

2017 Enrolment Application Form - Qualification



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

PERSONAL INFORMATION:

Title: _____ Gender: Male Female Indeterminate/Intersex/Unspecified Date of Birth: ____/____/____

Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want AGB Training to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.

Surname (Legal Family Name): _____ Given Names (Legal Given Name): _____

Middle Name: _____ Preferred Name: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Preferred Contact Method: Mobile Email Mail

Usual Residential Address: _____

Suburb: _____ 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.

Postal Address (If different to above): _____

Suburb: _____ State: _____ Postcode: _____

Emergency Contact: _____ Relationship: _____ Contact Number: _____

Do you have a current and valid Concession Card? No Yes – Please specify:

Health Care Card (HCC) Pensioner Concession Card (PCC) Veteran's Gold Card (VGG)

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UNIQUE STUDENT IDENTIFIER (USI):

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.

Do you have a Unique Student Identifier (USI)?

Yes:

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Continue to Victorian Student Number (VSN) section.

VICTORIAN STUDENT NUMBER (VSN):

Do you have a Victorian Student Number (VSN)?

Yes:

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Continue to Language and Cultural Diversity 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 Language and Cultural Diversity 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: _____

LANGUAGE AND CULTURAL DIVERSITY:

Residency Status: Australian Citizen Permanent Resident

Country of birth: Australia Other: _____ **Town/city of birth:** _____

Do you speak a language other than English at home? No Yes: _____

How well do you speak English? Very well Well Not well Not at all

Are you Aboriginal or Torres Strait Islander Origin?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

DISABILITY:

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:

- | | | | | |
|---------------------------------------|---------------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Vision | <input type="checkbox"/> Other |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Learning | <input type="checkbox"/> Acquired brain damage | <input type="checkbox"/> Medical Condition | |

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SCHOOLING/QUALIFICATIONS:

What is your highest COMPLETED school level (Tick only one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Year 8 or below | <input type="checkbox"/> Never attended school |

In which YEAR did you complete that school level: _____ Are you still attending secondary school? No Yes

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

A – Australian E – Australian equivalent I – International

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| A | E | I | | A | E | I | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bachelor Degree or Higher Degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 |

EMPLOYMENT:

Of the following categories, which BEST describes your current employment status?

- | | |
|--|---|
| <input type="checkbox"/> 01 - Full-time employed | <input type="checkbox"/> 05 - Employed – unpaid worker in family business |
| <input type="checkbox"/> 02 - Part-time employed | <input type="checkbox"/> 06 - Unemployed – seeking full-time work |
| <input type="checkbox"/> 03 - Self-employed – not employing others | <input type="checkbox"/> 07 - Unemployed – seeking part-time work |
| <input type="checkbox"/> 04 - Employer | <input type="checkbox"/> 08 - Not employed – not seeking employment |

Which of the following classifications BEST describes the Industry of your current or previous Employer? (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? (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 |

STUDY REASON:

Of the following categories, which BEST describes your main reason for undertaking this program/traineeship/apprenticeship?

- | | |
|--|---|
| <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 |

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REFERRAL SOURCE:

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 | |

Section B: Release of Information

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.

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

Media Release:

- | | | |
|--|------------------------------|-----------------------------|
| I allow AGB Training to use photographic images taken of me for assessment materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I allow AGB Training to use photographic images taken of me for marketing materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I allow AGB Training to send current and future course information via my supplied email | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature: _____ Date: _____

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

Parent/Guardian Name: _____ Signature: _____ Date: _____

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Section C: Skills First Funding – Student Declaration

Do you wish to apply for Skills First Funding for this enrolment? No (Continue to Section D) Yes – Please complete the following:

Skills First Program: 2017 Evidence of Student Eligibility and Student Declaration

Section A: To be completed by the student

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? 0 1 2 3 4+ (circle number)

Student Declaration:

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

_____ declare the following to be true and accurate statements:
(Include full title of qualification/s in which you are seeking to enrol)

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 (SEE)* 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: _____

Adapted from 2017 Guidelines about Determining Student Eligibility and Supporting Evidence V1.0 December 2016

Section D: Privacy Statement and Student Declaration

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 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.
- **Consequences of not providing your information:** Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy
- **Access, correction and complaints:** You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached. For further information, please contact AGB Training's Privacy Officer in the first instance by phone: 1300 123 242 or email: privacyofficer@agb.edu.au.
- **Further information:** For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>. For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

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

I declare that the information I have provided to the best of my knowledge is true and correct.

I understand that AGB Training is required to submit data sourced from this enrolment form to the national VET administrative collection as a regulatory reporting requirement. The information contained on my enrolment form may be used by AGB Training or the following third parties for administrative, regulatory and/or research purposes:

- School - if I am a secondary student undertaking VET, including a school based apprenticeship or traineeship.
- Employer - if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- Researchers.

I declare I have received, read and understood the AGB Training Student Handbook.

I declare I have read and understood the statement of fees/funding applicable to the course I am applying for.

Full Name: _____ **Signature:** _____ **Date:** _____

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

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

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: Skills First Funding – RTO Declaration – OFFICE USE ONLY

Skills First Program: 2017 Evidence of Student Eligibility and Student Declaration

Section B: To be completed by an AGB Training Authorised Delegate

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 an uncertified copy that I have verified through use of a document verification service of **one** of the following:

- an Australian Birth Certificate (not Birth Extract)
- a current Australian Passport
- a current New Zealand Passport
- a naturalisation certificate
- a current **green** Medicare Card
- a proxy declaration for individuals in exceptional circumstances as per Clauses 3.15 – 3.19 of these Guidelines
- formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence

and I have **retained**:

- a copy of the original or certified copy, or
- the certified copy, or
- the uncertified copy and a receipt from a document verification service;

and if the student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth:

- a current drivers licence, or
- a current learner permit, or
- a Proof of Age card, or
- a 'Keypass' card

or if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 2.1 of these Guidelines, I have sighted and retained:

- a Referral Letter from the Asylum Seeker Resource Centre or the Australian Red Cross

NB: The Training Provider must retain a copy of all documentation used in Section B, as per 2017 Guidelines about Determining Student Eligibility and Supporting Evidence.

Section C: To be completed by an AGB Training Authorised Delegate

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 B, and the information provided to me by the student in Section A 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:*

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

AGB Training Authorised 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, B or C.

Section F: Enrolment Application Decision – OFFICE USE ONLY

VETtrak ID Number:

Occurrence Number:

Location:

Start Date:

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.

Funding Codes:

- State Funding Source:**
- S – Fee For Service
 - P – Funded General (Non App/Trainee)
 - L – Funded App/Trainee
- Fee Waiver/Exemption:**
- Z – None
 - H – Health Care Card
 - P – Pensioner’s Card
 - J – JA Referral with Concession
 - K – JA Referral without Concession
 - O – Aboriginal or Torres Strait Islander
 - Other – Please Specify: _____

NB: Evidence of Fee Concession Exemption must be retained as per 2017 Guidelines about Fees

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: _____