

# Diploma in Child Protection Studies

## APPLICATION FOR ENROLMENT

Please ensure you answer all questions. Please print clearly.

### 1. Course Enrolment Details

Location: \_\_\_\_\_

Have you previously undertaken any training with CPS?  Yes  No

If yes, please provide course name, date and location \_\_\_\_\_

### 2. Personal Details

Title: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_ Middle Name: \_\_\_\_\_

Previous Names known by: \_\_\_\_\_

Name for Certificate (If different from above): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Ethnicity:  NZ European/Pakeha  NZ Maori (Please specify Iwi): \_\_\_\_\_

Asian (Please specify): \_\_\_\_\_  Pacific Islander (Please specify): \_\_\_\_\_

Other (Please specify): \_\_\_\_\_

### 3. Personal Contact Details

Home Postal Address: \_\_\_\_\_ Home Email: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### 4. Citizenship / Residency Status

Please indicate your citizenship or residency status:

New Zealand Citizen

Australian Citizen or Australian Permanent Resident

New Zealand Permanent Resident (Please state country of citizenship): \_\_\_\_\_

Other (Please specify): \_\_\_\_\_

Please include one of the following documents as proof of your citizenship or residency status (a certified copy is sufficient):

Passport  Birth Certificate  Certificate of Citizenship

If you have any questions or need assistance completing this form, please contact CPS' Marketing Coordinator – Enrolments on 07 838 3370

## 5. Special Requirements

Do you suffer from any illness, injury or disability that may affect your participation on this course?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any other special needs we need to know about? eg. English as 2nd language, allergies, diet etc.  Yes  No

If yes, please explain: \_\_\_\_\_

## 6. Employment Details

Employer Name: \_\_\_\_\_ Current Position Held: \_\_\_\_\_

Work Postal Address: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Is your position:  Full Time  Part Time  Casual  Voluntary

What sector does your employer belong to?

- Health  Self-Employed  Community (CYF Provider? Yes / No)  
 Education  Justice  Other (please specify): \_\_\_\_\_

## 7. New Zealand Qualifications Authority (NZQA) Unit Standards

Students who successfully meet all the requirements of the Diploma in Child Protection Studies will automatically receive credit for the following Unit Standards:

Unit No	Description	Credits	Level
17456	Demonstrate Knowledge of the requirements for child protection procedures in the workplace.	2	3

**If you wish to have these Unit Standards recorded on the National Qualifications Framework (NQF) you must be registered with NZQA. Please indicate your requirements below (tick the appropriate boxes):**

- Yes** - I want to have my Unit Standards recorded on the NQF *and*:
- I am already registered with NZQA. My NZQA ID Number is \_\_\_\_\_
  - I am already registered with NZQA, but I'm not sure what my NZQA ID Number is.
  - Please arrange my registration with NZQA (I enclose the \$25.00 registration fee and my completed NZQA registration form)
- No** - I do not wish to have my Unit Standards recorded on the NQF at this time (I understand I may arrange to have these recorded at a later date)

## 8. Educational History (This information is required by the Ministry of Education)

**SECONDARY SCHOOL** When was your last year at secondary school? \_\_\_\_\_

What is the highest academic achievement you hold from a secondary school?

- No secondary school qualifications  School Certificate (one or more subjects) / NCEA level 1 (80 credits)  
 Sixth Form Certificate / NCEA Level 2  UE / NCEA Level 3  
(60 credits Plus 20 credits from Level 1)  Entrance qualification from UB /US exam  
 Higher School Certificate  University Scholarship  
 A or B Bursary  Other (please specify): \_\_\_\_\_  
 Overseas Qualification

### **TERTIARY EDUCATION**

Have you ever enrolled in a University, Polytechnic, College of Education, Wananga, Private Training Establishment either in NZ or overseas since leaving school? (Do not include STAR, TOP, Community or Hobby Classes)

Yes  No If "Yes", enter year of first enrolment: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

What is the highest qualification you have gained from any institution? \_\_\_\_\_

## 9. Other Statistical Information (This information is required by the Ministry of Education)

Which MAIN activity best describes your situation in New Zealand as at 1 October 2006? (Only select one)

- |   |   |
|---|---|
| <input type="checkbox"/> Secondary School Student     | <input type="checkbox"/> Unemployed or other beneficiary (eg DPB) |
| <input type="checkbox"/> Wage or Salary Earner        | <input type="checkbox"/> Self Employed                            |
| <input type="checkbox"/> University Student           | <input type="checkbox"/> Polytechnic Student                      |
| <input type="checkbox"/> College of Education Student | <input type="checkbox"/> At home parent, house-person or retired  |
| <input type="checkbox"/> Overseas                     | <input type="checkbox"/> Private Training Establishment Student   |
| <input type="checkbox"/> Wananga Student              |   |

## 10. Course Fees

The Standard Course Fee is \$980.00 incl GST and covers all course materials.

