

RTO Provider Number: 21282

Level 7, 628 Bourke St, Melbourne VIC 3000 Tel: 03 8610 4100, Fax: 03 8610 4199 Email: applications@aapoly.edu.au

2021 Course Enrolment Form (Domestic Students-SKILLS FIRST)

Mode (circle): Classroom / Employer-based

| Personal Details (Q1-5) | |
|---|---|
| Family Name Q1. Ms Miss Mrs Mr | Given Name(s) |
| Q2. Date of Birth//(DD/MM/YYYY) | Q3. Gender □ Male □ Female □ Indeterminate/Intersex/Unspecified |
| Q4. Mobile Phone: | Q5. Email Address: |
| Q6. Home Address | Q7. Postal address, If different from your home address. □ Same as home address □ As below |
| Building Property name: | Building Property name: |
| | |
| Flat/unit/house no.: | Flat/unit/house no.: |
| Street name | Street name |
| Suburb, locality or town: | PO box |
| | Suburb, locality or |
| State/Territory: Postcode: | town: |
| | State/Territory: Postcode: |
| Q8. Evidence of Residency in Victoria | |
| □ Current Driver's License / Learner Permit | □ Keypass ID Card |
| □ Bank Statement | □ Utility Bills |
| □ Health Care Card | Other |
| Q9. Emergency Contact Details | |
| Emergency Contact Name 1: | Emergency Contact Name 2: |
| Relationship: | Relationship: |
| Phone Number: | Phone Number: |
| Language and Cultural Diversity (Q 10-14) | |
| Q10. Are you an Australian Citizen, New Zealand Citizen, Permanent | Q13. Do you speak a language other than English at home? |
| Resident or do you hold a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa? | ☐ No English only ☐ Yes, other (If more than one language, indicate the one that is spoken most |
| ☐ Yes ☐ No (if No, you are NOT ELIGIBLE for the Skills First program) | |
| Q11. In which country were you born? Australia Yes | Q14. Are you of Aboriginal or Torres Strait Islander origin? No |
| □ No Other please specify | ☐ Yes Aboriginal ☐ Yes Torres Strait Islander (For persons of both Aboriginal |
| 013 Hawwell de van anach English? | and Torres Strait Island origin, tick both Yes boxes) |
| Q12. How well do you speak English? □Very Well □ Well □ Not Well □ Not at all | |
| Disability (Q15-16) | |
| Q15. Do you consider that you have a disability, impairment or long-term co | ondition? Yes No (if No - Go to Question 17) |
| Q16. If yes, please indicate the areas of disability, impairment or long-term | |
| Where Academies Australasia Polytechnic cannot meet individual's needs a applicant to another training provider. | nd believes it cannot offer them the best service possible, it will refer the |
| ☐ Hearing/Deaf ☐ Physical ☐ Mental Illness ☐ impairment | □ Acquired Brain Impairment □ Vision |
| □ Intellectual □ Learning □ Medical Conditio | n 🗆 Other: |
| Schooling (Q17-19) MUST BE COMPLETED BY STUDENT | |
| Q17. What is your highest <u>COMPLETED</u> school level? (Tick ONE box only): (N | |
| □ Completed Year 12 or equivalent □ Completed Year 11 equivalent □ Comp | leted Year 10 equivalent □ Completed Year 9 or equivalent |
| □ Completed Year 8 or below □ Never attended school Q18. In which YEAR did you complete that school level? | Q19. Are you still attending secondary school? Yes No |
| Q10. III WINCH TEAM and you complete that school level! | (if Yes, you are NOT ELIGIBLE for the Skills First program) |

