

ENROLMENT FORM

Please use **BLOCK LETTERS** and tick the appropriate boxes. Submit the completed form with all required supporting documentation, signatures and dates.

Privacy Notice: Information relating to your nominated training shall not be available to any party, other than those directly responsible for the administration of the course nominated.

ACFE <input type="checkbox"/>		Nationally Recognized Course <input type="checkbox"/>	
Please tick x to select the course you are seeking enrolment into			
Select	Course/Module code	Course/Module Title	Training Location
	CHC50113	Diploma of Early Childhood Education And Care	
	CHC30113	Certificate III in Early Childhood Education and Care	
	CHC33015	Certificate III in Individual Support (Ageing)	
	22250VIC	Certificate I in EAL (Access)	
	22252VIC	Certificate II in EAL (Employment)	
	HLTAID003	Provide First Aid	
Personal Details			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname (family name):		Given name (first name):	
Middle name:		Date of birth (dd/mm/yyyy)	
Street Number:	Street name:		
Suburb:	Postcode:	State/Territory:	
Home phone:	Mobile:		
Email address:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Postal Address			
As above:	<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, please complete details below:
Street Name and Number:			
Town / Suburb:		Postcode:	
Emergency Contact / Next of Kin Details			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms		Relationship to student:	
Family Name:		Given Name (s):	
Phone number:		Mobile:	
Language and Cultural Diversity			
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other, Please specify _____ Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander. (If Yes, please provide an evidence)		Do you speak a language other than English at home? <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other – Please specify _____ (If more than one language, indicate the one that is spoken most often) If Yes, how well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	
Disability			
Do you consider yourself to have a disability, impairment or long-term condition?		<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please tick appropriate box)	

<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	
<input type="checkbox"/> Vision/blind	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Other (please specify):		
Do you require additional support for accessibility to this course?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what?					
Schooling					
What is your highest COMPLETED school level? (Tick ONE box only)					
<input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Completed Year 8 or lower <input type="checkbox"/> Never attended school			What year did you complete that school level? _____		
Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you SUCCESSFULLY completed any of the following qualifications? <input type="checkbox"/> No if <input type="checkbox"/> Yes, please tick appropriate box(es): A - Australian; E – Australian equivalent; I - International					
Note: if you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A – Australian; 2. E – Australian equivalent; 3. I – International					
A	E	I	A	E	I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor Degree/Higher Degree			Advance Diploma (or associate degree)		
Diploma (or Associate Diploma)			Certificate IV (or advanced Certificate/Technician)		
Certificate III (or Trade Certificate)			Certificate II		
Certificate I			Certificates other than the above (please specify):		
Employment Status					
Of the following categories, which BEST describes your current employment status? (Tick ONE box only)					
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Employed–Unpaid worker (family/volunteer)		<input type="checkbox"/> Unemployed–seeking full time work		
<input type="checkbox"/> Part time employee	<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				
Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)					
<input type="checkbox"/> 1- Managers		<input type="checkbox"/> 4- Community and Personal Service Workers		<input type="checkbox"/> 7- Machinery Operators & Drivers	
<input type="checkbox"/> 2- Professionals		<input type="checkbox"/> 5- Clerical & Administrative Workers		<input type="checkbox"/> 8- Labourers	
<input type="checkbox"/> 3-Technicians & Trade Worker		<input type="checkbox"/> 6- Sales workers		<input type="checkbox"/> 9- Other	
Which of the following classifications BEST describes the industry of your current or previous Employer?					
<input type="checkbox"/> A- Agriculture, Forestry and Fishing		<input type="checkbox"/> B- Mining		<input type="checkbox"/> C- Manufacturing	
<input type="checkbox"/> D- Electricity, Gas, Water and Waste Services		<input type="checkbox"/> E- Construction		<input type="checkbox"/> F- Wholesale Trade	
<input type="checkbox"/> G- Retail Trade		<input type="checkbox"/> H- Accommodation and Feed Services		<input type="checkbox"/> I- Transport, Postal and Warehousing	
<input type="checkbox"/> J- Information Media and Telecommunications		<input type="checkbox"/> K- Financial and Insurance Services		<input type="checkbox"/> L- Rental, Hiring and Real Estate Services	
<input type="checkbox"/> M- Professional, Scientific and Technical Services		<input type="checkbox"/> N- Administrative and Support Services		<input type="checkbox"/> O- Public Administration and Safety	
<input type="checkbox"/> P- Education and Training		<input type="checkbox"/> Q- Health Care and Social Assistance		<input type="checkbox"/> R- Arts and Recreation Services	
<input type="checkbox"/> S- Other Services					
Study Reason					
From the following categories, which BEST describes your main reason for undertaking this course?(Tick one box only)					
<input type="checkbox"/> To get a job		<input type="checkbox"/> To develop my existing business		<input type="checkbox"/> To start my own business	
<input type="checkbox"/> To try for a different career		<input type="checkbox"/> To get a better job or promotion		<input type="checkbox"/> It is a requirement of my job	
<input type="checkbox"/> I wanted extra skills for my job		<input type="checkbox"/> To get into another course of study		<input type="checkbox"/> For personal interest or self-development	
<input type="checkbox"/> Other reason, please specify:					
Victorian Student Number (VSN) (To be completed by all students age group up to 24 years – Victorian student only)					
Enter your VSN: _____ (No more questions if you provided your VSN).					
Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community			<input type="checkbox"/> No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011. (No more question if you answer NO above). <input type="checkbox"/> Yes – I have attended a Victorian school since 2009: Most recent Victorian school attended: and/or <input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011.		

