

enrolment form

ABN 67 568 450 949
 TOID: 6406
 PO Box 8093 Armadale, VIC 3143
 T: (03) 9509 4266
 E: learn@inclusiontraining.org.au
 W: inclusiontraining.org.au

1. personal details

Surname Title Mr Mrs Miss Ms

First name Middle name

Phone Mobile

Fax Email

What is the address of your usual residence?
Please provide the physical address where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.
If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name (if applicable)

Unit No. Street No. Street Name

Suburb/town Postcode State

Date of birth Gender

Town and country of birth Language spoken at home

How well do you speak English? Very well Well Not well Not at all

Medicare No. Expiry Date No. on Card

Preferred method for receiving correspondence Telephone Email Mail

2. origin

Are you of Aboriginal or Torres Strait Islander origin? Yes No

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3. course details

Course Code	Course Title	Tick course to be enrolled in
22301VIC	Certificate I in Transition Education	<input type="checkbox"/>
22234VIC	Certificate I in General Education for Adults	<input type="checkbox"/>
22235VIC	Certificate 1 In General Education for Adults (Introductory)	<input type="checkbox"/>
22294VIC	Course in Initial Adult Literacy and Numeracy	<input type="checkbox"/>
22293VIC	Certificate I in Initial Adult Literacy and Numeracy	<input type="checkbox"/>
CHC24015	Certificate II in Active Volunteering	<input type="checkbox"/>
CHC33015	Certificate III in Individual Support (Disability)	<input type="checkbox"/>

4. current employmentstatus

Employed full-time
 Part-time employee
 Self Employed
 Employer
 Unpaid family worker
 Unemployed, seeking full-time work
 Unemployed, seeking part-time work
 Not seeking work

5. school education

Year completed
 Did not go to school
 Unknown
 School level completed
 Yr 8 or below
 Yr 9
 Yr 10
 Yr11
 Yr 12
 Name of previous school

6. victorian student number

What is your Victorian Student Number? (if known)

7. USI

Unique Student Identifier (USI). Every student enrolled in a VET course must have a USI.

What is your USI? (if known)

If you do not have a USI, please visit: <https://www.usi.gov.au/students/create-your-usi>

8. what level of post school education have you achieved?

Bachelor Degree or Higher
 Certificate IV or adv. certificate/technician
 Advanced Diploma
 Certificate III or trade certificate
 Associate Degree
 Certificate II
 Diploma or Associate Diploma
 Certificate I
 None of the above
 Other certificate not listed

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9. which best describes the reason you are undertaking this course?

- 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 was a requirement of my job
- I wanted extra skills for my job
- To get into another course
- For personal interest or self development

10. if you have a disability what is the nature of your disability?

- Visual
- Intellectual
- Mental illness
- Hearing
- Chronic illness
- Acquired brain impairment
- Physical
- Medical condition

Other (please complete)

11. do you require special assistance or have any special support needs?

- Yes
- No

↓
If Yes – please provide details

12. medical or health concerns

Do you have any medical or health concerns that may affect your ability to participate in the courses eg. asthma, epilepsy or seizures, food allergies etc?

- Yes
- No

↓
If Yes – please provide details

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privacy statement

Please read and sign this form.

I understand that Inclusion Training is required to provide the Victorian Government, through the Department of Education and Training, and the ACFE Board with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/organisations/rto/Pages/datacollection.aspx>).

The Department and the ACFE Board may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department and the ACFE Board may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires Inclusion Training to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact Inclusion Training's Privacy Officer on (03) 9509 4266 or email learn@inclusiontraining.org.au.

I acknowledge and agree to the terms described in this privacy statement.

Student Signature

Date

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

Section A - To be completed by an authorised 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 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 drivers licence, or a current learner permit, or a Proof of Age card, or a 'Keypass' card

Or if the individual is undertaking training under the 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 the Asylum Seeker Resource Centre or the Australian Red Cross, or
- for TAFE Institutes and Learn Locals organisations 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.

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Section B - To be completed by the student

Education history

Q1. The highest qualification I have completed is:

(Include full title of qualification)

Q2. Not including the course/s you are seeking to enrol in now, how many other government funded 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+	<i>(circle number)</i>
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Q3. Not including the course/s you are seeking to enrol in now, how many other government funded courses are you undertaking training in at the moment?

0	1	2	3	4+	<i>(circle number)</i>
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Q4. In your lifetime, how many government funded 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+	<i>(circle number)</i>
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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 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 how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the Skills First Program.
- d. 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.

Student Signature

Date

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

Number of courses student is currently eligible for: 1 2

Training Provider 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 Skill First Program for the following qualification/s:

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

Authorised Training Provider delegate:

Name	Judith Price	Position	Manager
Signed		Date	

Note: 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.

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RTO student agreement

I certify that the information I have provided in the Inclusion Training Enrolment Form is true and correct.

I have been provided with a copy of the Inclusion Training Student Handbook and had its content discussed with me.

I agree with the content, terms and conditions present in the Inclusion Training Student Handbook and will follow any regulations outlined in it.

Student Signature Date

Inclusion Training undertakes to deliver the course(s) chosen above to the student named in this document.

The Inclusion Training Student Handbook has been provided to, and its contents discussed with the student named in this document.

Student Fees have been discussed and agreed.

Name of authorised RTO delegate: Position

Signed Date

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