



**CHC50502**  
**DIPLOMA OF YOUTH WORK**  
**APPLICATION FOR ADMISSION**

YMIS Training Department, SU QLD  
 800 Kingsford Smith Drive, PO Box 1167, Eagle Farm QLD 4009  
 Phone: (07) 3632 2231 Fax: (07) 3632 2299  
 Email: [ymis@sugld.org.au](mailto:ymis@sugld.org.au) Website: [www.sugld.org.au/training](http://www.sugld.org.au/training)

**COMMENCEMENT OF THE DIPLOMA OF YOUTH WORK**

Please indicate which intake of the Diploma of Youth Work you wish to enrol in:

- August 2008 Intake (Starts 4 August 2008)       March 2009 Intake (Starts 2 March 2009)

**PERSONAL DETAILS**

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

Chaplaincy School Name (e.g. Bracken Ridge SHS): \_\_\_\_\_

Chaplaincy Region (e.g. Brisbane North Region): \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Secondary School	Year Completed	Level Completed (E.g. Year 12)

Tertiary Institution	Year Completed	Qualification Completed (E.g. Cert IV Horticulture or BSc)

Other relevant areas of training: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## EDUCATIONAL BACKGROUND Continued

Do you have any learning difficulties or special needs we should know about? If yes, please provide details.

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## WORK EXPERIENCE

Employer	Job Description	Period Employed

## DECLARATION

I declare that the information provided on this application form is, to the best of my knowledge, correct and complete.

I understand that:

- SU Qld respects my privacy in collecting personal details;
- SU Qld may be required to provide student contact details to the Training and Employment Recognition Council for any auditing of SU Qld conducted by the Council; and
- As part of the audit process, the Council may use student contact details to interview students regarding training provided by SU Qld.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Application Closing Date: 04 July 2008**

If you have any questions please contact the YMIS Training Department by phone: (07) 3632 2231 or email: [ymis@suqld.org.au](mailto:ymis@suqld.org.au).

**Return the completed application form to:**

YMIS Training Department, SU Qld  
PO Box 1167, Eagle Farm QLD 4009



NATIONALLY RECOGNISED  
TRAINING

OFFICE USE ONLY		
Date Received: _____	Received By: _____	
<input type="checkbox"/> Approved August 2008 Intake	<input type="checkbox"/> Defer March 2009 Intake	<input type="checkbox"/> Defer August 2009 Intake
<input type="checkbox"/> Data Entered Training Database	<input type="checkbox"/> Data Entered Enrolment Matrix	