Diploma Fee	\$ _____
NZQA Fee (if applicable)	\$ _____
TOTAL FEES	\$ _____

## 11. Course Fees Declaration

This section must be completed by the person or organisation responsible for payment of your course fees (eg. Yourself, your employer or someone else).

- Any invoices or receipts for course fees will be issued to the person or organisation who has completed this declaration.

Payer Organisation Name (If applicable): \_\_\_\_\_

Payer Contact Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Payer Address: \_\_\_\_\_

Payer Phone: \_\_\_\_\_ Payer Email: \_\_\_\_\_

I will be paying by:  Cheque (Made payable to CPS) **or**  
 Direct Credit (WestPac A/C number 03-0306-0184738-00) Date payment will be made: \_\_\_\_\_  
(Note: Please include student name, course location and course date in reference fields)

Please tick each statement to acknowledge that you have read and understood it then sign this declaration:

I declare that:

- I agree to pay the total course fees (Section 10 above), and I confirm that I have the authority to do so.
- I understand that course fees are due 14 days before Diploma commencement.
- I understand that any outstanding fees may incur interest and recovery costs and agree to meet any such costs incurred.
- I understand that outstanding fees may result in the student's application for sponsorship being declined or require the reimbursement of any sponsorship funds already allocated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## 12. Further Information Required

1. What are your current job duties?

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2 Describe your previous and current involvement with children

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3. Referees. Please supply details of two referees CPS may phone or email.

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

Organisation: \_\_\_\_\_ Organisation: \_\_\_\_\_

Position held: \_\_\_\_\_ Position held: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

4. **Written Refence**

The written reference is a character reference from someone who knows you well and can indicate your suitability and appropriateness to undertake this training.

5. **Current CV**

Please send a CV and be sure to include your work experience over your last five jobs and your reasons for leaving.

### 13. Student Declaration

Please tick each statement to acknowledge that you have read and understood it, then sign this declaration.

**I declare that:**

- The information I have provided on this application is true and correct.
- I have read and understood the CPS Prospectus (A copy is available on the CPS website [www.cps.org.nz](http://www.cps.org.nz)), and:
  - I believe I meet all the criteria outlined for suitability to attend the Diploma in Child Protection Studies.
  - I agree to abide by the Student Regulations.
- I give permission to CPS to make enquiries of such people as it considers necessary to assess my suitability for attending the Diploma.
- I have a basic English literacy competency and am capable of completing written assessments and note taking.
- I understand that if I have been abused or have experienced personal trauma I should not attend this course unless I have come to terms with the abuse or trauma and am in a position to discuss child abuse in an objective way.
- I understand that CPS reserves the right at any stage (before or after the Diploma starts) to refuse entry or attendance.
- I understand my records may be viewed for legal, supervisory or funding purposes as part of CPS' commitment to safe practice
- I understand that any withdrawals within 2 weeks of the commencement of the course will incur a cancellation fee (See prospectus for the cancellation and refund policy).
- I agree to complete the Diploma and provide a short report to CPS three months after completion.
- I would like to receive future email information regarding CPS services.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### 14. Enrolment Checklist

Before posting this form please check that:

- All relevant sections of this enrolment form are completed.
- You have read, understood and signed the declaration in Section 14.
- The person/organisation responsible for paying course fees has read, understood and signed the declaration in Section 11.
- You have attached:
  - Proof of Citizenship or Residency status (Refer Section 4)
  - The course fee. (Refer Section 10)
  - A completed NZQA Registration Form and \$25.00 fee, if applicable. (Refer Section 7)
  - One written reference.
  - Current CV

### 15. How to contact CPS

<b>Postal Address:</b>	CPS P O Box 679 Hamilton 3240	<b>Phone:</b>	07 838 3370	<b>Fax:</b>	07 838 9950
		<b>Email:</b>	<a href="mailto:helen@cps.org.nz">helen@cps.org.nz</a>	<b>Website:</b>	<a href="http://www.cps.org.nz">www.cps.org.nz</a>

### CPS Use Only

Date Received:  Course Code: \_\_\_\_\_

Date Entered into CPS Manager: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Amount Rec'd: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Amount Rec'd: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Course Fees Paid in Full

If you have any questions or need assistance completing this form, please contact CPS' Training Quality Coordinator on 07 838 3370

