

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 course nominated.

NATIONALLY RECOGNISED COURSES			
<i>Please cross x to select the course you are seeking enrolment into</i>			
Select	Course / Module code	Course / Module Title	Training Location
	CHC30121	Certificate III in Early Childhood Education and Care	
	CHC50121	Diploma of Early Childhood Education and Care	
	CHC33015	Certificate III in Individual Support (Ageing)	
	22484VIC	Certificate I in EAL (Access)	
	22488VIC	Certificate II in EAL (Employment)	
	22486VIC	Certificate III in EAL (Access)	
	HLTAID011	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:			
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 _____		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)	
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)		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 can indicate more than one box)	
<input type="checkbox"/> Hearing/deaf		<input type="checkbox"/> Mental health condition	
<input type="checkbox"/> Vision		<input type="checkbox"/> Physical	
<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):		<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? _____			

REFERRING ORGANISATION 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 www.education.vic.gov.au/training/providers/rto/Pages/serviceagree.aspx			
I confirmed that I have read and understand the AVWA Student Handbook and Refund Policy relating to student fees.			
Who will make payment?		<input type="checkbox"/> Enrolling Student	<input type="checkbox"/> 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:		<input type="checkbox"/> Government Funded	<input type="checkbox"/> Fee for Service
Administration Fee	\$	<input type="checkbox"/> With Concession	<input type="checkbox"/> Without Concession
Material Fee	\$	Concession Type:	
Tuition Fee	\$	Concession Expiry Date:	
Total Fee Payable:	\$	Concession card copy attached: <input type="checkbox"/> Yes	
Student name:		Signature:	
Instalment Plan	<input type="checkbox"/> No	<input type="checkbox"/> Completed Payment	
		Amount (\$):	Invoice Number:
<input type="checkbox"/> Yes (Fill in the Instalment Plan detailed below)			
Initials Tuition Fee (before commencement date)	<input type="checkbox"/> Paid	Amount (\$):	Invoice Number:
Payment Details	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Money Order <input type="checkbox"/> Other _____		
Instalment 1	<input type="checkbox"/> Paid	Amount (\$):	Invoice Number:
Payment Details	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Money Order <input type="checkbox"/> Other _____		
Instalment 2	<input type="checkbox"/> Paid	Amount (\$):	Invoice Number:
Payment Details	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Money Order <input type="checkbox"/> Other _____		
Instalment 3	<input type="checkbox"/> Paid	Amount (\$):	Invoice Number:
Payment Details	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Money Order <input type="checkbox"/> Other _____		
For EFT payment , please deposit the amount to the following: Account name: Australian Vietnamese Women's Association Inc. Bank name: Commonwealth Bank - BSB: 06 3217 - Account No: 10269036 - Reference: Your full name			
EXCEPTION AND EXEMPTION			
Reason provided: (tick)			
<input type="checkbox"/> Asylum Seekers VET Program		<input type="checkbox"/> Latrobe Valley Initiative	
<input type="checkbox"/> Skills First Youth Access Initiative		<input type="checkbox"/> Back to Work Scheme	
<input type="checkbox"/> Other Reason:			
Total Fee Waiver (if eligible): \$			
<input type="checkbox"/> Relevant Referral Form or Eligibility Letter provided (Evidence for Exemption) Form/Letter:		<input type="checkbox"/> Noted on aXcelerate	
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, you can apply directly at www.usi.gov.au/create-your-USI/ or please refer to Student Declaration section below)		<input type="checkbox"/>	

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

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 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 that I have read the Victorian Government's VET Student Enrolment Privacy Notice.
✓ I agree that AVWA will collect and use my information such as 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 Signature:

Date:

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

Parent/guardian signature:

Name:

Date:

SKILLS FIRST PROGRAM EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY (To be completed by an Authorised Delegate of the RTO)

I confirm that for _____
(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 Citizenship of Registration by Descent |
| <input type="checkbox"/> New Zealand Birth Certificate | <input type="checkbox"/> New Zealand Citizenship Certificate |
| <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 proxy declaration for individuals in exceptional circumstances as per Clauses 2.11 - 2.15 of the Guidelines About Eligibility (the Eligibility Guidelines) |
| <input type="checkbox"/> Confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa, Temporary Protection Visa, Bridging Visa Class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa. | <input type="checkbox"/> A referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross. |

By **EITHER**:

- viewing an original; **OR** viewing a certified copy; **OR** verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.5 (c) of the Eligibility Guidelines]; **OR** viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device [in accordance with Clause 2.5(d) of the Eligibility Guidelines]; **OR** relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.8 of the Eligibility Guidelines]; **OR** viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging Visa Class E, Safe Haven Enterprise Visa, Temporary Protection Visa, Bridging Visa Class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa.

