

Enrolment Form

Which Qualification/Unit do you wish to complete? (Please tick):

- | | |
|---|--|
| <input type="checkbox"/> SHB20216 Certificate II in Salon Assistant | <input type="checkbox"/> CHC33015 Certificate III in Individual Support |
| <input type="checkbox"/> SHB30416 Certificate III in Hairdressing | <input type="checkbox"/> 22250VIC Certificate I in EAL (Access) |
| <input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care | <input type="checkbox"/> 22251VIC Certificate II in EAL (Access) |
| <input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care | <input type="checkbox"/> 22255VIC Certificate III in EAL (Further Study) |

Personal and Contact Details

1. Enter your full name:

Given Name: (Legal Given Names)

Middle Name:

Family Name: (Legal Family Name)

2. Enter your birth date: -----/-----/-----

3. Sex (tick one box only) Male Female

4. Flat/Unit Number: Street Number:

5. Street Name:

6. Suburb, locality or town:State/Territory: Post Code:

7. Home Phone: Mobile:

8. Emergency Contact Name: Contact Number:

9. Relationship to you:

Language and Cultural Diversity:

10. In which country were you born? Australia Other (please specify)

11. Town/City of Birth

12. What is your Australian Residency Status?

Australian Citizen Australian Permanent Resident Visa / Temporary Resident (Visa Number

13. Do you speak a language other than English at home? Yes, other (please specify) No

14. How well do you speak English Very well Well Not well Not at all

15. Are you of Aboriginal and/or Torres Strait Islander Origin? No Yes, Aboriginal Yes, Torres Strait Islander

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

Disability:

16. Do you consider yourself to have a disability, impairment or long-term condition? Yes No *(Go to question 18)*
17. If yes, please indicate the areas of disability, impairment or long-term condition. (You may indicate more than one area):
- Hearing/Deaf
 - Learning
 - Vision
 - Unspecified
 - Physical
 - Mental Illness
 - Medical Condition
 - Intellectual
 - Acquired Brain Impairment
 - Other

Please indicate any special needs/assistant you may require in relation to your disability

Schooling:

18. What is your highest **completed** school level? *(Tick one box only)*
- Completed Year 12
 - Completed Year 11
 - Completed Year 10
 - Completed Year 9 or equivalent
 - Completed Year 8 or Lower
 - Never attended school *(Go to Question 21)*
19. In which year did you complete that school level?
20. Are you still attending Secondary School? Yes No

Previous Qualifications Achieved:

21. Have you **successfully** completed any of the following qualifications?
- Yes No
- If yes, tick any applicable boxes:
- Bachelor Degree or Higher Degree
 - Diploma (or Associate Diploma)
 - Certificate III or Trade Certificate
 - Certificate I
 - Advanced Diploma or Associate Degree
 - Certificate IV (or Advanced Certificate/Technician)
 - Certificate II
 - Certificates other than above *(list):*

Name(s) of the Qualification:

*Qualifications gained overseas are not Australian qualification except where equivalency has been formally established with a qualification within AQF by a recognised authority (if you have formally established an equivalency of your overseas qualification within AQF by a recognised authority please select appropriate below).

Employment:

22. Of the following categories, which **best** describes your current employment Status? *(Tick one box only)*
- Full Time Employee
 - Self-employed (not employing others)
 - Employed – unpaid worker in a family business
 - Unemployed – seeking part time work
 - Part Time Employee
 - Employer
 - Unemployed – seeking full time work
 - Not employed – not seeking employment

Employer Name (if Applicable)

Employer Address (If applicable)

OCCUPATION IDENTIFIER (VIC) (TICK ONE BOX ONLY)

- | | |
|--|---|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Technicians and Trade workers |
| <input type="checkbox"/> Labourers | <input type="checkbox"/> Community and Personal Service Workers |
| <input type="checkbox"/> Clerical and Administrative Workers | <input type="checkbox"/> Other |
| <input type="checkbox"/> Machinery Operators and Drivers | <input type="checkbox"/> Professionals and Sales Workers |

INDUSTRY OF EMPLOYMENT (VIC) (TICK ONE BOX ONLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Mining | <input type="checkbox"/> Electricity, Gas, Water and Waste Services |
| <input type="checkbox"/> Financial and Insurance Services | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Accommodation and Feed Services |
| <input type="checkbox"/> Transport, Postal and Warehousing | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Information Media and telecommunications |
| <input type="checkbox"/> Rental, Hiring and real Estate Services | <input type="checkbox"/> Education and Training | <input type="checkbox"/> Professional, Scientific and Technical Services |
| <input type="checkbox"/> Administrative and Support Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Public Administration and Safety |
| <input type="checkbox"/> Health Care and Social Assistance | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Arts and recreation Services |
| <input type="checkbox"/> Other Services | | |

Study Reason:

23. Of the following categories, which best describes your main reason for undertaking this course/traineeship/apprenticeship?

