



# Caregiver Services Professional Institute

Level 2 Pacific Properties Building  
38 Cumming Street, Suva  
P.O. Box 18113, Suva

**For enquiries:**  
Mob: 8428213/ 2977561/ 8646991/ 7894362  
Email: enquiry@cspi.com.fj

Ministry of Education Reg: 8102

FHEC Recognition Number: RCN0122/23

## ENROLMENT FORM

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

*(Print proper names that appear on Birth Certificate. No nicknames or aliases)*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

If female: Are you pregnant? \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: \_\_\_\_\_

*(If female and married, marriage certificate must be provided)*

Village: \_\_\_\_\_ Province: \_\_\_\_\_

Religion: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

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

Driver's license? Y/N? \_\_\_\_\_ License no. \_\_\_\_\_ Class: \_\_\_\_\_

Current Health Status: \_\_\_\_\_

### EMERGENCY CONTACT

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

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)



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### **EDUCATION/TRAINING**

*(Please provide legitimate Institution or School Name)*

<b>PRIMARY SCHOOL</b> Name & Level completed	<b>SECONDARY SCHOOL</b> Name & Level completed	<b>TERTIARY</b> Name, Achievement

### **ENGLISH LANGUAGE PROFICIENCY**

How fluent is your English? (Very Good / Good / Below Average)

Oral \_\_\_\_\_ Reading \_\_\_\_\_ Written \_\_\_\_\_

Native Language \_\_\_\_\_ (Fijian / Hindi / Rotuman / Chinese etc.)

### **WORK EXPERIENCE/TRAINING**

*(Please provide legitimate Organization Name)*

<b>Employer's Name, Address and Phone Contact</b>	<b>Duties and Responsibilities</b>	<b>Reason for Leaving OR Still working</b>
1.		
2.		
3.		



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### FEES BREAKDOWN FOR SUVA

Description	\$	¢
First Aid & CPR	55	00
Enrolment Fee	100	00
Module 1	320	00
Module 2	320	00
Module 3	320	00
<b>Total</b>	<b>1,115</b>	<b>00</b>

### FEES BREAKDOWN FOR LAUTOKA

Description	\$	¢
First Aid & CPR	70	00
Enrolment Fee	100	00
Module 1	320	00
Module 2	320	00
Module 3	320	00
<b>Total</b>	<b>1,130</b>	<b>00</b>

### FEES BREAKDOWN FOR LABASA

Description	\$	¢
First Aid & CPR	80	00
Enrolment Fee	100	00
Module 1	320	00
Module 2	320	00
Module 3	320	00
<b>Total</b>	<b>1,140</b>	<b>00</b>



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### For office use only

Training Session: (Day/Evening): \_\_\_\_\_

### Summary of Payments

Date	Receipt Number	Amount Paid	Balance

### REMINDERS

1. The following fees are to be paid upfront to confirm enrolment:

	Suva	Lautoka	Labasa
Enrolment fee	\$100	\$100	\$100
First Aid & CPR	\$55	\$70	\$80
Module 1	\$320	\$320	\$320

2. Enrolment fee will **not** be refunded to participants who have attended the first day of class but wishes to withdraw.
3. All fees must be paid in full before or on the last day of theory class, unless prior arrangement is made with the financial controller.
4. Code of Ethics must be adhered to at all times.
5. Withdrawal Penalty:
  1. Before class commences – Full refund (*no penalty*)
  2. After first week – 50% of Module 1 fee



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6. Any withdrawals **must be made on the Refund Request Form with** receipt attached.
7. Students will be required to purchase the following for clinical training (practical):
  1. Scrubs Uniform - \$60 a pair @ Biz Clothing, Honson Building, Suva
  2. Gloves and Mask
8. Requirements:
  1. 3 PASSPORT SIZE PHOTOS
  2. Copies:
    - i. BIRTH CERTIFICATE
    - ii. MARRIAGE CERTIFICATE (*if female and married*)
    - iii. JOINT CARD / TIN LETTER
    - iv. COVID VACCINATION CARD

## DECLARATION

I, \_\_\_\_\_ (*full name*)

declare that all information provided within this form are complete and accurate record and that I will abide by the Regulations set forth by the Institute.

.....  
Applicant's Signature

.....  
Date

.....  
Officer in charge