

## ADMINISTRATIVE USE ONLY - System ID

MADEC Student:		Training Contract:	
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### Filling in this form:

\* Please use Black or Blue Pen and Print in **BLOCK LETTERS**

\* Mark **X** or tick Boxes where applicable

### Proof of Identity required for funded courses :

Please provide a **colour** copy of required proof of identity document

Photo ID: Drivers Licence OR Current Student ID card OR Proof of agecard

Please also provide one of the following: Medicare Card; Australian Birth Certificate; Australian/or New Zealand passport; Citizenship Certificate or approved Visa

## A. COURSE DETAILS

Course Code:		Course Name:		Location:	
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Course Start Date:		Course End Date:	
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Delivery Method: ☐ Classroom ☐ Online ☐ External ☐ Traineeship

## B. UNIQUE STUDENT IDENTIFIER

☐ I have a Unique Student Identifier code and I give MADEC permission to access it.

OR

USI Code: (10 x Characters)

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☐ I have not applied, but give MADEC permission to apply for a USI on my behalf.

### A Colour Copy of one of the ID types below has been provided:

<input type="checkbox"/> Drivers Licence	<input type="checkbox"/> Australian Passport	<input type="checkbox"/> Visa ( With Non-Australian Passport)	<input type="checkbox"/> ImmiCard
<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Australian Birth Certificate	<input type="checkbox"/> Citizenship Certificate	

Preferred method of contact: ☐ Mail ☐ Mobile ☐ Email

In which country were you born? ☐ Australia ☐ Other

Town/City of Birth		Country of Birth (If other please specify)	
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## C. PERSONAL DETAILS

Title: MR ☐ MRS ☐ MS ☐ MISS ☐ Gender: ☐ M - (Male) ☐ F - (Female) ☐ X - (Indeterminate/Intersex/Unspecified)

Family Name:		Given Name:	
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Middle Name:		Date of Birth:	
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Building Property Name:	
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Residential Street Address:	
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Town/City:		State:		Postcode:	
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Postal(if different from above):	
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Building Property Name:	
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Town/City:		State:		Postcode:	
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Phone No:		Mobile No:		Secondary Mobile No:	
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Email Address:		Secondary Email Address:	
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## D. EMERGENCY CONTACT

Full Name:  Relationship:   
Telephone No:  Mobile No:

## E. EMPLOYMENT

Which **BEST** describes your current employment status? (Tick **ONE** box only)

- ☐ Full Time Employee ☐ Casual Employee ☐ Employed ☐ Self Employed - not employing others ☐ Unemployed- seeking full time work  
☐ Part Time Employee ☐ Employed - unpaid family worker ☐ Unemployed- seeking part time work ☐ Unemployed - not seeking employment

Employer Name:

Employer Address:  State:  Postcode:

Which of the following classifications **BEST** describes the industry of your current employer? (Tick **ONE** box only)

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

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

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

## F. RESIDENCY

Residency Status (Tick **ONE** box only) ☐ Australian Citizen ☐ Permanent Resident ☐ New Zealand Citizen living in Victoria

**Note: Please provide a COLOUR COPY of your VISA with this application** (if applicable) ☐ Visa (please specify)

## G. LANGUAGE AND CULTURAL DIVERSITY

Are you of Aboriginal or Torres Strait Islander Origin? ☐ No ☐ Yes - Aboriginal ☐ Yes - Torres Strait Islander (If both, please select Yes to both boxes)

In which country were you born? ☐ Australia ☐ Other (If other please specify)

Do you speak a language other than English at home? ☐ No ☐ Yes If yes - (please specify)

How well do you speak English? ☐ Very Well ☐ Well ☐ Not Well ☐ Not At All

## H. SCHOOLING

Highest completed School Year Level? ☐ 12 ☐ 11 ☐ 10 ☐ 9 ☐ 8 ☐ Never attended (Go to section I)

What Year did you complete this level?

Are you attending Secondary School? ☐ Yes ☐ No

School Name:

To be completed by all students up to 24 years of age. Do you have a Victorian Student Number (VSN)?

☐ NO I have never been issued a VSN ☐ YES but the VSN is unknown ☐ YES (please specify)

**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.

☐ YES I have attended a Victorian School since 2009. Please specify most recent Victorian School attended:

☐ YES I have participated in training at a TAFE or other training organisation since the beginning of 2011.

List the most recent training organisation with which you have participated in training in Victoria since 2011 (list up to 3).

1.
2.
3.

## I. PREVIOUS QUALIFICATION ACHIEVED

Have you SUCCESSFULLY COMPLETED any of the following qualifications? ☐ YES ☐ NO

Please tick ALL that apply- Please also indicate if it is an Australian (A), Equivalent Australian (E) or International (I) qualification.