AND I have retained **ONE** of the following:

- a copy of the original or certified copy; **OR**
 the certified copy; **OR**
 evidence as set out in Clause 2.5(c) of the Eligibility Guidelines [where verified through the DVS]; **OR**
 declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Eligibility Guidelines]; **OR**
 a printed or electronic copy of a record from VEVO that confirms the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa, Temporary Protection Visa, Bridging Visa Class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa.

SECTION B1 – ENROLMENT IN A QUALIFICATION AND/OR SKILL SET

TO BE COMPLETED BY THE STUDENT - DO NOT LEAVE ANY SECTION BLANK UNLESS YOU ARE ASKED TO SKIP A QUESTION OR GO TO THE DECLARATION - PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DO NOT UNDERSTAND A QUESTION

A 'skill set' means a course with the title 'Course in...' or a single subject, or small group of subjects (for example 'Course in Family Violence')

A 'qualification' means a course that has 'Certificate' or 'Diploma' in the title (for example, 'Certificate III in Business', 'Diploma of Nursing')

Q1. If you are enrolling in a qualification, how many other **Skills First funded qualifications** have you enrolled in that have started, or will start in the **same calendar year** as the qualification/s you are applying for now?

Don't include the qualification/s or skill sets you are applying for now.

Do include other qualifications/s or skill sets you've enrolled in at this or another training provider, but haven't started yet.

N/A 0 1 2 3 4+ (circle answer)

Q2. If you are enrolling in a skill set, how many other **Skills First funded** skill sets have you enrolled in that have started, or will start in the **same calendar year** as the skill set you are applying for now?

Don't include the skill set you are applying for now.

Do include other skill set/s you've enrolled in at this or another training provider, but haven't started yet.

N/A 0 1 2 3 4+ (circle answer)

Q3. Not including the qualification or skill set/s you are applying for now, how many other **Skills First funded** qualifications and/or skills sets you are doing at the moment?

0 1 2 3 4+ (circle answer)

Q4. If you are enrolling in a Foundation Skills program, do you have a qualification at a Diploma level or higher?

N/A Yes No (circle answer)

SECTION B2 – STUDENT DECLARATION

STUDENT DECLARATION

I, _____ in seeking to enrol in
(Print your full name)

(write the code and full title of the qualification/s or Skill set/s)

declare the following to be true and accurate statements:

- ◆ I **AM / AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school. *(circle the appropriate response)*
- ◆ I **AM / AM NOT** enrolled in the Commonwealth Government's *Skills for Education and Employment* program. *(circle the appropriate response)*
- ◆ I understand that my enrolment in the above qualification/s and/or skill set/s may be subsidised by the Victorian and Commonwealth Governments under the Skills First Program. I understand how my enrolment will affect my future training options and eligibility for further training under the Skills First program.
- ◆ 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:** _____

SECTION C – TRAINING PROVIDER DECLARATION

TO BE COMPLETED BY THE TRAINING PROVIDER – DO NOT LEAVE ANY SECTIONS BLANK

Based on:

- my discussion with the student;
- the evidence I have sighted and retained in **Section A**
- the information provided to me by the student in **Section B**

I confirm that the student is: **[CHOOSE ONE]**

- eligible for Skills First funding for the program/s listed below
- not eligible for Skills First funding
- not eligible for Skills First funding, but I have granted an eligibility exemption for the program/s listed below.

(write the code and full title of the program/s in which the student is seeking to enrol)

I acknowledge that as the Training Provider's authorised delegate, I am responsible for ensuring that all parts of this form are completed. By signing this Declaration, I acknowledge that I have reviewed **Section A** and **B** and have confirmed they have been completed in full.

Authorised Training Provider Delegate:

Name: _____

Position: _____

Signed: _____ Date: _____

Notes: Use this section to record additional detail, relevant eligibility information, including information you used to verify the student's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A