

2019 Enrolment Application Form – Qualification



OFFICE USE ONLY: VETtrak #	Occurrence #	Entered by	Date / /
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Introduction (Please read):

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.

Prospective students are reminded that all information provided to AGB Training must be true and accurate. Please note: the shaded sections throughout this Enrolment Application Form are to be completed by AGB Training staff and you are not required to complete these sections.

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.

Program Code: _____

Program Name: _____

Program Delivery Location: _____

Section A: Personal Information – to be completed by the student:

Surname: _____ 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 a 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 question.

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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 | |

Your town/city of birth: _____

Home Phone: _____ **Work Phone:** _____ **Mobile:** _____

Do you have a Victorian Student Number (VSN)?

Yes:

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Continue to next question.

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 question).**

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:** _____

Your email (compulsory): _____

Preferred Contact Method: Mobile Email Mail

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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 question)

- | | |
|---|--|
| <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 question)

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

Emergency Contact Name: _____ Relationship: _____ Contact Number: _____

Your Usual Residential Address: _____

Suburb, Locality or Town: _____ **State:** _____ **Postcode:** _____

Please provide the physical address (street number and name, not PO 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.

Your 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 from the following list:

- Hearing impairment/Deafness
 Intellectual
 Mental Illness
 Vision impairment/Blindness
 Physical
 Learning
 Acquired Brain Injury
 Health Condition
 Other (Autism Spectrum Condition, Attention Deficit (Hyperactivity) Disorder)

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

Residency Status: Australian Citizen Permanent Resident

Section B: To be completed by the student:

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 |

Do you hold a current concession card (or are a dependant listed on a current concession card)?

- No Yes – Please Specify:
- Health Care Card (HCC) Pensioner Concession Card (PCC) Veterans Gold Card

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.

Name:	Organisation:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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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:** ____/____/____

**** Skills First Program ****

-- Evidence of Student Eligibility and Student Declaration --

OFFICE USE ONLY:

Section C: 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 it is 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 green Medicare Card | <input type="checkbox"/> An Australian citizenship by descent extract |
| <input type="checkbox"/> Formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence | <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per Clauses 2.16-2.20 of these Guidelines |

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 and retained:

- A Referral Letter from the Asylum Seeker Resource Centre or the Australian Red Cross of Human Trafficking Program

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, I have also sighted and retained a copy of:

- A current driver's 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 C, as per Eligibility Guidelines.

Section D: Skills First Program – to be completed by the student:

Do you wish to apply for Skills First Program Funding for this enrolment?

- No (Continue to Section F) Yes – Please complete the following:

Education history

Q1. The highest qualification I have *completed* is: _____
(Include full title of qualification, eg. Certificate III in Aged Care)

Q2. Not including the course/s you are seeking to enrol in now, how many other **government funded** courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

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

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

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

Q4. In your lifetime, how many **government funded** courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

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

Student declaration

I, _____, in seeking to enrol in _____
(Student's full name)

(Include full title of qualification/s in which you are seeking to enrol)

declare the following to be true and accurate statements:

- a. I **AM / AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school *(circle appropriate response)*.
- b. I **AM / AM NOT** enrolled in the Commonwealth Government's *Skills for Education and Employment* program *(circle appropriate response)*.
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the *Skills First Program*. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the *Skills First Program*.
- d. I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed: _____ **Date:** ____/____/____

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Section E: 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 C and the information provided to me by the student in Section D of this form, I believe that the above individual satisfies the Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skill First Program for the following qualification/s.

I have also sighted and retained (where applicable) relevant evidence required to grant an exemption from eligibility requirements or other limitations pursuant to any initiatives in Part C of Schedule 1 of the VET Funding Contract and as specified in Clause 2.21 of the Guidelines About Determining Student Eligibility and Supporting Evidence:

(Include full title of qualification/s in which the student is seeking to enrol)

Authorised Training Provider delegate:

Name: _____

Position: _____

Signed: _____ **Date:** ____/____/____

Notes: Use this section to record additional, relevant eligibility information, including information used by the Training Provider to verify the individual’s eligibility that is not captured in Sections A, C or D.

Section F: Enrolment Information – to be completed by the student:

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.

Adequate Information Provided	Where to find this information
Course Information	
<input type="checkbox"/> Entry requirements for your proposed course <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"/> Whether or not your course includes a work placement <input type="checkbox"/> Any licences or registrations that you must hold for work placement or for employment after your course is finished <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"/> Any other organisation that will be involved in providing training or assessment in your course <input type="checkbox"/> Disability support services <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. <input type="checkbox"/> General student support <input type="checkbox"/> Facilities and services available on Training sites (E.g. Wi-Fi, computers or parking) <input type="checkbox"/> AGB Training’s Complaints and Appeals form	Course information pack or course brochure or student handbook visit www.agb.edu.au and search for your course information on the web page
Fee Information and Payment Schemes	
<input type="checkbox"/> Eligibility to and implications of accessing Victorian Government funding for your course (where relevant) <input type="checkbox"/> Resources and text <input type="checkbox"/> Payment schemes that may assist in paying your fees <input type="checkbox"/> AGB Training Fee and Refund Policy and Procedure	http://www.agb.edu.au/local-training-courses/enrol

Section G: Victorian Government VET Student Enrolment Privacy Notice – to be completed by the student:

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

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

AGB Training 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 AGB Training; 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.

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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 AGB Training’s HR Manager in the first instance by phone 1300 123242.

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>.

I acknowledge that I have read the Victorian Government’s VET Student Enrolment Privacy Notice.

Student signature: _____ **Date:** ____/____/____

Parent/Guardian signature: _____ **Date:** ____/____/____

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

Section H: Privacy Notice / Student Declaration and Consent – to be completed by the student:

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 a VET Statement of Attainment or VET 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 program 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).

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.

Student signature (or electronic acknowledgement): _____ **Date:** ___/___/___

Parent/Guardian signature (or electronic acknowledgement): _____ **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.

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Section I: Enrolment Application Decision – To be completed by an authorised delegate of the Training Provider:

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, 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

L – Funded App/Trainee

P – Funded General (Non App/Trainee)

Fee

Z – None

H – Health Care Card

K – JA Referral w/out Concession

Waiver/Exemption:

J – JA Referral with Concession

P – Pensioner’s Card

O – Aboriginal/Torres Strait Islander

Other – Please Specify: _____

NB: Evidence of Fee Concession Exemption must be retained as per 2019 Guidelines about Fees

Fees:

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

Referral administration fee contribution: \$ _____ (Referral form/authority to inv/PO)

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:** ____/____/____