- |  |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> Bachelor Degree or higher                               | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Advanced Diploma or Associate Degree                    | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Diploma or Associate Diploma                            | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Certificate IV or Advanced Certificate/Technician       | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Certificate III or Trade Certificate                    | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Certificate II  | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Certificate I   | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |
| <input type="checkbox"/> Certificate other than the above: (please specify)..... | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I |

## J. DISABILITY, IMPAIRMENT OR LONG-TERM CONDITIONS (refer to Disability Supplement for clarification)

Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes ☐ No (Go to section K)

If yes, please select from the following list: (please refer to the Disability Supplement for definitions of the below list)

- ☐ Physical ☐ Intellectual ☐ Vision ☐ Learning ☐ Hearing/Deaf ☐ Mental Illness  
☐ Medical Condition ☐ Acquired Brain Injury ☐ Other If other Please Specify -

If yes, in what way can we provide support?

## K. STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this training?

- |   |  |   |
|---|--|---|
| <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 a different career                  | <input type="checkbox"/> To get a better job or promotion    | <input type="checkbox"/> It was 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/self development |
| <input type="checkbox"/> To get skills for voluntary/community work |  |   |

## L. HOW DID YOU HEAR ABOUT US?

Of the following categories, which BEST describes how you heard about this course/traineeship/apprenticeship? (Tick ONE box only)

- |                                    |                                  |                                       |  |  |
|------------------------------------|----------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website | <input type="checkbox"/> Course Guide | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Industry Consultation |
| <input type="checkbox"/> Radio     | <input type="checkbox"/> Email   | <input type="checkbox"/> Social Media | <input type="checkbox"/> Expos/Events  | <input type="checkbox"/> Existing Customer     |
| <input type="checkbox"/> Flyers    | <input type="checkbox"/> TV      | <input type="checkbox"/> Employer     | <input type="checkbox"/> Other         |  |

## M. CENTRELINK AND JOBACTIVE PROVIDER DETAIL

Are you registered with Centrelink and in receipt of a concession card?

- ☐ No ☐ Yes

If YES, please indicate which allowance you receive.

- ☐ Health Care Card issued by the Commonwealth
- ☐ Pensioner Concession Card; or
- ☐ Veterans Gold card
- ☐ Other - (Please specify)

Are you a registered Job Seeker? ☐ No ☐ Yes

JSID No:

ADMINISTRATION USE ONLY:  
Centrelink Digital Wallet Copy Sighted

Concession Card No:

Concession Holder Name:

Date of Expiry:

Authorised delegate Name:

Delegate Signature:

Date Sighted:

Jobactive Provider:

Contact Name:

Contact PH:

## N. COURSE FEES

All relevant FEE information that must be paid to MADEC and payment Terms and Conditions can be found at:  
[www.madec.edu.au/fees-and-charges/](http://www.madec.edu.au/fees-and-charges/)

Which of the following applies? (Tick ONE box only) ☐ Fee for Service ☐ VIC Skills First Program ☐ Traineeship

Payment of FEES will be received from -Self/Participant: ☐ YES ☐ NO ☐ Other: Complete details below

Select Payment Method:

- ☐ Cash ☐ Credit/Debit card ☐ EFT ☐ Instalments (Direct Debit)

INVOICE DETAILS - Please indicate who the course will be billed to: ☐ Employer ☐ School ☐ Jobactive Provider

Invoice Contact:

Contact Phone No:

ABN:

Business Name:

Business Address:

Business Email:

I, (Employer/Agency representative) agree to pay the fees as specified for this qualification.

Signature:

Date:

**O. EXCURSION HEALTH REPORT AND CONSENT** (Only applicable if course requires "placement" or excursion)**Section 1. General Information**

Participants Full Name:  Date of Birth:

**Section 2. Health Report**

Does the applicant/student have any medical conditions? (Tick boxes as applicable)

- ☐ Heart Condition    ☐ Diabetes    ☐ Seizures    ☐ Asthma    ☐ Blackouts    ☐ Migraine  
☐ Travel Sickness    ☐ Allergy ( Please specify below )    ☐ Other medical condition ( Please specify below )

Describe any allergies, special care or medication required

Medicare No:  Ambulance Membership No:

Private Health Cover: ☐ No ☐ Yes Fund Name:  Membership No.

