

Certificate IV Courses

| Course enrolling into | Full Time | Part Time |
|--|--------------------------|--------------------------|
| CHC41808 Certificate IV in Youth Work | <input type="checkbox"/> | <input type="checkbox"/> |
| CHC40508 Certificate IV in Mental Health | <input type="checkbox"/> | <input type="checkbox"/> |
| CHC40408 Certificate IV in Alcohol and Other Drugs | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Details

1. Enter your full name

Family Name

Given name/s

Preferred name

Title

Mr

Mrs

Ms

Miss

Pastor

Other:

2. Enter your birth date

| | | |
|--|--|--|
| | | |
|--|--|--|

Day

Month

Year

3. Sex (tick ONE box only)

Male

Female

4. What is the address of your usual residence

Suburb, Locality or Town

Postcode

5. What is your postal address

Building/Property name

Flat/Unit No./Street No.

Street name

P.O. Box/Roadside Delivery Box

Suburb/Locality/Town

State/Territory

Postcode

Student contact details

Contact phone number/s

Mobile:

Other (specify):

Email address

Language and Cultural Diversity

6. In which country were you born?

| | |
|------------------------|-------------------------------|
| Australia | <input type="checkbox"/> 1101 |
| Other – please specify | |

7. Do you speak another language other than English at home?

(If more than one other language, indicate the one that is spoken most often)

| | |
|-----------------------------|--|
| No, English only | <input type="checkbox"/> 1201 English only – go to Question 9 |
| Yes, other – please specify | |

8. How well do you speak English?

| | |
|------------|----------------------------|
| Very well | <input type="checkbox"/> 1 |
| Well | <input type="checkbox"/> 2 |
| Not well | <input type="checkbox"/> 3 |
| Not at all | <input type="checkbox"/> 4 |

9. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

| | |
|------------------------------|--------------------------|
| No | <input type="checkbox"/> |
| Yes – Aboriginal | <input type="checkbox"/> |
| Yes – Torres Strait Islander | <input type="checkbox"/> |

Disability

10. Do you consider yourself to have a disability, impairment or long-term condition?

| | |
|-----|--|
| Yes | <input type="checkbox"/> Y |
| No | <input type="checkbox"/> N No – go to Question 12 |

11. If YES, then please indicate the areas of disability, impairment or long-term condition:

(You may indicate more than one area.)

| | |
|---------------------------|-----------------------------|
| Hearing/Deaf | <input type="checkbox"/> 11 |
| Physical | <input type="checkbox"/> 12 |
| Intellectual | <input type="checkbox"/> 13 |
| Learning | <input type="checkbox"/> 14 |
| Mental Illness | <input type="checkbox"/> 15 |
| Acquired Brain Impairment | <input type="checkbox"/> 16 |
| Vision | <input type="checkbox"/> 17 |
| Medical Condition | <input type="checkbox"/> 18 |
| Other | <input type="checkbox"/> 19 |

Schooling

12. What is your highest COMPLETED school level?

| | |
|-----------------------|-----------------------------|
| Year 12 or equivalent | <input type="checkbox"/> 12 |
| Year 11 or equivalent | <input type="checkbox"/> 11 |
| Year 10 or equivalent | <input type="checkbox"/> 10 |
| Year 9 or equivalent | <input type="checkbox"/> 09 |
| Year 8 or below | <input type="checkbox"/> 08 |
| Never attended school | <input type="checkbox"/> 02 |

Never attended school – go to Question 14

13. In which YEAR did you complete that school level?

14. Are you still attending secondary school?

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> Y |
| No | <input type="checkbox"/> N |

Previous Qualifications Achieved

15. Have you SUCCESSFULLY completed any of the following qualifications?

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> Y |
| No | <input type="checkbox"/> N |

No – go to Question 17

16. If YES, then tick ANY applicable boxes

| | |
|---|------------------------------|
| Bachelor Degree or Higher Degree | <input type="checkbox"/> 008 |
| Advanced Diploma or Associate Degree | <input type="checkbox"/> 410 |
| Diploma (or Associate Diploma) | <input type="checkbox"/> 420 |
| Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/> 511 |
| Certificate III (or Trade Certificate) | <input type="checkbox"/> 514 |
| Certificate II | <input type="checkbox"/> 521 |
| Certificate I | <input type="checkbox"/> 524 |
| Certificates other than the above | <input type="checkbox"/> 990 |

