

# CHISM Elective Module: Plan and deliver exercise for children and young adolescents eLearning

The CHISM eLearning Elective Module allows you to complete your training in the comfort of your own home. The Module comes with an easy-to-follow manual and support documentation.

## Resources and Support

With the CHISM eLearning Module you will receive:

- A package of multimedia lectures delivered on CD-ROM covering the current face-to-face teaching of the module
- Interactive workshops designed to provide you with opportunities to test the practical application of materials taught
- A comprehensive 'on-line' manual to guide you through the module
- Free access to a telephone/E-mail 'Help' line

## Course Assessment

Students will be required to complete both theory and practical assessment tasks, via distance learning. The assessment fee is included in the total module cost.

## Postage and Handling

For students completing the module within Australia, an additional fee of \$20 will be included to the cost of the module to cover postage and handling. For students wishing to complete the correspondence module outside of Australia, orders will be sent to you via courier. CHISM will find the lowest rate and your credit card will be debited for the cost of sending.

If alternative mail arrangements are required, you may specify these requirements when ordering the module.

All orders within Australia will be sent via Express Post. A delivery time of up to 7 days should be allowed for postage within Australia.

## eLearning Costs

The fee for the CHISM eLearning Elective Module is \$670, (within Australia) (GST exempt, including postage).



CHISM is a campus  
of Australian  
Fitness Network  
Provider No. 90497



01532A0308  
15CECs



# eLearning enrolment form

## How do I enrol and pay?

Complete the form below and mail to us with a cheque, money order or credit card details. You can also enrol by phone or fax with your credit card details.

### I wish to enrol in:

CHISM Elective Module: Plan and Deliver Exercise for Children and Young Adolescents.

\$670 (including \$20 postage within Australia) (GST Exempt)

First name: \_\_\_\_\_ Family name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

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

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

Phone: H ( ) \_\_\_\_\_ Phone: W ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email: (essential) \_\_\_\_\_

### Pre-requisite:

Enrolment must include a copy of your current First Aid Certificate and Certificate III in Fitness 'Subject Transcript'

Payment must be enclosed to secure your booking

### Payment details:

I wish to pay a total of \$ \_\_\_\_\_ by:  Cheque\*  Money Order  Mastercard  Visa

\*Please make cheque out to: The Children's Hospital at Westmead

Card No.             Expiry date:  /

Cardholder's name: \_\_\_\_\_ Cardholder's signature: \_\_\_\_\_

**International orders:** Orders will be sent via International Express Post. We will find the lowest rate and your credit card will be debited for the cost of sending. If you require alternate mail arrangements please specify when ordering.

**Normal delivery:** Orders are sent via Express Post. Please allow 7 – 14 days for delivery.



**Address** CHISM Locked Bag 4001  
Westmead NSW Australia 2145



**Phone** (+612) 9845 0761



**Website** [www.chism.chw.edu.au](http://www.chism.chw.edu.au)  
**Email** [chism@chw.edu.au](mailto:chism@chw.edu.au)



**Fax** (+612) 9845 0432



# eLearning enrolment form – about you

In order to satisfy the Australian National Training Authority (ANTA) 2004, SRF04 Fitness Training Package Qualification Framework, the following information is required at the time of course enrolment.

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency/next of kin contact details:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Of the following categories, which best describes your current employment status?

- |   |  |
|---|--|
| <input type="checkbox"/> Full time employee                   | <input type="checkbox"/> Employed – unpaid worker in a family business |
| <input type="checkbox"/> Part time employee                   | <input type="checkbox"/> Unemployed – seeking full-time work           |
| <input type="checkbox"/> Self employed – not employing others | <input type="checkbox"/> Unemployed – seeking part-time work           |
| <input type="checkbox"/> Employer _____                       | <input type="checkbox"/> Not employed – not seeking employment         |

Are you of Aboriginal or Torres Strait Islander origin?

- No     Yes    If yes, are you     Aboriginal     Torres Strait Islander

Were you born in Australia?  No     Yes

If no, please specify which country you were born in? \_\_\_\_\_

Do you speak a language other than English at home?  No     Yes

If yes, please specify which language you speak at home? \_\_\_\_\_

How well do you speak English?

- Very well     Well     Not well     Not at all

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area).

No     Yes

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Vision            | <input type="checkbox"/> Intellectual              | <input type="checkbox"/> Hearing/deaf                 |
| <input type="checkbox"/> Mental Illness    | <input type="checkbox"/> Physical                  | <input type="checkbox"/> Learning                     |
| <input type="checkbox"/> Medical condition | <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Other, please specify: _____ |



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**Email** [chism@chw.edu.au](mailto:chism@chw.edu.au)



**Fax** (+612) 9845 0432



# eLearning enrolment form – about you

What is your highest completed school level and in which year did you complete that school level?

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Have you completed any of the following qualifications?

- Bachelor Degree or higher degree
- Advanced Diploma or Associate diploma
- Diploma (or associate diploma)
- Certificate IV (or Advanced Certificate/Technician)
- Certificate III (or trade certificate)
- Certificate II
- Certificate I
- Certificates other than the above

Of the following categories, which best describes your main reason for undertaking this course? (Tick ONE box only)

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

I understand that the information in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are correct.

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



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TRAINING**  
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