| Previous Qualifications Achieved (Q20-23) MUST BE COMPLETED BY STUDENT | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Q20. Have you <u>SUCCESSFULLY</u> completed any te | rtiary education qualifications? 🗆 Yes 🗆 No (if N | No - Go to Question 24) | | | | | | |
| Q21. If yes, then tick ANY applicable boxes Note: If you have multiple Prior Education Achievement Recognition Identifiers for anyone of the qualifications, use the following priority order to determine which identifier to use: 1. A = Australia 2. E = Australian Equivalent | | | | | | | | |
| | 3. I = International | | | | | | | |
| □ Certificate I | □ Certificate II | ☐ Certificate III (or Trade Certificate) | | | | | | |
| ☐ Certificate IV (or Advanced Certificate/Technici | , | ☐ Advanced Diploma or Associate Degree | | | | | | |
| □ Bachelor Degree or Higher Degree | ☐ Certificates other than the above | | | | | | | |
| Q22. Highest qualification Is your proposed course of study at a higher AQF (If No, you are NOT ELIGIBLE for the Skills First pr * Please attach verified copies of Certificates and | ogram unless exemptions apply as mentioned in | | | | | | | |
| Q23. Do you wish to apply for Recognition of Pri (if Yes, please fill out the form) | ior Learning or Credit Transfer? Yes No | | | | | | | |
| Applicant's signature: | | | | | | | | |
| Employment (Q24) Q24.1 Employment Status | | | | | | | | |
| □ Full-time employee □ Part-time emplo | oyee | ☐ Unemployed — seeking part-time work | | | | | | |
| □ Self-employed - not employing others | □ Unemployed – seeking full-time wor | | | | | | | |
| □ Not employed – not seeking | □ Employed – unpaid worker in a fami | | | | | | | |
| | - Linployeu – dilpala worker ili a fami | iy business | | | | | | |
| Q24.2 Current or recent occupation | | | | | | | | |
| ☐ Managers ☐ Professionals | ☐ Technicians and Trade Workers | □ Community and Personal Service Workers | | | | | | |
| □ Sales Workers □ Laborers | ☐ Clerical and Administrative Workers | ☐ Machinery Operators and Drivers | | | | | | |
| □ Other | | | | | | | | |
| Q24.3 Industry of current or previous employer | | | | | | | | |
| ☐ Agriculture, Forestry and Fishing | □ Mining | □ Manufacturing | | | | | | |
| ☐ Electricity, Gas, Water and Waste Services | □ Construction | □ Wholesale Trade | | | | | | |
| □ Retail Trade | ☐ Accommodation and Feed Services | ☐ Transport, Postal and Warehousing | | | | | | |
| □ Information Media and telecommunications | ☐ Financial and Insurance Services | □ Rental, Hiring and real Estate Services | | | | | | |
| □ Professional, Scientific and Technical Services | ☐ Administrative and Support Services | • | | | | | | |
| □ Education and Training | ☐ Health Care and Social Assistance | ☐ Arts and recreation Services | | | | | | |
| Other Services | which DEST describes your main reason for und | lowtaking this course /twainaachin /amayanticachin / /Tick ONE | | | | | | |
| box only) | , which <u>BEST</u> describes your main reason for und | lertaking this course/traineeship/apprenticeship? (Tick ONE | | | | | | |
| □ To get a job | □ To try a different career □ | For personal interest/self-development | | | | | | |
| ☐ To get into another course of study | ☐ To develop my existing business ☐ | To start my own business | | | | | | |
| ☐ To get a better job or promotion | □ I wanted extra skills for my job □ | It was a requirement of my job | | | | | | |
| Victorian Student Number (Q26) (To be complet | ted by students aged below 25) | | | | | | | |
| Victorian Student Number (VSN). | | | | | | | | |
| | d training organisation or an Adult and Commur | | | | | | | |
| □ Yes − I have attended a Victorian school since 2009. Most recent Victorian school attended is:and/or | | | | | | | | |
| □ Yes − I have participated in training at a TAFE or other training organisation since the beginning of 2011. List the most recent training organisations with which you have participated in training in Victoria since 2011 below. (List up to 3 training organisations) | | | | | | | | |
| 1 | 1 2 3 | | | | | | | |
| Unique Student Identifier (USI) (Q27) | | | | | | | | |
| Do you have USI? □ Yes | | | | | | | | |
| □ No. please create your USI via https://www.usi.g | rov.au/students , and send it to applications@aar | polv.edu.au | | | | | | |

| Course Selecti | on |
|----------------|--|
| □ 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 Declar | ation: Pre-Enrolment Conditions |
| 2. I have | tion read and understood the course information on https://aapoly.edu.au/courses/ been provided with the Statement of Fees either electronically or in hard copy and have read and understood the information. |

- 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.
- I acknowledge that Academies Australasia Polytechnic is committed to protecting my privacy in accordance with the Privacy Act 2001.
- 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 6. of the course.
- Lacknowledge that Academies Australasia Polytechnic may alter any course, subject or classes as necessary

| 7. | i acknowledge that Academies Adstralasia Polytechnic may after 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. |
| l, | |
| hereby d | declare that the information supplied in this application and the supporting documentation is true and correct. I have read, understood and agreed to |
| the term | ns and conditions. |
| Signatur | re: Date (DD/MM/YYYY): |
| | |
| | |
| | |