**IMPORTANT: Students must report as soon as possible any change that may affect the validity or currency of the above information.**

**Section 3. Student Excursion Consent**

- In case of emergency I authorise the MADEC staff member in charge to take any steps they may consider necessary to ensure my safety or well being, including ambulance travel, medical treatment and hospitalisation. I further understand that I am responsible for any treatment costs.
- I acknowledge that during the excursion, acceptable standards of behavior will be expected of me. I understand that in the event of serious misbehavior during the excursion, I may be sent home. I further understand that in such circumstances any costs associated with my return home will be my responsibility, or where I have indicated that I am under the age of 18, my parent/legal guardian.
- The health information collected in the Excursion Health Report and Consent section is collected for the primary purpose of best managing your health or safety in the event of an emergency. Furthermore, this information will be used to eliminate or minimise, the risk of aggravating any pre-existing injury or illness that you are aware of and disclose. I acknowledge that if I choose not to complete all questions in the Excursion Health Report and Consent, it may not be possible for MADEC Staff supervising the excursion to provide the best possible response to any emergency or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness. Personal information may also be disclosed to emergency services personnel or medical personnel.

Signature:  Date

**P. DECLARATION****I confirm that:**

- I agree to abide by MADEC's Student Code of Conduct and all other MADEC policies and procedures.
- I agree to pay all fees and charges applicable to and arising from my enrolment.
- I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
- I am aware that course refunds are governed by MADEC refunds policy available on their website [www.madec.edu.au](http://www.madec.edu.au) or on request at one of their sites.
- I agree that in case of an accident or illness where I require medical treatment, staff will call an ambulance and I will be responsible for ambulance fees and medical costs involved.
- I acknowledge and agree to the terms described in this privacy statement.
- Where a student initiates a withdrawal by written notice at any time up until commencement, a full refund of fees will be provided less an administration fee of \$75. MADEC Withdrawal & Refund Policy is available at <http://www.madec.edu.au/education-training/student-information-resources/>
- Where a student withdraws after commencement, MADEC will retain all fees except unused materials fee.
- I give permission to MADEC to use photos taken of me as evidence of my assessment where required.
- I give permission to MADEC to use photos taken of me with my consent for marketing and promotional purposes in connection with my participation in any training program as MADEC deems appropriate and have the right to withdraw this consent at any time in writing prior to publication.
- I give MADEC permission to copy the evidence I have provided for eligibility to government subsidised training.
- All information provided is accurate, current and complete.
- MADEC Australia the perpetual right and authorisation to record, tape, film, photograph, digitise or otherwise preserve permanently my name, voice, image, personal statements and opinions and biographic and demographic information
- I understand and agree that such preserved material may be used and re-used in whole or in part, at anytime and anywhere, in print, website, digital, audio, and /or video publications for the purpose of promotion, research and auditing in relation to my project/program/ course by MADEC Australia

## Victorian Government VET 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

MADEC is required to provide the Department with student and training activity data. This includes personal information collected in the MADEC enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

MADEC 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 MADEC; 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 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 MADEC's Privacy Officer in the first instance by phone [1300 436 332] or email [madec@madec.edu.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>.

For further information regarding how MADEC collects and handles student data following enrolment please see the MADEC Privacy Policy which is available at <http://www.madec.edu.au/about/privacy-policy/>.

I confirm the declaration and acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

[STUDENT SIGNATURE] ..... [DATE] .....

[PARENT/GUARDIAN SIGNATURE\*] ..... [DATE] .....

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

### ONLINE ENROLMENT

☐ I acknowledge that I have read and understood the Victorian Government VET Student Enrolment Privacy Notice.

## PARENT/LEGAL GUARDIAN DECLARATION (If participant is under 18 years of age)

I,  hereby, ☐ DO grant or ☐ DO NOT grant

for the minor described above to participate in the activities described in the Publicity Consent and Release section. I further acknowledge and agree that I have read and understood the terms outlined, and I further understand that this release shall be effective unless specifically revoked in writing.

- As parent/guardian for the named student:

- ☐ I, DO ☐ DO NOT give permission for the named student to participate in the course/program/project outlined above.  
☐ I, DO ☐ DO NOT give permission for the named student to participate in all day excursions as deemed appropriate by MADEC.  
☐ I, DO ☐ DO NOT give permission for the named student to be transported in a vehicle provided by MADEC.

Full Name:

Signature:

Contact No:

Date:

Email:

**NOTE:** Once you have completed all required fields of the enrolment form, please print and sign.

You can scan and email to [colleageadmin@madec.edu.au](mailto:colleageadmin@madec.edu.au) or alternatively you can drop the completed form in to the nearest MADEC office.

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## PRE-TRAINING REVIEW

### (Compulsory for all Qualification Applicants)

Not required for short course enrolment applicants ie; First Aid, Coffee course etc..

