

2021 Course Enrolment Form (Domestic Students-SKILLS FIRST)
Mode (circle): Classroom / Employer-based

Personal Details (Q1-5)	
Q1. <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <div style="float: right; text-align: right;"> Family Name _____ Given Name(s) _____ </div>	
Q2. Date of Birth ____/____/____ (DD/MM/YYYY)	Q3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified
Q4. Mobile Phone: _____	Q5. Email Address: _____
Q6. Home Address	
Building Property name: _____ Flat/unit/house no.: _____ Street name _____ Suburb, locality or town: _____ State/Territory: _____ Postcode: _____	Q7. Postal address, If different from your home address. <input type="checkbox"/> Same as home address <input type="checkbox"/> As below Building Property name: _____ Flat/unit/house no.: _____ Street name _____ PO box _____ Suburb, locality or town: _____ State/Territory: _____ Postcode: _____
Q8. Evidence of Residency in Victoria	
<input type="checkbox"/> Current Driver's License / Learner Permit <input type="checkbox"/> Bank Statement <input type="checkbox"/> Health Care Card	<input type="checkbox"/> Keypass ID Card <input type="checkbox"/> Utility Bills <input type="checkbox"/> Other
Q9. Emergency Contact Details	
Emergency Contact Name 1: _____ Relationship: _____ Phone Number: _____	Emergency Contact Name 2: _____ Relationship: _____ Phone Number: _____
Language and Cultural Diversity (Q 10-14)	
Q10. Are you an Australian Citizen, New Zealand Citizen, Permanent Resident or do you hold a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, you are NOT ELIGIBLE for the Skills First program)	Q13. Do you speak a language other than English at home? <input type="checkbox"/> No English only <input type="checkbox"/> Yes, other (If more than one language, indicate the one that is spoken most often) _____
Q11. In which country were you born? Australia <input type="checkbox"/> Yes <input type="checkbox"/> No Other please specify _____	Q14. 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 (For persons of both Aboriginal and Torres Strait Island origin, tick both Yes boxes)
Q12. 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 (Q15-16)	
Q15. Do you consider that you have a disability, impairment or long-term condition? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No - Go to Question 17)	
Q16. If yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area) Where Academies Australasia Polytechnic cannot meet individual's needs and believes it cannot offer them the best service possible, it will refer the applicant to another training provider.	
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness impairment <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision	
<input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other: _____	
Schooling (Q17-19) MUST BE COMPLETED BY STUDENT	
Q17. What is your highest COMPLETED school level? (Tick ONE box only): (Never attended school – Go to Question 20) <input type="checkbox"/> Completed Year 12 or equivalent <input type="checkbox"/> Completed Year 11 equivalent <input type="checkbox"/> Completed Year 10 equivalent <input type="checkbox"/> Completed Year 9 or equivalent <input type="checkbox"/> Completed Year 8 or below <input type="checkbox"/> Never attended school	
Q18. In which YEAR did you complete that school level? _____	Q19. Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, you are NOT ELIGIBLE for the Skills First program)

Course Selection

- CHC52015 Diploma of Community Services
- SIT40516 Certificate IV in Commercial Cookery
- SIT50416 Diploma of Hospitality Management
- BSB60420 Advanced Diploma of Leadership and Management
- SIT60316 Advanced Diploma of Hospitality Management

Student Declaration: Pre-Enrolment Conditions

Student Declaration

1. I have read and understood the course information on <https://aapoly.edu.au/courses/>
2. I have been provided with the Statement of Fees either electronically or in hard copy and have read and understood the information.
3. I understand that continuation in the course/s is dependent upon satisfactory academic progress and attendance.
4. I understand that information collected about me may be shared between Academies Australasia Polytechnic and the Australian Government and designated authorities. In other instances, information collected on this form could be disclosed where authorised or required by law.
5. I acknowledge that Academies Australasia Polytechnic is committed to protecting my privacy in accordance with the Privacy Act 2001.
6. I am aware that I will need to obtain a Police Check and a Working with Children Check prior to starting the work-based training placement component of the course.
7. I acknowledge that Academies Australasia Polytechnic may alter any course, subject or classes as necessary.
8. I am aware that Academies Australasia Polytechnic accepts students with a minimum age of 18 years.
9. I undertake to notify Academies Australasia Polytechnic of any changes to my personal information e.g. legal name, address, contact details citizenship.