Employment

17. Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

| | |
|---|-----------------------------|
| Full-time employee | <input type="checkbox"/> 01 |
| Part-time employee | <input type="checkbox"/> 02 |
| Self employed – not employing others | <input type="checkbox"/> 03 |
| Employer | <input type="checkbox"/> 04 |
| Employed – unpaid work in a family business | <input type="checkbox"/> 05 |
| Unemployed – seeking full-time work | <input type="checkbox"/> 06 |
| Unemployed – seeking part-time work | <input type="checkbox"/> 07 |
| Unemployed – not seeking employment | <input type="checkbox"/> 08 |

Employer details

If employed, what are the details of your place of employment?

| | |
|--------------------|--|
| Organisation name: | |
| Address: | |
| Contact person: | |
| Phone: | |
| Email: | |

Study Reason

18. Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)

| | |
|---|-----------------------------|
| To get a job | <input type="checkbox"/> 01 |
| To develop my existing business | <input type="checkbox"/> 02 |
| To start my own business | <input type="checkbox"/> 03 |
| To try for a different career | <input type="checkbox"/> 04 |
| To get a better job or promotion | <input type="checkbox"/> 05 |
| It was a requirement of my job | <input type="checkbox"/> 06 |
| I wanted extra skills for my job | <input type="checkbox"/> 07 |
| To get into another course of study | <input type="checkbox"/> 08 |
| For personal interest or self-development | <input type="checkbox"/> 12 |
| Other reasons | <input type="checkbox"/> 11 |

Working with Children/Police Check

19. Do you hold current Police or Working with Children Check (blue card)?

| | | |
|---------|--------------------------|----------------------------------|
| Yes | <input type="checkbox"/> | (Please attach a certified copy) |
| No | <input type="checkbox"/> | (TC Training will contact you) |
| Applied | <input type="checkbox"/> | |

Where you heard about Teen Challenge Training courses

20. Where did you hear about Teen Challenge Training's courses?

| | | |
|-----------------|--------------------------|-----------------|
| Church | <input type="checkbox"/> | |
| Radio | <input type="checkbox"/> | |
| Friend | <input type="checkbox"/> | |
| Internet search | <input type="checkbox"/> | |
| Conference | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please specify: |

Identity Verification

21. For privacy protection and to enable Teen Challenge Training to verify your identity via the phone, please provide a password:

| | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Password: (up to 10 characters) | | | | | | | | | | | |
| Password hint: (up to 20 characters) | | | | | | | | | | | |

Privacy Declaration

22. Teen Challenge Training is collecting this enrolment information for general student administration as well as for planning, communication, research and evaluation activities undertaken by the organisation. Only authorised personnel of Teen Challenge have access to this information.

If you are under 18 years of age your personal information, progress and results may be disclosed to your parent/guardian. No further access to your enrolment information will be provided to any other organisation or persons without your consent or, unless authorised or required by law, in accordance with the Information Privacy Principles.

Student Declaration

| | (please tick) |
|---|--------------------------|
| I have read and understood the Teen Challenge Training Prospectus and Trainee Handbook, and agree to abide by the Code of Conduct and policies and procedures | <input type="checkbox"/> |
| I have enclosed a colour photo for my student ID card (or I have emailed it to student@teenchallengetraining.org.au) | <input type="checkbox"/> |
| I have attached the computer document for entry requirements | <input type="checkbox"/> |
| I confirm the accuracy of the information provided | <input type="checkbox"/> |
| I have selected elective units as required | <input type="checkbox"/> |
| I have arranged payment of fees | <input type="checkbox"/> |
| I agree for my image and comments to be used in advertising by Teen Challenge Training | <input type="checkbox"/> |
| I understand that my personal information may be disclosed to a registering body official for audit purposes | <input type="checkbox"/> |
| I would like to receive information from Teen Challenge Qld on upcoming events, news updates etc | <input type="checkbox"/> |
| Credit transfer documents are attached (if applicable) | <input type="checkbox"/> |

Student Signature: _____

Date: _____

Course Fees**Full and Part-time**

(please tick)

| | | | |
|--------------------------------|------------|-----------|--------------------------|
| Enrolment Fee (non-refundable) | | \$ 150.00 | <input type="checkbox"/> |
| Subject Fees (GST free) | Payment 1: | \$ 556.00 | <input type="checkbox"/> |
| Amount due: | | \$ 706.00 | <input type="checkbox"/> |

Individual units of competency

| | | | |
|--------------------------------|---------------------------------------|-------------|--------------------------|
| Enrolment Fee (non-refundable) | | \$ 150.00 | <input type="checkbox"/> |
| Subject Fees (GST free) | No. units enrolling in ___ (\$139ea): | \$ _____.__ | <input type="checkbox"/> |
| Amount due: | | \$ _____.__ | <input type="checkbox"/> |