Education provider in Victoria since 2011?	List the most recent training organisations with which you have participated in training in Victoria since 2011 (list up to 3 training organisations): _____ _____ _____
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Referring Organization Details

Consultant Name:	Company name:
Consultant Position:	Email:
- Please provide completed Job Seeker Referral Form (JSRF) : <input type="checkbox"/> Yes <input type="checkbox"/> No - A copy of JSRF should be returned to referring agencies: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Fees & Charges Agreement

I understand that the fees that are applied are in line with the Victorian Government Fees and Charges guidelines. The ministerial direction can be located at <http://www.education.vic.gov.au/training/providers/Pages/default.aspx>
I confirmed that I have read and understand the **AVWA** refund policy relating to student fees.

Who will make payment? Enrolling Student Third Party

If third party is to be invoiced (e.g. employer or job agencies), please provide the following:

Name on Invoice:	
Address of third party:	
Name of Representative:	

Fee Structure: Government funded Fee for Service

Minimum Tuition Fee	\$	<input type="checkbox"/> With Concession <input type="checkbox"/> Without Concession
Material Fee	\$	Concession Type:
Administration fee	\$	Concession Expiry Date:
Total Fee Payable:	\$	Concession card copy attached: <input type="checkbox"/> Yes

Student name:	Signature:
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Payment Date:	Amount: \$	Receipt no:	Received by:
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Payment Details	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Money Order <input type="checkbox"/> Other _____
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Payment Date:	Amount: \$	Receipt no:	Received by:
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Payment Details	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Money Order <input type="checkbox"/> Other _____
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Payment Date:	Amount: \$	Receipt no:	Received by:
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Payment Details	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Money Order <input type="checkbox"/> Other _____
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For EFT payment, please deposit the amount to the following:
 Account name: Australian Vietnamese Women's Association Inc
 Bank name: Commonwealth Bank - BSB: 06 3132 - Account No: 10333046 - Reference: **Your full name**

Exception and Exemption (Fees Waiver)

Reason provided: (tick)

- | | |
|---|--|
| <input type="checkbox"/> Asylum Seekers and Victims of Human Trafficking Initiative (2.1) | <input type="checkbox"/> Retrenched employees (2.2-2.6) |
| <input type="checkbox"/> Automotive Supply Chain Training Initiative (2.8-2.12) | <input type="checkbox"/> Young People Transitioning From Care Initiative (2.7) |

Total Fee Waiver: \$

<input type="checkbox"/> Relevant Referral Form or Eligibility Letter provided (Evidence for Exemption)	<input type="checkbox"/> Noted on VETtrak
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Exemption from the above course fees does not change the rights and responsibilities of the learner or the quality or quantity of training delivery and assessment

Enter your Unique Student Identifier (if you already have one):
 (If not, please refer to Student Declaration section below)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*.

Collection of your data

The Australian Vietnamese Women's Association Inc. (AVWA) is required to provide the Department with student and training activity data. This includes personal information collected in the AVWA enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). AVWA provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning. A student's USI may be used for specific VET purposes including the verification of student data provided by AVWA; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached. For further information, please contact AVWA's training coordinator in the first instance by phone [9396 1922] or email [phuong.ngo@avwa.org.au]

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to: <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>. For further information about USI, including access, correction and complaints, go to: <http://www.usi.gov.au/Student-privacy.aspx>.

