

APPLICATION FORM FOR 2018 ENROLMENT



School of Business and Finance
Registered PSET Provider: 4001

Please complete this form clearly using blue or black pen. Tick (✓) relevant boxes where required. (All sections must be fully completed. Incomplete forms will not be considered)

Q1 Have you fully read and understood the 2018 Student Pre-enrolment Information Sheet?

- Yes You may proceed and complete this application form
- No Do not proceed on. Please obtain and read the Pre-enrolment Information Sheet before filling this form.

Q2 Have you fully read and understood the Course Information Sheet of the course you are applying for?

- Yes You may proceed and complete this application form
- No Do not proceed on. Please obtain and read the Course Information Sheet before filling this form.

Q3 Which course are you applying for?

- BFBM30217 Certificate III in Business (Micro Business Operations)
- BFFA30117 Certificate III in Finance (Accounting)

Month you would like to start

Are you applying for RPL? Yes No

Q4 Have you taken a course at VCCI before?

- Yes No

If yes, provide title and year of course taken

Title Year

Q5 Your PERSONAL DETAILS

(Please attach copy of proof of identity)

Gender Male Female Other

Title Mr Mrs Miss Ms

First name

Second name

FAMILY NAME (In capital letters)

Date of Birth (If you are under 17 you cannot apply)

Day Month Year

Island of origin / Or if non Vanuatu, Country of origin

Q6 Your CONTACT DETAILS

Phone number

Mobile number

Email address

Facebook name

Q7 Your RESIDENTIAL ADDRESS (Where do you live?)

Street/Road number and name

Area/village/suburb

Island and Province

Q8 Your POSTAL ADDRESS (If different from above)

PO Box number (If applicable)

Area/village/suburb

Island and Province

Q9 EMERGENCY CONTACT

Name

Phone Mobile

Q10 Your EDUCATION background

Please list details of your education and training which will be used to assess your eligibility for the course.
Please attach copies of qualifications, education results etc.

Highest qualification/level of study (eg. Year 13, Diploma, Degree etc)	Institution name (name of High School, Tertiary Institution etc)	Year finished

Q11 Your WORK EXPERIENCE background

Do you have work experience that is relevant to the course you are applying for? No Yes

If yes, please list details of your work experience which will be used to assess your eligibility for the course.
Please attach copies of work references, CV, work history etc.

Position/Job/Task (held in the last 10 years)	Organisation name (name of company, business, institution etc)	From		To	
		Month	Year	Month	Year

Q12 What is your current EMPLOYMENT STATUS?

- Employed (fulltime) Employed (part-time)
 Employed (Unpaid worker in a family business)
 Self-employed Unemployed

If employed, name of your employer/organisation

Q13 What is your REASON FOR TAKING THIS COURSE?

- To get a job
 To start my own business
 To develop my existing business
 To try for a different career
 To get a better job or promotion
 It is a requirement of my job
 I want extra skills for my job
 To get into another course or further study
 For personal interest or self-development
 Other reasons

If other reasons, please specify

Q14 DISABILITY SUPPORT

Do you have a disability that requires VCCI to assist you in your learning environment?

No Yes ▶ Please indicate below

- Hearing/deaf Physical Intellectual
 Medical condition Vision Other

If other, please specify

Q15 Who will be funding your COURSE FEES?

- Self (you are responsible for the fees yourself)
 Family (parents, guardian, relatives etc)
 Sponsor (employer, scholarship etc)

If family or sponsor, please provide name and contact details of persons responsible

Name

Phone Mobile

Email address (If applicable)

Q16 Required DOCUMENTS – Attach Copies

Have you attached copies of the following required documents?

(Your application will not be considered if you do not provide all required documents)

Q5 Proof of Identity - Birth Certificate or Passport ID page	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q10 Qualifications / Education Results – Certificates, Transcripts, Statements etc <i>(If you are a student straight from High School you must provide your results/transcripts)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q11 Work History – References, CV etc <i>(Applies only to those who answered 'Yes' to Question 11)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

APPLICANT DECLARATION

In signing this application form, I acknowledge and declare that:

- I have read and understood and have completed all questions and details in this Application Form
- The information provided in this form and all attached supporting documents are true, correct and complete
- I have been informed about the training, assessment and support services to be provided and about my rights and obligations as a trainee of the VCCI
- I agree that my participation in this course is subject to the right of VCCI to cancel, postpone or amalgamate courses or classes, where necessary
- I agree to abide by all rules and regulations of VCCI

Signature:

Date:

SUBMITTING THIS APPLICATION FORM

Submit this form to VCCI through:

- **Post:** VCCI Training and BDS, PO Box 189, Port Vila
- **Email:** trainingbds@vcci.com.vu
- **In person:** VCCI Head Office, Rue Laperouse (opposite Shefa Provincial Government HQ)

You may be contacted by VCCI to undertake the following diagnostic assessments:

- Language, Literacy and Numeracy (LLN) Assessment
- Skills Assessment for the course you are applying for

HOW DID YOU FIND OUT ABOUT VCCI COURSES?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Family/relative |
| <input type="checkbox"/> Website | <input type="checkbox"/> Employer |
| <input type="checkbox"/> School | <input type="checkbox"/> Other PSET institution |
| <input type="checkbox"/> TVET Centre | <input type="checkbox"/> Church |
| <input type="checkbox"/> Past VCCI student | <input type="checkbox"/> Local Community Group |
| <input type="checkbox"/> VCCI Presentation | <input type="checkbox"/> Other |

If other, please specify

For more information

Contact VCCI Students Support Services on phone 27543/7123967, or email us on trainingbds@vcci.com.vu or visit the VCCI website.

www.vcci.com.vu