SKILLS FIRST PROGRAM - EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE

| I confi | rm that in relation to: nt's full name): | 12 01 1112 | IIVAI | NING PROVIDER - DON'T LEAVE ANY SECTIONS BLANK | | | |
|---------|---|---------------|---------|---|--|--|--|
| I have | sighted ONE of the following: | | | | | | |
| | Australian Birth Certificate (not Birth Extra | act) | | Current Australian Passport | | | |
| | Current New Zealand Passport | | | Australian Citizenship Certificate | | | |
| | Current green Medicare card | | | Australian Certificate of Registration by Descent | | | |
| | A proxy declaration for individuals in excecircumstances as per Clauses 2.12 – 2.1 Guidelines About Eligibility (the Eligibility Guidelines) | | | Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard. | | | |
| | a Referral to Government Subsidised Tra Asylum Seekers' form from the Asylum S Resource Centre or the Australian Red C | eeker | | [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 Eith | ner: | | | | | | |
| | viewing an original; OR | | | | | | |
| | viewing a certified copy; OR | | | | | | |
| | verifying through the Document Verification Clause 2.5(c) of the Eligibility Guidelines | | (DVS | (i) [where it is possible to do so, and in accordance with | | | |
| | viewing a digital green Medicare card on with Clause 2.5(d) of the Eligibility Guide | | allet a | app on the card holder's mobile device [in accordance | | | |
| | relying on evidence sighted and retained Eligibility Guidelines] OR | as part of a | a prev | rious enrolment [in accordance with Clause 2.8 of the | | | |
| | | n VEVO tha | at cor | NS ENROLMENT ONLY – delete field if not required] Infirms a student holds valid Bridging Visa Class E, Safe | | | |
| And I h | nave retained ONE of the following: | | | | | | |
| | a copy of the original or certified copy; Ol | ₹ | | | | | |
| | the certified copy; OR | | | | | | |
| | evidence as set out in Clause 2.5(c) of the | e Eligibility | Guid | elines [where verified through the DVS]; OR | | | |
| | declaration of sighting a digital green Me | dicare card | [as s | et 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. | | | | | | |
| date of | | | | ument produced from the list above does not include a use of the DVS), I have also sighted and retained a copy | | | |
| | current drivers licence | 'Keypass' | card | □ Not applicable | | | |
| | current learner permit | Proof of A | ge ca | rd | | | |

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') | | | | | | | | | | |
| | | | | | | | | | | | |
| Q2 | How many other Skills First funded qualifications have you enrolled in that have started, or will start in the same calendar yea as the qualification/s you are applying for now? (Don't include the qualification/s you are applying for now. Do include othe 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 | | g the qualifica t the moment? | | re applyinç | g for now | , how many other Skills First funded skill sets and/or qualifications are | | | | | |
| | 0 | 1 | 2 | 3 | 4+ | (circle number) | | | | | |

In your lifetime, how many government funded qualifications have you started that are at the same level as the one you are applying

(circle number)

☐ not applicable

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

2

1

for now? If you are applying for a qualification on the Foundation Skills List, tick 'not applicable'.

Q4

0

YES

| 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 or '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 few Waiver? | | | | | | | | |
| | YES | NO | | (circle answer) | (If 'YES' go to Student Declaration) | | | | |
| O8 | If you answered 'NO' | to Q7 did v | ou receive the Fee | Waiver for a qualification | under the JobTrainer initiative? | | | | |

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

NO

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)

(circle answer)