(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's 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 reasons | | |

Victorian Student Number (for those aged up to 24 years):

24. Enter your Victorian Student Number (VSN) -

No more questions if you provide 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 questions 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.

Concession Eligibility:

25. Are you eligible for concession? (Please Tick) YES NO

If Yes, Please Specify:

- | | | | |
|---|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Low Income/Special Benefit | <input type="checkbox"/> Family Allowance/Single Parent | <input type="checkbox"/> Youth | <input type="checkbox"/> Newstart |
| <input type="checkbox"/> Sickness Allowance | <input type="checkbox"/> Age/Carer/Disability/Partner/Widow/Wife | <input type="checkbox"/> Other | |

Concession Card Number: Expiry Date:

Victorian Government VET Student Enrolment Privacy Notice

PRIVACY STATEMENT – I UNDERSTAND THAT

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

AIE is required to provide the Department with student and training activity data. This includes personal information collected in the AIE enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). AIE 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 AIE; 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 an invitation to participate in a Department-endorsed project or annual student outcome survey and/or contacted by the Department (or persons authorized by the department) for audit, investigation 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.

Unit 3, 62 Robinson Street Dandenong VIC 3175 Phone: 03 97925259

Email: info@angelinstitute.com.au

RTO No: 22115

For further information, please contact AIE's administrative Officer in the first instance by email info@angelinstitute.com.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 confirm that the information I have given within this form is true and correct, and I have been provided by AIE, all the
- information regarding the course/modules that I am enrolling in
- I understand and have been provided information by AIE in relation to Credit Transfer and Recognition of Prior Learning (RPL)
- I agree to act in accordance with AIE regulations, statutes and disciplinary procedures
- I have read and understood the Statement of Fees, Application Procedure and Refund Policy
- I have received and understood minimum entrance requirements
- I have read and understood the Complaints and Appeal Policy
- I understand it is my responsibility to read and understand the contents of the student handbook

Authority to Release Information:

AIE may, at times, be required to provide student and training activity data to government agencies, professional bodies and/or other organisations.

- I hereby authorize AIE, to obtain and share confidential information and documentation with relevant employment service providers, health services, employers and educational agencies for the purpose of, or related to, my participation in training.

I declare that, to the best of my knowledge, the information I will give on this form is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.

If the applicant is 18 years of age and over

If the applicant is under 18 years of age

Name: _____

Parent/Guardian Name: _____

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

Date: _____

USI Information:

AIE must record your USI against your student enrolment details and are unable to issue your qualification without this recorded. If you have a USI, please list it below. AIE will use this number and your name to verify it on the government website.

USI: _____

If you do not have a USI, you must either create it yourself and notify AIE of the number, or provide permission for AIE to create one on your behalf. Please ensure you have a copy of the USI Privacy Notice and have read and understood before signing below:

Tick 1 option only

- I have provided AIE with my USI above
- I will create my own USI and provide AIE with my number for verification prior to course commencement
- I give AIE authorisation to create a USI on my behalf and have provided a suitable copy of ID to be used in this process.

Name: _____

Student Signature: _____

Date: _____

Funding Source Checklist (OFFICE USE ONLY):

The purpose of this checklist is to ensure that you answer all the questions you are required to answer without having to do more paperwork than is necessary. AHB's representative will help you as to which of the following options applies to you.

SKILLS FIRST PROGRAM

AIEs representative to tick

Enrolment booklet filled

Pre-Course survey provided to applicant

Inform the applicant about fees

APPRENTICESHIPS/TRAINEESHIP PROGRAM

AIEs representative to tick

Enrolment booklet filled

Pre-Course survey provided to applicant

Inform the applicant about fees

Contact the Apprenticeship Centre

FEE FOR SERVICE TRAINING PROGRAM

AIEs representative to tick

Enrolment booklet filled

Pre-Course survey provided to applicant

Inform the applicant about fees

AIE Staff Name: _____

Date: _____

Signature: _____

SKILLS FIRST PROGRAM
2017 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.

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 Aged Care)

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+ (circle number)

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+ (circle number)

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? Do n'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 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.

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

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: _____

Position: _____

Signed: _____ Date: _____

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.