Australian Vietnamese Women's Association Inc ♦ RTO number: 22594 ♦
Tel: (03) 9396 1922/ (03) 9428 9078 ♦ Fax: (03) 9396 1923/ (03) 94289079 ♦
Email: training@avwa.org.au ♦ Website: www.avwa.org.au ♦
Campus 1: 30-32 Lennox St, Richmond Vic 3121 ♦
Campus 2: 7/6 South Rd Braybrook Vic 3019 ♦
Campus 3: 8 Parsons Avenue, Springvale, Vic 3171 ♦
Campus 4: 159 Taylor Rd St Alban Vic 3021 ♦

AUSTRALIAN VIETNAMESE WOMEN'S ASSOCIATION INC.
HỘI PHỤ NỮ VIỆT ÚC

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 ☐	Nationally Recognized Training Program ☐	
Please tick x to select the training program you are seeking enrolment into		

Select	Program code	Program Title	Training Location
	23VOCINAGECA	Introduction to Aged Care	
	23VOCINCHICA	Introduction to Childcare	
	23LANGENGDAA	English for daily activities	
	23LANGENGFWO	English for work	
	23EMPINEMAIL	Use internet, and create and retrieve email using web browser	
	23EMPPSIWORD	Produce simple word-processed documents	
	23EMPJSREINP	Job search, resume building and interview preparation	

Personal Details

Title: ☐ Mr ☐Mrs ☐ Ms ☐ Miss	**Sex**: ☐ Male ☐ 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:	

Postal Address:

As above: ☐ Yes ☐ No	If No, please complete details below:
Street Name and Number:	
Town / Suburb:	Postcode:

Emergency Contact / Next of Kin Details

Title: ☐ Mr. ☐Mrs. ☐ Ms	Relationship to student:
Family Name:	Given Name (s):
Phone number:	Mobile:

Language and Cultural Diversity

In which country were you born?	Do you speak a language other than English at home?
☐ Australia ☐ Other - Please specify _____ Are you of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander	☐ No, English only ☐ 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? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Disability

Do you consider yourself to have a disability, impairment or long-term condition? (if NO, go to next section)	☐ No ☐ Yes (If yes, please tick appropriate box. You may indicate more than one box)
☐ Hearing/deaf	☐ Mental health condition	☐ Physical	☐ Intellectual	☐ Learning
☐ Vision	☐ Medical condition	☐ Acquired Brain Impairment	☐ Other (please specify):
Do you require additional support for accessibility to this training program?	☐ Yes ☐ No
If yes, what?	

Schooling

What is your highest COMPLETED school level? (Tick ONE box only)

☐ Year 12	☐ Year 11	☐ Year 10	☐ Completed Year 8 or lower	What year did you complete that school level? _____
☐ Year 9 or equivalent		☐ Never attended school		

Are you still attending secondary school?   ☐ Yes   ☐ No

Have you SUCCESSFULLY completed any of the following qualifications?   ☐ No   if ☐ 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	
☐	☐	☐	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)

☐ Full time employee	☐ Self-employed–not employing others	☐ Not employed– not seeking employment
☐ Part time employee	☐ Self-employed- employing other	☐ Unemployed–seeking part-time work
☐ Casual	☐ Employed-unpaid worker in a family business	☐ Unemployed–seeking full-time work

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)

☐ 1- Managers	☐ 4- Community and Personal Service Workers	☐ 7- Machinery Operators & Drivers
☐ 2- Professionals	☐ 5- Clerical & Administrative Workers	☐ 8- Labourers
☐ 3-Technicians & Trade Worker	☐ 6- Sales workers	☐ 9- Other

Which of the following classifications BEST describes the industry of your current or previous Employer?

☐ A-Agriculture, Forestry and Fishing	☐ B-Mining	☐ C-Manufacturing	☐ D-Electricity, Gas, Water and Waste Services
☐ E- Construction	☐ F- Wholesale Trade	☐ G- Retail Trade	☐ H- Accommodation and Feed Services
☐ I- Transport, Postal and Warehousing	☐ J- Information Media and Telecommunications	☐ K- Financial and Insurance Services	☐ L- Rental, Hiring and Real Estate Services
☐ M- Professional, Scientific and Technical Services	☐ N- Administrative and Support Services	☐ O- Public Administration and Safety	☐ P- Education and Training
☐ Q- Health Care and Social Assistance	☐ R- Arts and Recreation Services		☐ S- Other Services

Study Reason

From the following categories, which BEST describes your main reason for undertaking this training program? (Tick one box only)

☐ To get a job	☐ To develop my existing business	☐ To start my own business
☐ To try for a different career	☐ To get a better job or promotion	☐ It is a requirement of my job
☐ I wanted extra skills for my job	☐ To get into another program of study	☐ For personal interest or self-development
☐ To get skills for community/voluntary work		☐ Other reason (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?	☐ 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). ☐ Yes – I have attended a Victorian school since 2009: Most recent Victorian school attended: .... **and/or** ☐ 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 Organization Details

Consultant Name:	Company name:
Consultant Position:	Email:
Please provide referral letter	

Fees & Charges

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/learnlocal/Pages/fees.aspx

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 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* (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 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, 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. 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.
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 http://www.education.vic.gov.au/Pages/privacypolicy.aspx.
For further information about Unique Student Identifiers, including access, correction and complaints, go to http://www.usi.gov.au/Students/Pages/student-privacy.aspx.

Student Declaration

✓ I acknowledge that I have read the Victorian Government's 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): …………………………………………………………………

(T*he 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/RESIDENCY AND AGE (To be completed by an Authorised Delegate of the training provider)

I confirm that in relation to: _____
<div align="center">(Student's full name)</div>

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

☐ Australian Birth Certificate (not Birth Extract)   ☐ Current Australian Passport

☐ Current New Zealand Passport   ☐ Australian Citizenship Certificate

☐ Current **_green_** Medicare Card   ☐ Australian Citizenship of Registration by Descent

☐ A proxy declaration for individuals in exceptional circumstances as per ACFE Training Delivery Guideline - Learner Eligibility Assessment and Evidence - Factsheet 1.   ☐ Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard

☐ *A referral to Government Subsidised Training - Asylum Seekers'* form from the Asylum Seeker Resource Centre or the Australian Red Cross   ☐ Confirmation obtained from the Visa Entitlement Online System (VEVO) that the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.

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 valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.

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 (or if the date of birth has not been verified through use of the DVS), I have also sighted and retained a copy of one of the following:

☐ Current driver licence   ☐ 'Keypass' card   ☐ Not Applicable

☐ Current learner permit   ☐ Proof of Age card

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

I, _____**in seeking to enrol in**
<div align="center">(Print your full name)</div>

_____

_____
<div align="center">(write the code and full title of the program)</div>

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
  - 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 and Training or an agent to participate in a survey, interview or other questionnaire.

Signed: _____**Date**: _____