



ENROLMENT FORM

Please use **BLOCK LETTERS** and cross 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 training program nominated.

ACFE					
Please cross x to select the training program you are seeking enrolment into					
Select	Module code	Module name			Training Location
	24LITINAGECA	Introduction to Aged Care			
	24LITINCHICA	Introduction to Childcare			
	24LANGENGDA	English for daily activities			
	24LANGENGFWO	English for work			
	24EMPINEMAIL	Use internet, and create and retrieve email using web browser			
	24EMPPIWORD	Produce simple word-processed documents			
	24EMPJSREINP	Job search, resume building and interview preparation			
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 <input type="checkbox"/> Indeterminate/Intersex/Unspecified					
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:					
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? (if NO, go to next section)			<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please tick appropriate box. You may indicate more than one box)		
<input type="checkbox"/> Hearing/deaf		<input type="checkbox"/> Mental health condition		<input type="checkbox"/> Physical	
<input type="checkbox"/> Vision		<input type="checkbox"/> Medical condition		<input type="checkbox"/> Intellectual	
		<input type="checkbox"/> Acquired Brain Impairment		<input type="checkbox"/> Learning	
		<input type="checkbox"/> Other (please specify):			
Do you require additional support for accessibility to this training program?				<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"/> Bachelor Degree/Higher Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diploma (or Associate Diploma)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Advance Diploma (or associate degree)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Certificate IV (or advanced Certificate/Technician)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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"/> Self-employed–not employing others	<input type="checkbox"/> Not employed– not seeking employment	
<input type="checkbox"/> Part time employee	<input type="checkbox"/> Self-employed- employing other	<input type="checkbox"/> Unemployed–seeking part-time work	
	<input type="checkbox"/> Employed-unpaid worker in a family business	<input type="checkbox"/> Unemployed–seeking full-time work	
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 training program? (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 program of study	<input type="checkbox"/> For personal interest or self-development	
<input type="checkbox"/> To get skills for community/voluntary work	<input type="checkbox"/> Other reasons, 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 Education provider in Victoria since 2011?	<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. List the most recent training organisations with which you have participated in training in Victoria since 2011 (list up to 3 training organisations): _____ _____ _____		
Referring Organisation Details			
Consultant Name:		Company name:	
Consultant Position:		Email:	
Please provide referral letter <input type="checkbox"/> Yes <input type="checkbox"/> No			

Concession	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Concession Type:
-------------------	--	--------------------------

Fees & Charges

I understand that the fees that are applied are in line with the Pre-accredited Course fees and subsidies. The information can be located at <https://www.vic.gov.au/pre-accredited-course-fees-and-subsidies>
 Note: No fees apply for participants eligible for Government funded training for pre-accredited training programs.

Enter your Unique Student Identifier (if you already have one):	
--	--

(If not, you can apply directly at www.usi.gov.au/create-your-USI/ or please refer to Student Declaration section below)

Victorian Student Enrolment Privacy Notice

The Victorian Government, through the Department of Jobs, Skills, Industry and Region (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* (Vic) and the *Health Records Act 2001* (Vic).

Collection of your data
 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 [DJISIR website](#).

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, including interaction between the Department and Student where appropriate.
 The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

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. 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.
 Please note you may opt out of the NCVER survey at the time of being contacted.

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 Privacy Officer in the first instance by phone (03) 9396 1922 or e-mail 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 [Department of Jobs, Skill, Industry and Regions](#) website. For further information about USI, including access, correction and complaints, go to [Australian Government USI](#) website.

Student Declaration

✓ I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.
 ✓ 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):

*(The Student Identifiers Act 2014 (s.11) requires AVWA to destroy personal information collected from individuals **solely** for the purpose of applying for a USI on their behalf as soon as practicable after the application has been made or the information is no longer needed for that purpose, unless AVWA is required by or under any law to retain it).*

Student's Signature:	Date:
----------------------	-------

Parental/guardian consent is required for all students under the age of 18.

Parent/Guardian's Signature:	Date:
------------------------------	-------

EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

SECTION A: EVIDENCE OF CITIZENSHIP AND AGE (To be completed by an Authorised Delegate of the Learn Local provider)

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

I have sighted **ONE** of the following:

- | | |
|--|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> Current Australian Passport |
| <input type="checkbox"/> Current New Zealand Passport | <input type="checkbox"/> Australian Citizenship Certificate |
| <input type="checkbox"/> Current green Medicare Card | <input type="checkbox"/> Australian Certificate of Registration by Descent |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per ACFE Training Delivery Guideline - Learner Eligibility Assessment and Evidence. | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard |
| <input type="checkbox"/> A referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> Confirmation obtained from the Visa Entitlement Online System (VEVO) that the student holds a valid visa type accepted for participation in the Asylum Seeker VET Program |

By **EITHER**:

- Viewing an original; **OR** Viewing a certified copy; **OR** Verifying through the Document Verification Service (DVS); **OR** Viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device; **OR** Relying on evidence sighted and retained as part of a previous enrolment; **OR** Viewing a printed or electronic record from VEVO that confirms a student holds a valid visa type accepted for participation in the Asylum Seeker VET Program.

Where evidence of a student being 17 years of age or over is required* and the document produced from the list above does not include a date of birth (or if the date of birth has not been verified through use of the DVS), I have also sighted one of the following: (tick relevant box)

- | | | |
|---|--|---|
| <input type="checkbox"/> Current driver licence | <input type="checkbox"/> 'Keypass' card | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Current learner permit | <input type="checkbox"/> Proof of Age card | |

*Where a clear determination can be made, the above evidence is not required.

Authorised Training Officer:

Name: _____

Position: _____

Signed: _____ Date: _____

Notes: Use this section to record additional detail, such as additional student support if required.

If there are no notes, write N/A

SECTION B: STUDENT SCHOOL ATTENDANCE STATUS DECLARATION (To be completed by the student)

STUDENT DECLARATION

I, (Print your full name) _____

in seeking to enrol in one or more pre-accredited modules with this Learn Local provider, declare the following to be true and accurate statements:

- ◆ I **AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school, and:
 - I am aged over 17 years of age, or
 - I am under 17 years of age and have provided Evidence of Exemption by a school principal or the Department of Education and Training Regional Director.
- ◆ I acknowledge and understand that I may be contacted by the Department of Education or their agent to participate in a survey, interview or other questionnaire.

Signed: _____ Date: _____