Student Declaration

- ✓ I acknowledge and have read the Victorian Government's VET Student Enrolment Privacy Notice.
- ✓ I confirm that I have read and understood the AVWA student handbook relating student fees
- ✓ I agree for AVWA to use my information in Australian Driver Licence, or Medicare card, or Australian Birth Certificate, or Australian Passport, or Non Australian Passport (with Australian Visa), or Immi Card, or Citizenship Certificate, or Certificate of Registration by Descent to create/verify Unique Student Identification (USI) on my behalf. My place of birth (town/province):

(In accordance with section 11 of the Student Identifiers Act 2014, AVWA will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it).

Signature:

Date:

For applicants under the age of 18 at the time of enrolment, this form could be signed by a Parent/Guardian. (OPTIONAL USE ONLY)

As the Parent/Guardian of applicant identified above, I confirm that all information provided to confirm eligibility for government subsidised training is to the best of my knowledge true, correct and accurate.

Parent/Guardian's Name:

Parent/Guardian's Signature:

Contact Details:

**SKILLS FIRST PROGRAM
2017 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION**

Section A: - To be completed by an authorized delegate of the Training Provider

Evidence of citizenship/residency and age

I confirm that in relation to _____
(Student's full name)

I have sighted: an original, or a certified copy, or an uncertified copy that I have verified through use of a document verification service of **one** of the following:

- | | |
|---|---|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> a current Australian Passport |
| <input type="checkbox"/> a current New Zealand Passport | <input type="checkbox"/> a naturalisation certificate |
| <input type="checkbox"/> a current <u>green</u> Medicare Card | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 3.15-3.19 of these Guidelines. |
| <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence | |

and I have retained:

a copy of the original or certified copy, or the certified copy, or the uncertified copy and a receipt of from a document verification service;

and if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth.

a current driver licence, or a current learner permit, or a Proof of Age card, or a "Keypass" card

Or if the individual is undertaking training under Asylum Seeker VET program and meets the requirements set out in Clause 2.1 of these Guidelines, I have sighted and retained:

a Referral Letter from Asylum Seeker Resource Centre or the Australian Red Cross, or

for TAFE and Learn Local Organisation only, an electronic or printed record demonstrating that the student holds a current valid Bridging Visa Class E (BVE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV) as Verified via the Commonwealth's Visa Entitlement Verification Online (VEVO).

NB: The Training Provider must retain a copy of all documentation used in Section A, as per clauses 3.3-4 of these Guidelines.

Section B: - To be completed by the student

Education history

Q1. The highest qualification I have completed is:

(Include full title of qualification, eg. Certificate III in Individual Support)

Q2. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

0 1 2 3 4+ (circle number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?

0 1 2 3 4+ (circle number)

Q4. In your lifetime, how many government subsidised courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

0 1 2 3 4+ (circle number)

Student declaration

I, _____, in seeking to enrol in
(Student's full name)

(Include full title of qualification/s in which you are seeking to enrol)

declare the following to be true and accurate statements:

- a. I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. (circle appropriate response)
- b. I AM / AM NOT enrolled in the Commonwealth Government's *Skills for Education and Employment* program. (circle appropriate response)
- c. I AM / AM NOT within the meaning of the Correction Act 1986, a prisoner held at a prison (circle appropriate response)
- d. I AM / AM NOT a person who is detained under the *Mental Health Act 1986*; or the *Crime (Mental Impairment and Unfitness to be Tried) Act 1997* or the *Sentencing Act 1991* at the Thomas Embling Hospital (circle appropriate response)
- e. I AM / AM NOT a person who is detained (other than on weekend detention) under the Children, Youth and Families Act 2005 or the Sentencing Act 1991 or who is help on remand in one or more of the following: i) Malmsbury Juvenile Justice Centre; ii) Parkville Youth Residential Centre; iii) Melbourne Youth Residential Centre. (circle appropriate response)
- f. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the Skills First Program. I understand that enrolling in the above qualification/s may affect my future training options and eligibility for further government subsidised training under the Skills First Program.
- g. I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed: _____ Date: _____

Section C – To be completed by an authorised delegate of the Training Provider

Number of courses student is currently eligible for: 1 2

RTO declaration

Based on discussion with the student, the above evidence I have sighted (and retained a copy of) in Section A, and the information provided to me by the student in Section B of this form I believe that the above individual satisfies the Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skills First Program for the following qualification/s:

(Include full title of qualification/s in which the student is seeking to enrol)

Authorised RTO delegate:

Name: _____

Position: _____

Signed: _____

Notes: Use this section to record additional, relevant eligibility information, including information used by the Training Provider to verify the individual's eligibility that is not captured in Sections A, B or C