



Pre-Training Review & Enrolment Documentation

10429NAT Certificate IV in TESOL (Teaching English to Speakers of Other Languages)

Participant Name: _____

Course Start Date: _____

Participant Number: _____ (Office Use Only)

Funding Contract? No Yes (specify) _____ (Office Use Only)

INFORMATION FOR PARTICIPANTS

The following sections should be completed as indicated. Further assistance, or explanation of any parts of this document, are available by contacting us on 1300 794 683 (international: +61 2 9596 4233) (during business hours).

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COURSE CONTENT AND STRUCTURE

To be awarded the qualification 10429NAT Certificate IV in TESOL, competency must be achieved in 12 units of competency consisting of 11 core units and 1 elective unit.

Training Plan					
Area/Domain	Units	CT	RPL	T&A	
TESOL	TAEDEL401A Plan, organise and deliver group-based learning	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESCUL401A Develop and apply knowledge of cultural factors affecting TESOL teachers	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESPRN402A Assist learners to improve pronunciation and speech	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESGRM403A Assist learners to learn or improve grammar	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESRES404A Source and develop resources to support learning	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESRED405A Assist learners develop reading and writing skills	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESSPK406A Assist learners develop speaking and listening skills	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESASS407A Assess language learning	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESMTH408A Apply a range of TESOL methodologies	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESTST409A Assist learners prepare for English language tests	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESCAL410A Use Computer Assisted Language Learning to assist learners	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TESCHD412A Use creative strategies to assist children to learn English	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Information regarding individual unit outcomes is available on request or by visiting <http://training.gov.au/home/tga> and searching for the appropriate Unit of Competency.

Credit Transfer (CT)

You are able to claim a Credit Transfer for a unit if you have already been granted competence by an RTO in that unit. When claiming a Credit Transfer you must present your original Certificate or Statement of Attainment showing the unit code and title. If the unit code and title do not match exactly, you may apply for RPL for that unit.

- Do you wish to claim Credit Transfer for any of the units listed above? Yes No

Recognition of Prior Learning (RPL)

RPL is available for individual units where you feel that you have gained the skills and knowledge required for that unit through work and life skills but have not had these formally recognised or where you hold a formal qualification that has been superseded and updated. Should you wish to apply for RPL for any of the above units you will be provided with an RPL kit explaining the process and outlining the evidence you will need to provide.

- Do you wish to apply for RPL for any units in the Training Plan? Yes No

Training and Assessment (T&A)

The Training and Assessment option is selected by default unless you specify CT or RPL for each unit.

ENROLMENT FORM

If you are enrolling in any accredited training you must provide a Unique Student Identifier (USI) prior to study. Apply for your USI at www.usi.gov.au

Do you have a Unique Student Identifier Number?

- Yes (enter the 10 alphanumeric characters) _____
- Yes, but I don't know my USI number (*select how the USI will be obtained*)
- No (*select how the USI will be obtained*)
- Sydney Higher Education Institute to obtain USI** **Participant to obtain USI***

*Sydney Higher Education Institute will not be able to issue any nationally recognised qualification or statement of attainment if a USI is not provided.

Authority to Obtain USI Form completed

Participant will provide the USI prior to commencement of training

Enter your full name: _____

Given Names Family Name (Surname) Title

Gender (*tick one box only*): Male Female Other

Enter your birth date: _____ / _____ / _____

Day Month Year

Emergency Contact

Name: Phone: Relationship:

What is the address of your usual residence?

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name:

Flat/unit details: Street or Lot number: Street Name:

Suburb, Locality or Town:

State/Territory: Post Code:

Home Phone: Mobile Phone:

Email:

What is your postal address? (*If different from above*)

Building/property name:

Flat/unit details: Street or Lot number: Street Name:

Postal delivery information (ie: PO Box 254)

Suburb, Locality or Town:

State/Territory:	Post Code:
Are you of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	
In which country were you born?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify	
Are you still attending secondary school?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your highest COMPLETED school level? <i>(Tick ONE box only.)</i>	
<input type="checkbox"/> Completed Year 12 or Equivalent <input type="checkbox"/> Completed Year 11 or Equivalent <input type="checkbox"/> Completed Year 10 or Equivalent <input type="checkbox"/> Completed Year 9 or Equivalent <input type="checkbox"/> Completed Year 8 or below <input type="checkbox"/> Never attended school <i>(Never attended school – go to next question)</i>	
In which YEAR did you complete that school level? ___ ___ ___ ___	
Of the following categories, which BEST describes your current employment status? <i>(Tick ONE box only.)</i>	
<input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Self Employed – Not Employing Others <input type="checkbox"/> Employer	
<input type="checkbox"/> Employed – Unpaid Worker in a Family Business <input type="checkbox"/> Unemployed – Seeking Full time Work <input type="checkbox"/> Unemployed – Seeking Part-time Work <input type="checkbox"/> Not Employed – Not Seeking Employment	
Do you speak a language other than English at home?	
<i>(If more than one language, indicate the one that is spoken most often)</i>	
<input type="checkbox"/> No, English only <i>(English only – go to next question)</i> <input type="checkbox"/> Yes, Other – Please Specify	
How well do you speak English?	
<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All	
Do you consider yourself to have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(No, go to next question)</i>	
<i>If you indicated the presence of a disability, impairment or long-term condition please select the area(s) in the following list: (You may indicate more than one area.)</i>	
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other	
Have you SUCCESSFULLY completed any of the following qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(No, go to next question)</i>	
<i>If Yes, tick ANY applicable boxes.</i>	
<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate II <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate IV or Advanced Certificate/Technician <input type="checkbox"/> Certificates Other Than the Above	
Was this qualification issued in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, has the qualification been formally recognised in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an Australian Citizen or Permanent Resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? <i>(Tick one box only.)</i>	
<input type="checkbox"/> To get a job <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To develop my existing business <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> To start my own business <input type="checkbox"/> To get into another course of study <input type="checkbox"/> To try for a different career <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> Other reasons	

