Personal interest	Other:	

f. What is your current employment status? (choose only one)

Full-time employee	Part-time employee
Employer	Self-employed - not employing others
Employed - unpaid worker in family business	Unemployed - seeking full time work
Unemployed - seeking part-time work	Not employed - not seeking employment

g. What is your highest COMPLETED school level? (choose only one)

Year 9 or lower	Year 10	Year 11	Year 12
In which year did you complete this school level?			

h. Please tick ALL of the boxes which detail your post-secondary formal studies and qualifications obtained:

Bachelor Degree or Higher Degree	Advanced Diploma or Associate Degree
Diploma or Associate Diploma	Certificate IV
Certificate I	Certificate II
Certificate III	Miscellaneous education

5. Declaration

I will undertake a Police Check if requested by RAV

I authorise RAV to seek information from any party noted in this application and/or my supporting documents for evaluation of my application or re-approval process.

All information provided in this application is correct to the best of my knowledge.

I will observe RAV Code of Conduct (as found on their website) and confirm that:

- 1 I will act professionally, accurately and in an unbiased manner.
- 2 I will strive to increase the competence and prestige of my profession.
- 3 I will assist those in my employ or under my supervision in developing their professional competencies
- 4 I will not undertake any assignments that I am not competent to perform.
- 5 I will not represent conflicting or competing interests and will disclose to any client or employer any relationships that may influence my judgment.
- 6 I will not discuss or disclose any information relating to any mediation, other than as required by law.
- 7 I will not accept any inducement, commission, gift or any other benefit from client organizations, their employees or any interested party or knowingly allow colleagues to do so.
- 8 I will not act in any way that would prejudice the reputation of RAV or the accreditation approval process and will co-operate fully with an enquiry in the event of any alleged breach of this code.

Printed Name: _____ Date: _____

Signature: _____