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 | (circ | ele answer) | (If 'YES' or 'NO', go to Student Declaration) | | | | |
| Q12 | Are you 17 to 24 years | s old? | | | | | | | |
| | YES | NO | (circ | cle answer) | (If 'YES', go to Student Declaration) | | | | |
| Q13 | Are you a job seeker? | | | | | | | | |
| | YES | NO | (circ | ele answer) | (If 'NO', go to Student Declaration) | | | | |
| Q14 | If you answered 'YES | ' to Q13, tick any of these box | es if t | hey 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, g | o 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 'qual | ificatio | on ' means a co | urse that l | has 'Certific | ate' or 'Diplo | ma' ir | ı the title | e (for examp | ole, '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 num | aber) | |
| Q2 | | ncluding the slight at the momer | | ou are app | lying for now | , how | many o | other Skills | First funded skill sets and/o | r qualifications are you |
| | 0 | 1 | | 2 | 3 | 4+ | | (circle num | ber) | |
| Q3 | Pleas | se tick any of th | nese boxe | s if you are | doing, or wil | l start | , one of | the skill set | s on this list: | |
| | □ Inf | fection Control | Skill Set | □ Const | ruction Indus | try Sk | till Set | □ Course | in identifying and responding | to family violence risk |
| [FOR J | OBTR | AINER ENROL | MENT O | NLY – dele | te Q4 - Q10 | if not | require | ed] | | |
| 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. | | | | | | | | et under the | |
| | YES | | NO | | | (circ | cle ansv | ver) | (If 'NO', go to Student Deck | aration) |
| Q5 | If you | ı answered ' YE | ES ' to Q4, | have you p | reviously sta | irted a | ı skill se | t under the | JobTrainer initiative? | |
| | YES | | NO | | | (cire | cle ansv | ver) | (If 'NO', go to Q7) | |
| Q6 | If you initia | | ES ' to Q5, | are you ap | plying to reco | omme | nce in t | ne same ski | Il set that you already started | under the JobTrainer |
| | YES | | NO | | | (circ | cle ansv | ver) | (If 'YES' or 'NO', go to Stud | lent Declaration) |
| Q7 | Are y | ou 17 to 24 ye | ars old? | | | | | | | |
| | YES | | NO | | | (cire | cle ansv | ver) | (If 'YES', go to Student Ded | claration) |
| Q8 | Are y | ou a job seeke | er? | | | | | | | |
| | YES | | NO | | | (cire | cle ansv | ver) | (If 'NO', go to Student Deck | aration) |
| Q9 | If you | ı answered ' YE | ES' to Q8, | tick any of | these boxes | if they | apply t | o you: | | |
| | | | | | | ead that say | n my employer or a company ys I have been, or will be, mac | | | |
| | | I have a separ employer | ation certi | ficate from | my | | | | | |
| | | (If you ticked a | box, go t | o Student E | Declaration) | | | | | |
| Q10 | If you form. | | ny of the b | oxes in Q9 | , you can ma | ke a c | declarati | on that you | are a job seeker by ticking thi | s box and signing this |
| | □Id | leclare that I ar | n currently | y unemploy | ed. | | | | | |

| 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 s | statements: | | | | | | |
| I AM / AM NOT enrolled in a school, including (circle the appropriate response) | government, non-government, indepe | ndent, Cath | olic or home school. | | | | |
| I AM / AM NOT enrolled in the Commonwealt (circle the appropriate response) | h Government's Skills for Education an | d Employme | ent program. | | | | |
| • 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

| O BE COMPLE | TED BY THE TRAINING PROVIDER – DON | 'T LEAVE A | NY SECTIONS | BLANK |
|-------------------------|---|-------------------|-------------|--------------------------|
| Number of qual for: | lifications student is currently eligible | □ 0 | □ 1 | □ 2 |
| Number of skill | I sets student is currently eligible for: | □ 0 | □ 1 | □ 2 |
| Eligibility exem | iption granted: | □YES | □ NO | |
| Based on: | | | | |
| • the evidence | ith the student; I have sighted (and retained a copy of) in Sect on provided to me by the student in Section B of | | | |
| Funding Contract | above individual satisfies the <i>Skills First</i> Entitle t (the Contract) and the Guidelines About Eligible <i>Skills First</i> Program for the following program/s | ility (the Eligib | | |
| (write the code a | nd full title of the program/s in which the studen | ıt is seeking to | o enrol) | |
| | | | | |
| requirements or o | e I have also sighted and retained relevant evidenther limits under any initiatives in Part C of Schuhe Eligibility Guidelines. | | | |
| form are complete | at as the Training Provider's authorised delegat e. By signing this Declaration, I acknowledge th ave been completed in full. | | | |
| Authorised Train | ining Provider Delegate: | | | |
| Name: | | | | |
| Position: | | | | |
| | | | | |
| Signed | | | | |
| Date: | | | | |
| Dato. | | | | |
| NOTES | | | | |
| Use this section | n to record additional detail, relevant eligibility ir ify the student's eligibility that is not captured in | | | ion used by the Training |
| If there are no | notes, write N/A | | | |
| | | | | |
| | | | | |