COURSE FEE AGREEMENT (This section **must** be completed prior to participant signing)

Course Payment Schedule

Instalment type	Amount	Becomes Payable (enter event or specific date)

These fees must be paid according to the terms of the Tax Invoice rendered.

Please refer to the Participant Handbook for further information regarding fees and charges. The Handbook is provided as part of this induction and enrolment.

Initial payment can't be more than \$1,500, and instalment plan must meet conditions in section 5.3 of the RTO Policies and Procedures.

Additional fees that **MAY** be applicable and payable by the participant

Additional Copies of Certificates/Statements of Attainment	\$25 per certificate
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DURATION

This course is delivered over a period of one year.

This course is due to commence on ___/___/____. The expected completion date is ___/___/____.

Extensions may be granted at the discretion of Sydney Higher Education Institute . Requests for extensions must be made in writing and received by Sydney Higher Education Institute no less than 10 working days prior to the expected completion date.

Where no request for extension is received by Sydney Higher Education Institutethis enrolment will be deemed finalised as of the expected completion date and a Statement of Attainment will be issued for any completed units. Reinstatement of the course after this time will constitute a new enrolment and relevant fees will apply.

Sydney Higher Education Institute may also choose to cancel this enrolment if the training schedule is not maintained and no agreement for alteration to the schedule has been reached. Sydney Higher Education Institute will make every effort to maintain contact with the participant but does not accept liability in instances where the participant does not respond to attempts to make contact.

PAYMENT DETAILS

Payment method: Credit card Cash/ cheque / money order Bank transfer

The payment details you provide on this form will be processed after all paperwork has been completed and your enrolment can be confirmed by Sydney Higher Education Institute.

For cash, cheque or money order – please present to Sydney Higher Education Institute Staff with this document.

For bank transfer, please pay into the following account:

Account name: Sydney Higher Education Institute Pty Ltd

BSB: 012332

Account: 409094276

Reference: TESOL + your name

For credit card payment, see below:

I agree to my credit card being debited in accordance with the above Course Payment Schedule.

The total amount that will be debited against this enrolment will be \$ _____

Card type: VISA MASTERCARD AMERICAN EXPRESS

Card number: _____ Expiry date: ____/____

Card holder's name: _____ Card holder's signature: _____

REFUNDS

Prior to the course commencement date

- **For written cancellations received greater than five (5) business days prior to the course commencement date, we will refund all monies paid for that enrolment.**
- **For written cancellations received less than five (5) business days prior to the course commencement date, no refund will be given.**

Please refer to the Participant Handbook for further information regarding Sydney Higher Education Institute's Fees, Charges and Refunds Policy. The Participant Handbook is available from the Sydney Higher Education Institute website.

STUDENT ACCEPTANCE AGREEMENT

Privacy Statement

Sydney Higher Education Institute collects participant information and training activity data which may include information provided in this enrolment form and provides this information to relevant Funding Bodies, State Training Authorities and the National Centre for Vocational Education Research (NCVER). Sydney Higher Education Institute is required to provide this information in accordance with the AVETMISS reporting guidelines and to collect and store this information in accordance with the Australian Privacy Principles.

The information provided is used for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the relevant State Training Authority or the NCVER may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. The NCVER may contact past and present students for the purpose of engaging them in surveys or endorsed projects, or for audit or review purposes.

For more information in relation to how participant information may be used or disclosed please contact the Sydney Higher Education Institute office on (02) 9596 4233 (during business hours).