I, _____,

hereby declare that the information supplied in this application and the supporting documentation is true and correct. I have read, understood and agreed to the terms and conditions.

Signature: _____

Date (DD/MM/YYYY): _____

SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE

TO BE COMPLETED BY AN AUTHORISED DELEGATE OF THE TRAINING PROVIDER – **DON'T LEAVE ANY SECTIONS BLANK**

I confirm that in relation to:
(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 Certificate of Registration by Descent |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per Clauses 2.12 – 2.16 of the Guidelines About Eligibility (the Eligibility Guidelines) | <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 Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> [FOR TAFE/ DUAL SECTOR/ LEARN LOCAL ORGANISATIONS ENROLMENT ONLY – delete field if not required] confirmation obtained from the Visa Entitlement Verification 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) [*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
- [FOR TAFE/ DUAL SECTOR/ LEARN LOCAL ORGANISATIONS ENROLMENT ONLY – delete field if not required]** 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.

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
- [FOR TAFE/ DUAL SECTOR/ LEARN LOCAL ORGANISATIONS ENROLMENT ONLY – delete field if not required]** 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 or Temporary Protection Visa.

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 (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:

- | | | |
|--|--|---|
| <input type="checkbox"/> current drivers licence | <input type="checkbox"/> 'Keypass' card | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> current learner permit | <input type="checkbox"/> Proof of Age card | |

SECTION B1 – EDUCATION HISTORY (ENROLMENT IN A QUALIFICATION)

TO BE COMPLETED BY THE STUDENT – DON'T 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 DON'T 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', 'Infection control Skill Set (Retail)').

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

Q1 What is the highest qualification (not including secondary or high school) that you have **completed**, or **expect to complete** at the time the training you are applying for is scheduled to start?

(include code and full title of qualification if possible, for example, Certificate III in Aged Care. If you have not completed any qualification, write 'none')

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Q2 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 you are applying for now. **Do** include other qualification/s at this and other training providers you've enrolled in, but haven't started yet).

0 1 2 3 4+ *(circle number)*

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

0 1 2 3 4+ *(circle number)*

Q4 In your lifetime, how many **government funded** qualifications have you started that are at the same level as the one you are applying for now? *If you are applying for a qualification on the Foundation Skills List, tick 'not applicable'.*

0 1 2 3 4+ *(circle number)* not applicable

[FOR TAFE/DUAL SECTOR ENROLMENT ONLY – delete Q5 - Q8 if not required]

Q5 If you are applying for a qualification on the 'Free TAFE for Priority Courses List', do you want to access your opportunity to receive a Fee Waiver for this qualification? **Note:** You can only receive a Fee Waiver for **one qualification** on this list, unless you are eligible for a second Fee Waiver under the JobTrainer initiative.

YES NO Not applicable *(circle answer)* *(If 'NO', or 'not applicable' go to Student Declaration)*

Q6 If you answered '**YES**' to Q5, have you already received a Fee Waiver for **this qualification** or for **any other qualification** on the 'Free TAFE for Priority Courses List'?

YES NO *(circle answer)* *(If 'NO', go to Student Declaration)*

Q7 If you answered '**YES**' to Q6, are you applying to recommence in the same qualification for which you previously received a Fee Waiver?

YES NO *(circle answer)* *(If 'YES' go to Student Declaration)*

Q8 If you answered '**NO**' to Q7, did you receive the Fee Waiver for a qualification under the JobTrainer initiative?

YES NO *(circle answer)*

[FOR JOBTRAINER ENROLMENT ONLY – delete Q9 - Q15 if not required]

Q9 Are you seeking to enrol in a qualification under the JobTrainer initiative? **Note:** You can only enrol in **one qualification** under the JobTrainer initiative.

YES NO *(circle answer)* *(If 'NO', go to Student Declaration)*

Q10 If you answered '**YES**' to Q9, have you previously started a qualification under the JobTrainer initiative?

YES NO *(circle answer)* *(If 'NO', go to Q12)*

Q11 If you answered **'YES'** to Q10, are you applying to recommence in the same qualification that you already started under the JobTrainer initiative?

