

# 2018 Enrolment Application Form – Short Course



## Introduction:

AGB Training endeavours to provide high quality services to all stakeholders. To achieve this AGB Training requires all prospective students to apply for enrolment in their chosen course. As part of this application students will be assessed to determine whether AGB Training can meet the learning needs of each applicant, suitability for course, specific entry requirements are met and eligibility for a subsidised training place.

Prior to completing this enrolment application please ensure you have read and understood the Course Outline and Student Handbook. If you have any questions please contact Student Support on 1300 123 242.

**This is an application for enrolment and by completing this form and participating in the Pre-Training Interview does not guarantee enrolment. You will be contacted by an AGB Training Representative to advise whether this enrolment application has been successful.**

Which course do you wish to apply for:

\_\_\_\_\_

Training/Delivery Location: \_\_\_\_\_

## Section A: Personal Information

Surname (Legal Family Name): \_\_\_\_\_ Given Name (Legal Given Name): \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Title: \_\_\_\_\_ Gender:  Male  Female  Indeterminate/Intersex/Unspecified Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

From 1 January 2015, AGB Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI, you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Do you have a Unique Student Identifier (USI)?

Yes:

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*Continue to next section.*

Town/city of birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email (compulsory): \_\_\_\_\_

Preferred Contact Method:  Mobile  Email  Mail

Alternative Email (optional): \_\_\_\_\_

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**Do you have a Victorian Student Number (VSN)?**

Yes:           *Continue to next section.*

**Have you attended any Victorian school since 2009, 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. (*Continue to next section*).

Yes - I have attended a Victorian school since 2009 – 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 organisations with which you have participated in training in Victoria since 2011 (List up to 3 training organisations)

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Which of the following classifications BEST describes the Industry of your current or previous employer? (Tick one box only)**  
(If never employed go to next section)

- |   |  |
|---|--|
| <input type="checkbox"/> A - Agriculture, Forestry and Fishing          | <input type="checkbox"/> K - Financial and Insurance Services                |
| <input type="checkbox"/> B - Mining                                     | <input type="checkbox"/> L - Rental, Hiring and real Estate Services         |
| <input type="checkbox"/> C - Manufacturing                              | <input type="checkbox"/> M - Professional, Scientific and Technical Services |
| <input type="checkbox"/> D - Electricity, Gas, Water and Waste Services | <input type="checkbox"/> N - Administrative and Support Services             |
| <input type="checkbox"/> E - Construction                               | <input type="checkbox"/> O - Public Administration and Safety                |
| <input type="checkbox"/> F - Wholesale Trade                            | <input type="checkbox"/> P - Education and Training                          |
| <input type="checkbox"/> G - Retail Trade                               | <input type="checkbox"/> Q - Health Care and Social Assistance               |
| <input type="checkbox"/> H - Accommodation and Food Services            | <input type="checkbox"/> R - Arts and recreation Services                    |
| <input type="checkbox"/> I - Transport, Postal and Warehousing          | <input type="checkbox"/> S - Other Services                                  |
| <input type="checkbox"/> J - Information Media and telecommunications   |  |

**Which of the following classifications BEST describes your current or recent occupation? (Tick one box only)**  
(If never employed go to next section)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1 - Managers                      | <input type="checkbox"/> 4 - Community and Personal Service Workers | <input type="checkbox"/> 7 - Machinery Operators and Drivers |
| <input type="checkbox"/> 2 - Professionals                 | <input type="checkbox"/> 5 - Clerical and Administrative Workers    | <input type="checkbox"/> 8 - Labourers                       |
| <input type="checkbox"/> 3 - Technicians and Trade Workers | <input type="checkbox"/> 6 - Sales Workers                          | <input type="checkbox"/> 9 - Other                           |

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Usual Residential Address:** \_\_\_\_\_

**Suburb, Locality or Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address. Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.

**Postal Address (If different to above):** \_\_\_\_\_

**Suburb, Locality or Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

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### Are you Aboriginal or Torres Strait Islander Origin?

No  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander

Country of birth:  Australia  Other: \_\_\_\_\_

### Are you still attending secondary school? No Yes

### What is your highest COMPLETED school level? (Tick one box only)

If you are currently enrolled in secondary education, the Highest school level completed refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.

- Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent  
 Year 9 or equivalent  Year 8 or below  
 Never attended school (Never completed any primary or secondary level education)

### Of the following categories, which BEST describes your current employment status? (Tick one box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- 01 - Full-time employed  05 - Employed – unpaid worker in family business  
 02 - Part-time employed  06 - Unemployed – seeking full-time work  
 03 - Self-employed – not employing others  07 - Unemployed – seeking part-time work  
 04 - Self employed – employing others  08 - Not employed – not seeking employment

Do you speak a language other than English at home?  No  Yes: \_\_\_\_\_ (If more than one, indicate the one that is spoken most often).