Please read the following statements and then sign at the bottom of the page:

- I acknowledge and accept the terms described in the Privacy Statement.
- I acknowledge and accept that from time to time, Sydney Higher Education Institute may contact me with information about other services they provide which may be of benefit to me and my business.
- The selection of units and schedule for delivery are suitable for my needs and I am able to meet the entry requirements of this course.
- I have made Sydney Higher Education Institute aware of any special needs I may have in relation to the delivery and assessment of this course and that suitable support options have been discussed.
- I understand and accept the fees and charges as detailed in the Course Fees Agreement.
- I declare that the information provided to Sydney Higher Education Institute in application for study is to the best of my knowledge true, correct and complete at the time of my enrolment/application.
- I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/enrolment form may result in the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of my Registered Training Organisation.
- I understand that it is my responsibility to provide all relevant and required documentation as specified above.
- I authorise Sydney Higher Education Institute to obtain any information regarding my enrolment and participation in any training and assessment program provided by any educational institution. This information may include: details of qualifications obtained, Statements of Attainment, Statements of Results and dates on which these were achieved and awarded.
- I authorise Sydney Higher Education Institute to release information regarding details of qualifications obtained, Statements of Attainment, Statements of Results and dates on which these were achieved and awarded, to Government departments and licencing and regulatory bodies.
- I understand and agree that Sydney Higher Education Institute may withhold the issuance of relevant Certificate documentation until all agreed fees have been paid.

By signing below, I acknowledge and agree to the above statements.

Participant name _____

Participant signature _____ Date ____/____/____

For participants under 18, this enrolment must be approved by a parent or guardian. Please have them sign below:

Guardian name _____

Guardian signature _____ Date ____/____/____

OFFICE USE ONLY

<p>⚡ Please ensure a copy of the evidence sighted is retained on the participant's file</p>	<p>Identity (ALL participants MUST provide proof of identity)</p>	<p>Age</p>	<p>Australian Citizen</p>	<p>Permanent Resident</p>	<p>New Zealand Citizen</p>	<p>Australian Temporary Resident</p>	<p>Concession Eligibility</p>	<p>State Residency</p>
<input type="checkbox"/> Australian Birth Certificate Number:								
<input type="checkbox"/> Current Australian Passport Number:								
<input type="checkbox"/> Current New Zealand Passport Number:								
<input type="checkbox"/> Current International Passport Number:								
<input type="checkbox"/> Australian naturalisation certificate Number:								
<input type="checkbox"/> Current green Medicare Card Number:								
<input type="checkbox"/> Current drivers licence Number:								
<input type="checkbox"/> Current learner permit Number:								
<input type="checkbox"/> Letter of confirmation from employer Number:								
<input type="checkbox"/> Current Pensioner Concession Card Number:								
<input type="checkbox"/> Current Health Care Card Number:								
<input type="checkbox"/> Current Veterans Concession/Pensioner Card Number:								

RTO EVIDENCE DECLARATION

I declare that I have sighted the original, or certified copies of the original, documents indicated above.

RTO delegate name _____ Position _____

RTO delegate signature _____ Date ____/____/____

RTO ELIGIBILITY DECLARATION

Based on discussion with the participant, the above evidence, and the information provided to me by the participant I believe that the above individual satisfies eligibility criteria for relevant training subsidies.

RTO delegate name _____ Position _____

RTO delegate signature _____ Date ____/____/____

OFFICE USE ONLY**ENROLMENT AND INDUCTION CHECKLIST**

Participant Name:		Induction Date: ___/___/___	
Region:		Enrolment conducted by:	
Funding Type:		Fee Charged:	
Activity	Confirm	Notes/Comments/Action	
Course Content and Structure discussed and confirmed as meeting participant's needs? <i>(As per relevant Circle Chart)</i>	<input type="checkbox"/> Yes		
Course requirements discussed and participant's suitability for enrolment confirmed? <i>(Use the Pre-Course Evaluation to assist in assessing participant's suitability)</i>	<input type="checkbox"/> Yes		
Course schedule discussed and provided to participant?	<input type="checkbox"/> Yes		
RPL or CT applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" appropriate forms provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrolment Form section is complete and compliant?	<input type="checkbox"/> Yes		
Funding opportunities and eligibility criteria discussed?	<input type="checkbox"/> Yes	If "Yes", appropriate documentation completed and attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuition and Course Fees discussed and agreed	<input type="checkbox"/> Yes		
Student Acceptance Agreement complete and compliant	<input type="checkbox"/> Yes		
RTO Declaration signed?	<input type="checkbox"/> Yes		
Compliant Enrolment?	<input type="checkbox"/> Yes	Signed: _____	Date: ___/___/___

LLN Review

Comments / Recommendations	Review Outcome
<input type="checkbox"/> Participant is a native English speaker and meet entry requirement (minimum year 12) <input type="checkbox"/> Participant is a non-native English speaker and meet entry requirements (minimum ELST test 6.5) Comments _____ _____	<input type="checkbox"/> Suitable levels for this program <input type="checkbox"/> Require additional support <input type="checkbox"/> Unsuitable for program
Are alterations required to the delivery and/or assessment strategy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please detail under Special Needs.	
If Yes, have these alterations been communicated to the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, have these alterations been approved by the Training/Product/Compliance Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____
RTO Representative Name	Signature
	Date: ___/___/___

Special Needs

What special needs have been identified? _____

What action needs to be taken to meet these needs? _____

Has this been done? Yes No