Applicant to complete. This pre-training review forms part of our assessment of your suitability to the course application for enrolment. Please take time to complete and ensure use of punctuation and grammar.

You will also be required to complete an on-line Language, Literacy and Numeracy Assessment. The LLN assessment is based on the qualification, job role and required level of language, literacy and numeracy that the course and industry requires. The Trainer and Assessor will contact you with further information.

Write a paragraph on what you hope to gain from undertaking this qualification.

Write a paragraph on what interested you in pursuing this career pathway.

What are three personal qualities that are important for someone working in this industry? e.g. empathy, time management ....

What are three expectations an employer may have of you working in this industry?

What is your understanding of the minimum requirements to work in this industry?

Some of our qualifications require work placement up to 240 hours- do you foresee any barriers with completing work placement?

- ☐ NO  
☐ YES, please explain

Are you able to commit to:

- ☐ Block placement and/or;  
☐ Regular weekly hours

Are you able to:

- ☐ Morning and/or:  
☐ Afternoon shifts

You may be required to get a National Police Clearance (or similar) to complete your qualification – do you foresee any issues with this?

- ☐ NO  
☐ YES, please explain



Please confirm if you have access to the following equipment:

- ☐ Working computer
- ☐ Reliable internet connection
- ☐ Printer
- ☐ Scanner

Please rate your current computer skills	Beginner	Intermediate	Advanced
I can send and receive emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can attach documents including pictures and send them via email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can research on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can open and save documents in a secure place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can open, use and save word documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your preferred learning style?

- ☐ **Visual.** Learners prefer visual input, for example: images, charts and flow diagrams.
- ☐ **Auditory.** Learners prefer auditory input and remember things best when they hear them.
- ☐ **Kinesthetic.** Learners prefer input that is physical and concrete. They require action and movement to learn things.

Do you consider yourself to have any personal barriers to learning e.g. legal, accommodation, finance, transport, health, family?

- ☐ YES ☐ NO

If you ticked yes, please describe:

Can MADEC assist with any support systems? If yes, please list:

After reviewing the course outline, do you wish to make an application for RPL or Credit Transfer?

- ☐ YES - I would like to make an application for **RPL** ☐ NO

RPL or Recognition of Prior Learning is a process for formally recognising and assessing prior learning and competencies that lead to nationally recognised credit or advanced standing. This is achieved by completing relevant assessments and interviews to determine your skill and knowledge against competency criteria for the relevant module(s) or unit(s). For further information please contact your Trainer and Assessor, or MADEC Education and Training.

- ☐ YES – I would like to make an application for **Credit Transfer** ☐ NO

Credit Transfer is formal recognition of modules/units completed at another training organisation. Credit transfers are essentially administrative processes. These are not formal enrolments in the normal sense, because they involve neither delivery nor assessment of the student's knowledge.

MADEC recognises only formal documentation such as qualification testamurs, Statements of Results and/or Statements of Attainment. All documents must either be originals or a certified copy of the original document, you will also be required to provide MADEC permission to verify your documentation with the issuing RTO.

If you believe you are eligible for Credit Transfer please complete the Credit Transfer Application Form and attach to you enrolment application.

**Declaration:** I agree to actively take part in the LLN assessment to assist MADEC determining my suitability for the course and I declare this assessment will be my own work and I will not seek outside assistance to complete.

Student Signature:  Date

**Trainer Assessment** ( Trainer/Assessor/LLN Specialist/Administration Officer to complete )

I  , have assessed the applicant Pre-training review and LLN Assessment.

Based on my assessment, I can confirm that the applicant is:

☐ Suitable ☐ Not Suitable to undertake the outlined program/project/course.

Trainer Signature:

Date

**Trainer to complete Learning Support Plan:****SECTION 1 - Suitability assessment**

☐ YES - The applicant has been assessed as suitable for the course

☐ NO - (Reason):

**SECTION 2 - Literacy and Numeracy assessment**

☐ YES - Reading levels meet minimum requirements

☐ YES - Numeracy levels meet minimum requirements

☐ NO - Reading levels do not meet minimum requirements

☐ NO - Numeracy levels do not meet minimum requirements

☐ YES - Oral communication levels meet minimum requirements

☐ NO - Oral communication levels do not meet minimum requirements

☐ YES - Writing levels meet minimum requirements

☐ NO - Writing levels do not meet minimum requirements

☐ YES - Learning levels meet minimum requirements

☐ NO - Learning levels do not meet minimum requirements

**SECTION 3 - Result**

Participant assessed as requiring bridging Units:

☐ YES

☐ NO

Participant assessed as requiring Foundation Skills course:

☐ YES

☐ NO

**Reasonable Adjustment -**

Is reasonable adjustment required

☐ YES

☐ NO

If yes selected, please describe reasonable adjustment provided (which has been approved by the National Training Manager).