YES NO (circle answer) *(If 'YES' or 'NO', go to Student Declaration)*

Q12 Are you 17 to 24 years old?

YES NO (circle answer) *(If 'YES', go to Student Declaration)*

Q13 Are you a job seeker?

YES NO (circle answer) *(If 'NO', go to Student Declaration)*

Q14 If you answered **'YES'** to Q13, tick any of these boxes if they apply to you:

- | | |
|--|---|
| <input type="checkbox"/> I have a current and valid Health Care Card, Pensioner Concession Card or Veteran's Gold Card | <input type="checkbox"/> I have a letter from my employer or a company receiver on company letterhead that says I have been, or will be, made redundant or retrenched |
| <input type="checkbox"/> I have a separation certificate from my employer | |

(If you ticked a box, go to Student Declaration)

Q15 If you did not tick any of the boxes in Q14, you can make a declaration that you are a job seeker by ticking this box and signing this form.

- I declare that I am currently unemployed

SECTION B2 – EDUCATION HISTORY (ENROLMENT IN A SKILL SET)

TO BE COMPLETED BY THE STUDENT – DON'T 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 DON'T 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', 'Infection control Skill Set (Retail)').

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

Q1 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 sets at this and other training providers you've enrolled in, but haven't started yet).

0 1 2 3 4+ (circle number)

Q2 Not including the skill set/s you are applying for now, how many other **Skills First funded** skill sets and/or qualifications are you doing at the moment?

0 1 2 3 4+ (circle number)

Q3 Please tick any of these boxes if you are doing, or will start, one of the skill sets on this list:

Infection Control Skill Set Construction Industry Skill Set Course in identifying and responding to family violence risk

[FOR JOBTRAINER ENROLMENT ONLY – delete Q4 - Q10 if not required]

Q4 Are you seeking to enrol in a skill set under the JobTrainer initiative? **Note:** You can only enrol in **one skill set** under the JobTrainer initiative.

YES NO (circle answer) (If 'NO', go to Student Declaration)

Q5 If you answered '**YES**' to Q4, have you previously started a skill set under the JobTrainer initiative?

YES NO (circle answer) (If 'NO', go to Q7)

Q6 If you answered '**YES**' to Q5, are you applying to recommence in the same skill set that you already started under the JobTrainer initiative?

YES NO (circle answer) (If 'YES' or 'NO', go to Student Declaration)

Q7 Are you 17 to 24 years old?

YES NO (circle answer) (If 'YES', go to Student Declaration)

Q8 Are you a job seeker?

YES NO (circle answer) (If 'NO', go to Student Declaration)

Q9 If you answered '**YES**' to Q8, tick any of these boxes if they apply to you:

- I have a current and valid Health Care Card, Pensioner Concession Card or Veteran's Gold Card I have a letter from my employer or a company receiver on company letterhead that says I have been, or will be, made redundant or retrenched
- I have a separation certificate from my employer

(If you ticked a box, go to Student Declaration)

Q10 If you did not tick any of the boxes in Q9, you can make a declaration that you are a job seeker by ticking this box and signing this form.

I declare that I am currently unemployed.

SECTION B3 – EDUCATION HISTORY (STUDENT DECLARATION)

STUDENT DECLARATION

I, (print your full name):

In seeking to enrol in (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 Government 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 – **DON'T LEAVE ANY SECTIONS BLANK**

Number of qualifications student is currently eligible for: 0 1 2

Number of skill sets student is currently eligible for: 0 1 2

Eligibility exemption granted: YES NO

Based on:

- discussion with the student;
- the 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 *Skills First* Entitlement eligibility requirements as set out in the VET Funding Contract (the Contract) and the Guidelines About Eligibility (the Eligibility Guidelines) and is eligible for funding under the *Skills First* Program for the following program/s:

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

Where applicable I have also sighted and retained relevant evidence required to grant an exemption from eligibility requirements or other limits under any initiatives in Part C of Schedule 1 of the Contract and as specified in Attachment 4 of the Eligibility Guidelines.

I acknowledge that as the Training Provider's authorised delegate, I am responsible for ensuring that all parts of this form are complete. By signing this Declaration, I acknowledge that I have reviewed **Sections 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 used by the Training Provider to verify the student's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A