Payment

Please select payment type

Cheque/Money Order (please make cheque or money order payable to 'Teen Challenge Training')

Amount: \$ _____.__

Credit Card

Card type: Visa Mastercard

Name on card: _____

Card number:

Expiry date: _____

Amount: \$ _____.__

Direct Deposit

| | |
|--------------------------|--|
| TC Training Bank details | Bank: Westpac |
| | Account Name: Teen Challenge International Training Account |
| | BSB: 034 013 |
| | Account No.: 274583 |

Your direct deposit details

Deposit date: _____

Deposit amount: _____

From Account No.: _____

From Account Name: _____

Reference used (i.e. full name): _____

Office Use Only

Received by: _____

Date: _____

Select Electives

Certificate IV in Youth Work

Select 3 electives from this list **if you are enrolling in the Certificate IV in Youth Work**

- CHCAOD402B Work effectively in the alcohol and other drugs sector
- CHCMH403A Establish and maintain communication and relationships to support the recovery process
(prerequisite: must have completed CHCMH401A)
- CHCMH404A Conduct assessment and planning as part of the recovery process
(prerequisite: must have completed CHCMH401A)
- HLTHIR404D Work effectively with Aboriginal and/or Torres Strait Islander people
- CHCCS521A Assess and respond to individuals at risk of suicide
- CHCMH408B Provide interventions to meet the needs of consumers with mental health and AOD
(prerequisite: must have completed CHCMH401A)
- CHCAOD408A Assess needs of clients with alcohol and/or other drugs issues
- CHCAOD411A Provide interventions for people with alcohol and other drug issues
- CHCCM404A Undertake case management for clients with complex needs
- CHCORG405C Maintain an effective work environment
- CHCOHS312B Follow safety procedures for direct care work
- CHCAOD406D Work with clients who are intoxicated
- CHCCS401B Facilitate responsible behaviour
- CHCCS426A Provide support and care relating to loss and grief
- CHCLD315A Recognise stages of lifespan development
- CHCNET404A Establish and maintain effective networks
- CHCDFV301A Recognise and respond appropriately to domestic and family violence
- CHCGROUP403D Plan and conduct group activities
- CHCMH401A Work effectively in mental health settings

Certificate IV in Alcohol and Other Drugs

Select 2 electives from this list **if you are enrolling in the Certificate IV in Alcohol and Other Drugs**

- CHCCD412B Work within a community development framework
- CHCCS422A Respond holistically to client issues and refer appropriately
- CHCICS406A Support client self-management
- CHCYTH401B Engage respectfully with young people
- CHCYTH402B Work effectively with young people in the youth work context
(prerequisite: must have completed CHCYTH401B)
- CHCYTH403B Support young people to create opportunities in their lives
(prerequisite: must have completed CHCYTH401B)
- HLTOHS300B Contribute to OHS processes
- CHCMH403A Establish and maintain communication and relationships to support the recovery process
(prerequisite: must have completed CHCMH401A)
- CHCMH404A Conduct assessment and planning as part of the recovery process
(prerequisite: must have completed CHCMH401A)
- CHCCS521A Assess and respond to individuals at risk of suicide
- CHCMH408B Provide interventions to meet the needs of consumers with mental health and AOD issues
(prerequisite: must have completed CHCMH401A)
- CHCAOD406D Work with clients who are intoxicated
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- CHCLD315A Recognise stages of lifespan development
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- CHCDFV301A Recognise and respond appropriately to domestic violence and family violence
- CHCGROUP403D Plan and conduct group activities
- CHCMH401A Work effectively in mental health settings

Accredited Courses

Entry Requirements



In order to enrol in any Certificate IV course, you will need a sound understanding of literacy, numeracy and computer skills.

The way we would like you to show evidence of these skills is by creating a computer document that answers a few questions.

We will assess the way you answer the questions in terms of your skills in the use of English, literacy and computer skills, rather than by the actual answers that you give.

Prepare a computer processed document that answers the following questions:

1. Why would you like to complete a Certificate IV in Youth Work, Certificate IV in Mental Health Work, or Certificate IV in Alcohol and Other Drugs?
2. What do you believe are your current strengths and weaknesses in relation to youth work?
3. If a young person had \$100 and bought the following, how much money would he/she have left?

| | |
|------------------|---------|
| McDonalds | \$5.45 |
| New shirt..... | \$29.95 |
| Phone card | \$20.00 |
| DVD | \$15.00 |

Please post your document along with the completed enrolment form to:

Teen Challenge Training
PO Box 3376
South Brisbane Qld 4101.