**Learning Support Plan** - Foundation Skills bridging units/vocational bridging units are detailed below. ( if required)

☐ Attach evidence on LLN

## Eligibility Assessment 202 (For Skills First Program) – VIC only

**1. Do you meet the Citizenship/Residency requirements? Are you the following?**

- |   |  |
|---|--|
| <input type="checkbox"/> Australian citizen                       | <input type="checkbox"/> East Timorese Asylum Seeker                       |
| <input type="checkbox"/> A holder of a Permanent Visa             | <input type="checkbox"/> Holder of a Temporary Protection Visa             |
| <input type="checkbox"/> None of the above (You are not eligible) | <input type="checkbox"/> Holder of a Special Category Visa (Sub-class 444) |

**2. Are you a current school student (excluding school based apprentices and trainees) enrolled in any government, non-government, independent Catholic or home school?**

- ☐ Yes You are unable to access a Government subsidised place.
- ☐ No Continue to question 3.

**3. Not including this course, how many courses are you currently undertaking or scheduled to commence in 2021?**

Number of Courses

- ☐ Yes less than 2 courses continue to Question 4
- ☐ No more than 2 courses you are not eligible for the Skills First Funding.

**4. Are you enrolling into a foundation course?**

- ☐ Yes You can access a Government subsidised place if you don't hold a Diploma or above
- ☐ No Continue to Question 5

**5. Were you under 20 years of age at 01/01/2021?**

- ☐ Yes You can access a Government subsidised place
- ☐ No Continue to Question 6

**6. Have you successfully completed any of the following qualifications?**

- ☐ Yes Please tick any applicable boxes below
- ☐ No Continue to signature
- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor Degree or Higher Degree                | <input type="checkbox"/> Certificate III (or Trade Certificate)         |
| <input type="checkbox"/> Advanced Diploma or Associate Degree            | <input type="checkbox"/> Certificate II                                 |
| <input type="checkbox"/> Diploma or Associate Diploma                    | <input type="checkbox"/> Certificate I                                  |
| <input type="checkbox"/> Certificate IV (or Adv. Certificate/technician) | <input type="checkbox"/> Overseas Qualifications (must have AQF equiv.) |

**7. If yes to Question 6, did you receive your qualification as part of a VET in Schools Program?**

- ☐ Yes You can access a Government subsidised place
- ☐ No Continue to Question 8

**8. Is the course you are applying for at a higher level than your current highest Qualification as specified in question 6?**

- ☐ Yes You can access a Government subsidised place
- ☐ No You are unable to access a Government subsidised place

Student Signature:

Date:

Delegated Officer Signature:

Date:

# SKILLS FIRST PROGRAM 2021 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION – VIC only

## 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 I have verified through use of a document verification service (where possible to do so) **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 <b>green</b> Medicare Card   | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 - 2.20 of these Guidelines |
| <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence | <input type="checkbox"/> an Australian citizenship by descent extract  |

**Or** if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 17 of schedule 1 of the VET Funding Contract, I have sighted:

- ☐ 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).

**and** I have retained:

- ☐ a copy of the original or certified copy, or

- ☐ the certified copy, or

- ☐ secure login access to the administrative function of a document verification service whereby a record can be viewed or extracted that confirms that the individual's name and date of birth were verified to match a valid document number;

**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

NB: The Training Provider must retain a copy of all documentation used in Section A, as per section 2 of these Guidelines.

# SKILLS FIRST PROGRAM 2021 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION – VIC only

## Section B - To be completed by the student

### Education history

Q1. The highest qualification I have *completed* is

*(Include full title of qualification, e.g. Certificate III in Aged Care)*

Q2. Not including the course/s you are seeking to enrol in now, how many other government subsidised 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<sup>+</sup>    (Please select number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?

☐ 0    ☐ 1    ☐ 2    ☐ 3    ☐ 4<sup>+</sup>    (Please select number)

Q4. In your lifetime, how many government subsidised 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<sup>+</sup>    (Please select 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 or ☐ AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school.  
*(select appropriate response)*

b. ☐ I AM or ☐ AM NOT enrolled in the Commonwealth Government's *Skills for Education and Employment* program.  
*(select 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.

Signature:

Date:

# SKILLS FIRST PROGRAM 2021 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION – VIC only

## 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 Skills 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:

Signature:

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 and C