Do you consider yourself to have a disability, impairment or long-term condition?  No  Yes

If yes, please select the area/s in the following list:

- Hearing/deaf  Intellectual  Mental Illness  Vision  
 Physical  Learning  Acquired brain damage  Health Condition  
 Other (Autism Spectrum Condition, Attention Deficit (Hyperactivity) Disorder)

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<b>For VicRoads Licensing Applicants Only:</b>		
1. Are you currently suffering from, or have suffered from, any serious, permanent or long-term illness, disability, medical condition or injury that may affect your fitness to drive, such as eyesight or hearing problems, blackouts/dizziness, epilepsy/seizures, dementia, diabetes, sleep apnoea, head injury, stroke, high blood pressure, a cardiac, psychiatric or mental condition or a disorder that may deteriorate over time (eg multiple sclerosis)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Has there been any change to a medical condition that you have previously notified to VicRoads?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Are you taking any prescribed medicines (excluding antibiotics, contraceptives, inhalers or Hormone Replacement Therapy)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If you answered yes to any of the above, please provide additional details:		

Have you **SUCCESSFULLY** completed any of the following qualifications?  No  Yes:

A – Australian E – Australian equivalent I – International

If yes, please select the applicable box/es in the following list:

- |                            |                            |                            |  |                            |                            |                            |   |
|----------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|----------------------------|---|
| <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> Bachelor Degree or Higher Degree                    | <input type="checkbox"/> A | <input type="checkbox"/> E | <input type="checkbox"/> I | <input type="checkbox"/> Certificate III (or Trade Certificate) |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Advanced Diploma or Associate Degree                | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Certificate II                         |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Diploma (or Associate Diploma)                      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Certificate I                          |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Certificates other than listed         |

**Residency Status:**  Australian Citizen  Permanent Resident

**Of the following categories, which BEST describes your main reason for undertaking this program/traineeship/apprenticeship? (Tick one box only)**

- |  |   |
|--|---|
| <input type="checkbox"/> 01 - To get a job                     | <input type="checkbox"/> 06 - It was a requirement of my job            |
| <input type="checkbox"/> 02 - To develop my existing business  | <input type="checkbox"/> 07 - I wanted extra skills for my job          |
| <input type="checkbox"/> 03 - To start my own business         | <input type="checkbox"/> 08 - To get into another program of study      |
| <input type="checkbox"/> 04 - To try for a different career    | <input type="checkbox"/> 12 - For personal interest or self-development |
| <input type="checkbox"/> 05 - To get a better job or promotion | <input type="checkbox"/> 11 - Other reasons                             |

**How did you hear about AGB Training?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 01 - Current/Returning Student | <input type="checkbox"/> 05 - Other Internet  | <input type="checkbox"/> 09 - Radio/TV     |
| <input type="checkbox"/> 02 - Website                   | <input type="checkbox"/> 06 - JA/DES Provider | <input type="checkbox"/> 10 - Expo         |
| <input type="checkbox"/> 03 - Word of Mouth             | <input type="checkbox"/> 07 - Newspaper       | <input type="checkbox"/> 11 - Other: _____ |
| <input type="checkbox"/> 04 - Facebook                  | <input type="checkbox"/> 08 - Bus             |  |

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**Section B: Permission to Release Information**

AGB Training takes student privacy seriously. At times third parties may contact AGB Training regarding your enrolment. This can include JA Providers, employers, etc.

If there is a third party in which you would like to give them permission to be able to contact AGB Training and access information about your enrolment, progress and attendance, etc, please list them below.

<b>Name:</b>	<b>Organisation:</b>	<b>Relationship:</b>
1.  _____	_____  _____	_____  _____
2.  _____	_____  _____	_____  _____
3.  _____	_____  _____	_____  _____

**Media Release:**

- I allow AGB Training to use photographic images taken of me for assessment materials  Yes  No
- I allow AGB Training to use photographic images taken of me for marketing materials  Yes  No
- I allow AGB Training to send current and future course information via my supplied email  Yes  No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** parental consent required if student is under the age of 18.

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section C: Pre-Training Review**

Why would you like to enrol in this course?

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What experience do you have in the industry that is relevant to the course you are applying for?

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What skills and knowledge are you hoping to gain from completing this course?

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Are there any other courses you are thinking of doing?

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**LANGUAGE LITERACY AND NUMERACY (LLN):**

You will be required to complete a Language, Literacy and Numeracy (LLN) assessment prior to enrolment to determine your LLN skills and any relevant support you may require.

**ENROLMENT APPLICATION:**

To enable you to make an informed decision about whether or not to proceed with your proposed course application, you should have access to all the information below. If 'YES' you have the information you need please tick the relevant box. If you do not tick the box for any item, an AGB Representative will contact you to provide you with the information you requested.

