

## Course Application Form

To apply for the SIS50612 Diploma of Sport Development qualification with SEDA Group the Course Application Form must be completed prior to enrolment. **This form is an application form and does not admit you into the Diploma of Sport Development with SEDA Group.** This form will be used to assess your eligibility for the Diploma of Sport Development and VET Student Loans.

### Diploma Industry Courses

Please indicate in order of preference the stream you wish to study for your Diploma qualification. You can select up to 3 preferences and are required to rank your preferences in order of priority. Please rank your top preference as 1 and any further preferences thereafter.

#### Sports Industry

	PGA
	AFL Victoria
	Basketball Victoria
	Cricket Australia
	Melbourne Victory/Melbourne City
	Netball Victoria/Tennis Victoria & Aquatics

#### High Performance

	ACE Melbourne
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#### Sport Recreation & Leisure

	Belgravia Leisure
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### Fitness Course (SIS30315 Certificate III (pre requisite units only) & SIS40215 Certificate IV in Fitness)

(Please note: Students are only to select the Fitness course offering if they are not planning to study a Diploma course)

- Yes  
 No

Please indicate in 200 words why it is your intention to study a Diploma Course or a Fitness Course with SEDA Group?

#### Additional information – Course application

- Students applying for a place in the Diploma of Sport Development from SEDA College Victoria will be advised if they have been successful in securing a conditional offer in one of the courses by November 2018
- Students applying from other schools/educational institutions will be advised if they have been successful in securing a conditional offer in one of the courses within two weeks of their application

## Course Application Form

Personal Information			
Surname (Legal Family Name)		Given Names (Legal Given Names)	
Preferred Name (if applicable)		Title (Mr, Mrs, Miss, Ms)	
Enter your birth date (Day/Month/Year)		Gender (Tick one box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female
What is the address location and postcode of the suburb, locality or town in which you will live in for the term of the course?			
Building/Property Name (If applicable)		Flat/Unit Number	
Street Number and Street Name		Suburb, locality or town	
State / Territory		Postcode	
What is your permanent home address? (If different from above)			
PO Box Number		Flat/Unit Number	
Street Number and Street Name		Suburb, locality or town	
State / Territory		Country	
Postcode			
Postal address (If different from above):			
PO Box Number		Flat/Unit Number	
Street Number and Street Name		Suburb, locality or town	
State / Territory		Postcode	
Contact Details			
Best Telephone Contact (specify home, work, mobile)		Personal Email address (Not your institution/training provider email address)	
Cultural Diversity			
In which country were you born in?		If you were born in another country outside of Australia, in which year did you arrive in Australia?	
<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: _____		_____	
Please tick if you are any of the following:			
<input type="checkbox"/> Australian citizen <input type="checkbox"/> A permanent humanitarian visa holder who is resident in Australia for the duration of your unit(s) of study <input type="checkbox"/> New Zealand Special Category Visa holder (applicants must also satisfy the qualifying New Zealander requirements to access VET Student Loans) <input type="checkbox"/> Other, please specify: _____			
Should you be successful in your application, evidence of eligibility will need to be supplied to verify your current citizenship.			
Medical			
Do you have a disability?			
<input type="checkbox"/> Yes <input type="checkbox"/> No - Please advise: <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Learning <input type="checkbox"/> Medical <input type="checkbox"/> Mobility <input type="checkbox"/> Other			

## Course Application Form

Qualification					
List the qualification you wish to apply for:					
Qualification Code:	SIS50612	Qualification Title:	Diploma of Sport Development		
Do you wish to apply for the following: <input type="checkbox"/> Credit Transfer <input type="checkbox"/> Recognition of Prior Learning / Recognition of Current Competency					
VET Student Loans – For more information visit: <a href="http://www.studyassist.gov.au">www.studyassist.gov.au</a>					
Do you wish to apply for the VET Student Loan Commonwealth scheme to assist with payment of your tuition fees?				<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Do you have sufficient FEE-HELP balance to cover your tuition fees?				<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Do you have a Tax File Number?		<input type="checkbox"/> Yes / <input type="checkbox"/> No		Should you be successful in your application, your Tax File Number will be required.	
Education					
Did you complete year 12?  <input type="checkbox"/> Yes / <input type="checkbox"/> No  If 'Yes', please indicate at which school you completed Year 12:  _____			What was your permanent home residence for your last year of secondary school?  Suburb: _____  Postcode: _____		
What is your highest prior education?			<input type="checkbox"/> Completed Higher education postgraduate level course <input type="checkbox"/> Completed Higher education bachelor level course <input type="checkbox"/> Completed Higher education sub-degree level course <input type="checkbox"/> Incomplete Higher education course <input type="checkbox"/> Completed final year of secondary education course <input type="checkbox"/> Other qualification - complete or incomplete <input type="checkbox"/> No prior educational attainment <input type="checkbox"/> Completed VET award course <input type="checkbox"/> Incomplete VET award course		
Did you study this education overseas? <input type="checkbox"/> Yes / <input type="checkbox"/> No			In which year did you last participate in this prior education?  _____		
Please list any qualifications you have commenced:					
Date commenced	Date ended	Name of Institution	Qualification Code	Qualification Title	Did you complete this qualification?
Please attach statement of attainment and qualifications – certified documents only, do not send original documents					
Recognition of Prior Skills					
Please list any current or past employment / work experience / voluntary activities:					
Date commenced	Date ended	Position held	Company	Duties	

## Course Application Form

Student Consent			
I understand that:			
SEDA Group is collecting the information in this form for the purpose of assessing the student's entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to the student. SEDA Group will disclose this information to the Australian Government Department of Education and Training for those purposes. The Australian Government will store the information securely; and SEDA Group and the Australian Government not otherwise disclose the information without my consent unless required or authorised by law.			
Applicant Declaration			
<input type="checkbox"/> I declare to the best of my knowledge that the information above is correct and complete. I acknowledge that the provision on incorrect information or the withholding of relevant information or documentation relating to my application for the enrolment may result in cancellation of any offer of enrolment.			
<input type="checkbox"/> I understand that I may be contacted by SEDA Group to provide additional information to support this application and I may be required to sit an assessment test/s and or interview to determine selection for the course.			
<input type="checkbox"/> If selected to undertake this qualification I will be required to complete a full enrolment form and student declaration and pay the course fees.			
<input type="checkbox"/> I understand that SEDA Group conducts courses subject to accreditation, approval and minimum student numbers.			
Applicant signature: _____		Date: _____	
Office Use Only			
Received by:			
Signature:		Date:	
Applicant approved to continue with pre - enrolment process	Yes / No Please circle	RTO Manager:	
RTO Manager Signature:		Date:	
Outcome of eligibility for VET Student Loans	Eligible / Ineligible Please circle	Comments:	