



Enrolment Form
**CHC80308 Vocational Graduate Diploma of Family
 Dispute Resolution**

<p>CSU Training Locked Bag 588 Wagga Wagga NSW 2678 Ph: 02 6933 2722 Fax: 02 6933 2882 E-mail: csutraining@csu.edu.au</p>
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Applicants Details (Please print clearly)

Mr/Mrs/Miss/Ms	Surname/Family Name	Given Names
Address		
State	Postcode	
e-mail	Telephone Business	
Telephone Personal	Date of Birth	
Current place of employment		
Current Address of employment		
Current workplace position (i.e. fulltime, part-time, casual)		
Applicant Details – To be completed & signed by the applicant (all sections must be completed)		
Gender (tick one box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Aboriginality Are you of Aboriginal, or Torres Strait Islander Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disability Do you consider yourself to have a permanent & significant disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify type of disability Do you require special assistance because of the disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity Were you born in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, in which country were you born?	
Citizenship – Are you <input type="checkbox"/> Australian citizen <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Australian permanent <input type="checkbox"/> Temporary resident <input type="checkbox"/> None of the above, Please specify.....		

<p>Language Do you speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the language spoken: </p>	<p>Schooling What is the highest level you completed at school? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or lower In which year did you complete that level?..... Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Prior Achievements Have you completed any formal qualification? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please tick one box only: <input type="checkbox"/> Postgraduate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Diploma Level <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Misc Education <input type="checkbox"/> Bridging & Enabling Courses not identified</p>	<p>Employment Of the following categories, which best describe your current employment status, <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 family worker</p>

Nominated workplace where practical component will be/has been completed.

FDRP Supervisor Details

Mr/Mrs/Miss/Ms	Surname/Family Name	Given Names
Contact Address		
State	Postcode	
e-mail	Telephone Business	
Telephone Personal	Facsimile	
Current workplace position		
Current place and address of employment		

I agree to the applicant undertaking practical component of study at this workplace and I have read the Supervisor role and responsibilities statement and agree to undertake the responsibilities of FDRP Supervisor.

FDR Practitioner Supervisor Name:

FDRP Supervisor Signature:

Date:

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Workplace Coach Details

Mr/Mrs/Miss/Ms	Surname/Family Name	Given Names
Contact Address		
State	Postcode	
e-mail	Telephone Business	
Telephone Personal	Facsimile	
Current workplace position		
Current place and address of employment		

I have read the role and responsibilities statement and agree to undertake the responsibilities of Workplace Coach.

Workplace Coach Signature:

Date:

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Applicant Signature:

Date:

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Credit Transfer

If you wish to apply for Credit Transfer please include certified copies of your Certificate or Statement of Attainment/s supported by evidence of your current competence: eg a statement from your employer verifying your current competence in the Units for which Credit Transfer is being sought, with your enrolment form.

NB: Credit Transfer is applicable for the equivalent AQF Unit only. The code and name of the unit should be exactly the same as the unit for which you are seeking Credit Transfer.

All other recognition will be through the RPL process.

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Please indicate if you are applying for Credit Transfer = CT or Enrolment = Enrol in the final column

Compulsory Units		
CHCFAM505B	Operate in a family law environment	
CHCDFV811B	Respond to family domestic violence in family work	
CHCDISP804B	Create an environment that supports the safety of vulnerable parties in dispute resolution	
CHCDISP801B	Family dispute resolution in the family law context	
CHCDISP802B	Implement family dispute resolution strategies	
CHCDISP803B	Facilitate family dispute resolution in an impartial manner and adhere to ethical standards	
Elective Units: A maximum of 2 units may be selected from other relevant Training Packages at Diploma level or higher. Students choose 4 electives in total.		
HTLHIR403B	Work effectively with culturally diverse clients and co-workers	
HTLHIR404B	Work effectively with Aboriginal and/or Torres Strait Islander People	
CHCORG29B	Provide coaching & motivation	
CHCORG11B	Lead & develop others	
CHCFV2B	Manage own professional development in responding to domestic and family violence <i>Note: This unit must be completed prior to or in conjunction with the unit below</i>	
CHCFV10B	Facilitate workplace debriefing and support processes	
CHCFV817B	Manage domestic and family violence and abuse screening and risk assessment processes	
CHCFAM503B	Work with a child focused approach	
CHCFAM806B	Assist clients to develop parenting arrangements	

Payment Details

Payment of the \$400 enrolment fee must be made upon enrolment.

Credit Transfer – no fee

Payment Schedule – (please indicate your preferred payment method)

- Upfront payment of total course and enrolment fee of \$5000 payable at time of enrolment

OR

- Pay in instalments at \$ 400 enrolment fee payable at time of enrolment, then
\$ 1540 on completion of Part 1(3compulsory units)
\$ 1540 on completion of Part 2 (3 compulsory units)
\$ 1540 on completion of Part 3(4 elective units)

OR

- Individual units at \$550 payable at time of enrolment

OR

- Contact CSU Training (02 6933 2722) if you want to vary the payment schedule**

Request for Withdrawals must be made in writing within two months of enrolment and prior to any assessments being completed.

Refunds will be authorised less a \$400 administration/cancellation fee.

The entire program must be completed within 2 years from the initial enrolment date, unless an extension has been granted.

Cheque made payable to CSU Training

Money Order made payable to CSU Training

Please debit my credit card for \$5000 for whole qualification

\$ 400 Enrolment only

\$ 550 Individual Unit

Bankcard

MasterCard

Visa

Card Number _____

Expiry Date ____/____

Card Holder's Name _____

Cardholder's Signature _____

Please direct the invoice for my Course Fees to:

Name:

Signature:

Position:

Address:

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Organisation ABN and stamp: (if applicable)