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ADEQUATE INFORMATION PROVIDED	WHERE TO FIND THIS INFORMATION
<b>COURSE INFORMATION</b>	
<input type="checkbox"/> Entry requirements for your proposed course	Course information pack or course brochure or student handbook visit <a href="http://www.agb.edu.au">www.agb.edu.au</a> and search for your course information on the web page
<input type="checkbox"/> Content of your proposed course	
<input type="checkbox"/> Duration of your proposed course	
<input type="checkbox"/> Training site at which classes will be conducted	
<input type="checkbox"/> Delivery method (i.e. class/workshop based, distance/online or a combination)	
<input type="checkbox"/> How assessment will be conducted during your course	
<input type="checkbox"/> Any materials or protective clothing you must supply	
<input type="checkbox"/> The requirements for you to undertake an assessment of your language, literacy and numeracy (LLN) skills before enrolment to determine any support needs you may have during your study.	
<b>SERVICES, FACILITIES, COMPLAINTS AND APPEALS</b>	
<input type="checkbox"/> Disability support services	<a href="http://www.agb.edu.au/compliance">http://www.agb.edu.au/compliance</a>
<input type="checkbox"/> General student support	
<input type="checkbox"/> Facilities and services available on Training sites (E.g. Wi-Fi, computers or parking)	<a href="http://www.agb.edu.au/international-students">http://www.agb.edu.au/international-students</a>
<input type="checkbox"/> AGB Training's complaints and appeals management process	<a href="http://www.agb.edu.au/compliance">http://www.agb.edu.au/compliance</a>
<b>FEE INFORMATION &amp; PAYMENT SCHEMES</b>	
<input type="checkbox"/> Resources and text	<a href="http://www.agb.edu.au/local-training-courses/enrol">http://www.agb.edu.au/local-training-courses/enrol</a>
<input type="checkbox"/> Payment schemes that may assist in paying your fees	
<input type="checkbox"/> AGB Training refund policy	

**Section D: Privacy Statement and Student Declaration**
**Privacy Notice:**

Under the Data Provision Requirements 2012, AGB Training is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by AGB Training for statistical, regulatory and research purposes. AGB Training may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).

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**Student Declaration and Consent:**

- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I declare I have received, read and understood the AGB Training Student Handbook.
- I declare I have read and understood the statement of fees applicable to the course I am applying for.

**Full Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** parental consent required if student is under the age of 18.

**End of Enrolment Application.**

Please submit this form to AGB Training for consideration.  
Please ensure all information is complete and correct prior to submission as this may delay the application process.



**Section E: Enrolment Application Decision – OFFICE USE ONLY**

VETtrak ID Number:

Occurrence Number:

Location:

Start Date:

**Eligibility:** Confirm additional information provided to applicant as requested  Yes  N/A

Review suitability of applicant for the course based on information provided by the applicant in the PTR and information about the proposed course as published on the AGB Training website.  Yes

**On Completion of LLN:** Has the applicant’s LLN Assessment and Pre-Training Review demonstrated that they have an appropriate level of Language, Literacy and Numeracy (LLN) for the course they are seeking to enrol in? (If yes skip the next question)  Yes  No

If No - Will the applicant require any additional support to complete the qualification?  Yes  N/A

Please provide a brief description of what will need to be implemented:

- Additional one on one time with trainer/assessor
- A support person provided by their place of referral
- Material provided in another language
- Referral to another agency
- Enrolment in a foundation skills unit to assist with increasing their core skills to the required level for the qualification
- Other: \_\_\_\_\_

Will the applicant require any reasonable adjustments to learning and assessing to be successful in achieving their goal? (If Yes – Please indicate below)  Yes  No

- Amendments to learning material
- Reasonable adjustments to assessment material
- Extensions on assessment due dates
- Other: \_\_\_\_\_

Will the applicant be offered a place? (Tick the relevant box, otherwise specify in other below)  Yes  No

- Meets the entry requirements of the course
- Is a good pathway for the student to achieve their desired outcome
- Will provide the student with recognised skills and knowledge for the industry they are wishing to achieve employment in
- Will provide the student with recognition for their current skills and knowledge
- Other: \_\_\_\_\_

Will the student gain from completing this course? (Tick the relevant box, otherwise specify in other below)  Yes  No

- Skills and knowledge for their chosen field
- Formal recognition of their current skills and knowledge
- The opportunity to advance to further study for their chosen pathway
- Other: \_\_\_\_\_

Communicate admission decision to the Enrolment Coordinator or person responsible for sending offers to successful applicants.  Yes  No

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**Enrolment Application Decision:**

- Approved – Enrolment Date = \_\_\_\_\_
- Approved with amendments – Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Declined – Reasons why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notifying the Applicant:**

Date advised student of enrolment application decision: \_\_\_\_\_

**RTO Declaration:**

- Based on the information provided in this form, Pre-Training Review, LLN assessment, relevant licence regulator requirements and discussions with the applicant, that the selected course is the most suitable for the applicant to enrol in to meet their career and learning goals.
- AGB Training can meet the learning needs of this applicant.
- This applicant meets the entry requirements specific to the course they are applying for.

**State Funding Source:**

**Funding Codes:**

- S – Fee For Service

**Fees:**

Student administration fee contribution: \$ \_\_\_\_\_ (Student to pay)

Referral administration fee contribution: \$ \_\_\_\_\_ (Referral form/authority to invoice/purchase order)

Resource fee/text book: \$ \_\_\_\_\_  Student  Employer  Third Party (To pay)

Additional student fees: \$ \_\_\_\_\_  Student  Employer  Third Party (To pay)

**Total Cost:** \$ \_\_\_\_\_ (Total of all tuition fees and additional student fees)

**AGB Training Authorised Delegate:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_