



# Ways Forward

Addressing Your Professional, Personal & Community Concerns.

## Application for Enrolment Form

### PARTICIPANT DETAILS

Name: \_\_\_\_\_

Personal Address (if applicable): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

To enable us to assist you with appropriate support that you might need in order to achieve the training program outcomes and your personal goals, we would appreciate you completing this section. This section is not compulsory and is included only so that we can ensure we support your learning style by using methods that suit your specific needs.

### PLACE OF BIRTH

Where you born in Australia?  Yes  No – If no, which country? \_\_\_\_\_

Are you of Aboriginal origin?  Yes  No

Are you of Torres Strait Islander origin?  Yes  No

Are you an overseas student?  Yes  No - If yes, which country? \_\_\_\_\_

### LANGUAGES

Is English your first language?  Yes  No

Will you need assistance with English during this program?  Yes  No

Do you speak languages other than English?  Yes  No

If yes, what languages? \_\_\_\_\_

### EMPLOYMENT

What is your current occupation? \_\_\_\_\_

**Tick the box which best describes your current employment situation?**

- You are in full time employment
- You are self employed
- You are employed part time or casual
- You are unemployed and seeking employment
- You do work on a voluntary basis
- You are unemployed and not seeking employment
- Other (please detail) \_\_\_\_\_

## EDUCATION AND LEARNING BACKGROUND

What is your highest completed school level? \_\_\_\_\_

Since leaving high school, are you completing or have you completed any other qualifications?

Qualification	Institute	Completed	Last year of attendance

**If you are applying on the grounds of your relevant work experience please attach an up-to-date copy of your curriculum vitae to your application.**

## SPECIAL NEEDS

*Note: If you would like to discuss these personally rather than detail them here, please speak with the Director*

**Do you have any special learning needs?**       Yes     No

**Please describe any learning needs you have?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## PAYMENT DETAILS

This application for acceptance in the Course in Responding to Domestic and Family Violence or individual units of competence will be funded by payment as indicated below. (Please tick choices.)

Course or Units of Competency	Cost	Tick Choice
Course in Responding to Domestic and Family Violence	\$590	
Individual Units of Competency		
Unit CHCDFV1B Recognise and Respond to domestic and family violence	\$210	
Unit DFVR1A Referring appropriately and effectively in response to domestic and family violence	\$210	
Unit DFVR2A Reflecting on work practice when responding to domestic and family violence	\$210	

Enclosed please find \$\_\_\_\_\_

Payment Method:

- by enclosed cheque  Cash
- upon invoice to: \_\_\_\_\_  
(name of person or business)
- Electronic Banking or deposit through National Bank Australia

Bank	Citibank
Account Name	Ways Forward
BSB	244 400
Account No	460 981 251

Course fees are due to be paid at the commencement of the course. Students who withdraw from the course will be liable for a refund as per the policy on refunds. No refund will be paid after the starting date of a unit. Further details are available upon enrolment.

I declare to the best of my knowledge the information provided in this form is correct and complete. I authorise Ways Forward & the Centre of Effective Therapy Cairns to store information with respect to my application and to obtain or verify any other details about my work history or education history to enable my application to be assessed.

Participant Signature:	
Date:	

Please Post Your Application to  
Ways Forward PO Box 200 Westcourt QLD 4870

### OFFICE USE ONLY

Enrolment handled by: \_\_\_\_\_ Date Enrolment received: \_\_/\_\_/\_\_

Payment received:  Non-refundable deposit: \$\_\_\_\_\_ \_\_/\_\_/\_\_ receipt # \_\_\_\_\_  
 Balance: \$\_\_\_\_\_ \_\_/\_\_/\_\_ receipt # \_\_\_\_\_

Enr Client File created:  \_\_/\_\_/\_\_ Client #: \_\_\_\_\_  
RPL/RCC Forms received?:  \_\_/\_\_/\_\_