

APPLICATION FORM



education
institute.edu.au

CONTACT DETAILS

FIRST NAME/S		SURNAME	
PREFERRED NAME (Optional)			
TITLE: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>		GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	
DATE OF BIRTH ____ / ____ / ____		VSN # (If known)	
TELEPHONE	(H)	(B)	(M)
EMAIL ADDRESS			
RESIDENTIAL STREET ADDRESS			
SUBURB		STATE	POSTCODE
POSTAL ADDRESS (If Different From Residential)			
SUBURB		STATE	POSTCODE
EMERGENCY CONTACT AND PHONE NUMBER			EMERGENCY CONTACT RELATIONSHIP

EMPLOYMENT DETAILS

EMPLOYER/COMPANY (Full Name)			
YOUR JOB TITLE/POSITION			
EMPLOYMENT STATUS	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed – not employing others	<input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in family business	<input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Unemployed – seeking part time work <input type="checkbox"/> Not Employed, not seeking employment
DATE COMMENCED EMPLOYMENT ____ / ____ / ____			

QUALIFICATION BEING UNDERTAKEN WITH EDUCATION INSTITUTE

QUALIFICATION CODE and TITLE
COURSE STREAM (if applicable)

AUSTRALIAN RESIDENCY STATUS

CITY OF BIRTH: _____	AUSTRALIAN CITIZEN <input type="checkbox"/> AUSTRALIAN RESIDENT <input type="checkbox"/> VISA/TEMP PERMIT <input type="checkbox"/>	VISA/TEMP PERMIT STATE CODE / DESCRIPTION YES <input type="checkbox"/> NO <input type="checkbox"/>
COUNTRY OF BIRTH: _____		

ATSI STATUS

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT? NO <input type="checkbox"/> YES, ABORIGINAL <input type="checkbox"/> YES, TORRES STRAIT ISLANDER <input type="checkbox"/>

SECONDARY SCHOOL DETAILS

ARE YOU STILL ATTENDING SECONDARY SCHOOL? (please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>	WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? Below Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/>	WHAT IS THE NAME OF THE SECONDARY SCHOOL YOU ATTENDED?
IN WHAT YEAR DID YOU COMPLETE YOUR HIGHEST LEVEL OF SECONDARY SCHOOL? (eg, if you finished school when you were 15, add 15 to the year you were born, 15+1968 = 1983) _____		

LANGUAGE

WHAT IS YOUR PRIMARY LANGUAGE SPOKEN AT HOME?	
HOW WELL DO YOU SPEAK ENGLISH?	Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All <input type="checkbox"/>

SPECIAL NEEDS

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, IMPAIRMENT OR LONG TERM CONDITION?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE SPECIFY AREA/S	Vision <input type="checkbox"/>	Hearing <input type="checkbox"/>	Physical <input type="checkbox"/>
	Learning <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
	Medical Condition <input type="checkbox"/> Other _____		
PLEASE INDICATE ANY SPECIAL NEEDS/ASSISTANCE YOU MAY REQUIRE IN RELATION TO YOUR DISABILITY (eg, Literacy Assistance) _____			

PRIOR EDUCATION

ARE YOU CURRENTLY STUDYING A GOVERNMENT SUBSIDISED COURSE/S?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHICH COURSE/S ARE YOU CURRENTLY STUDYING? _____			
HAVE YOU PREVIOUSLY COMMENCED ANY QUALIFICATIONS AT THE LEVEL AT WHICH YOU ARE APPLYING? For example if you applying for a Certificate III level qualification have you ever commenced any other Certificate III level qualifications?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW MANY? _____			
HAVE YOU SUCCESSFULLY COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS? IF YES, PLEASE SPECIFY THE FOLLOWING:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p style="text-align: center;"><u>QUALIFICATION OBTAINED WITHIN AUSTRALIA</u></p> <p style="text-align: center;"><u>QUALIFICATION LEVEL</u></p> <p>Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/></p> <p>Certificate III <input type="checkbox"/> Certificate IV <input type="checkbox"/></p> <p>Diploma <input type="checkbox"/></p> <p>Bachelor Degree or Higher <input type="checkbox"/></p> <p>Advanced Diploma or Associate Degree <input type="checkbox"/></p> <p>State based Certificates, or Other Courses <input type="checkbox"/></p> <p>QUALIFICATION TITLE: _____</p>	<p style="text-align: center;"><u>QUALIFICATION OBTAINED OVERSEAS</u></p> <p>TITLE AND LEVEL OF QUALIFICATION _____</p> <p>HAS YOUR QUALIFICATION BEEN FORMALLY RECOGNISED IN AUSTRALIA? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF YES, WHAT LEVEL IS THE AUSTRALIAN EQUIVALENT? _____</p>		

REASON FOR STUDY

PLEASE TICK ONE OF THE FOLLOWING CATEGORIES THAT BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE/TRAINEESHIP			
To develop my existing business <input type="checkbox"/>		To get into another course of study <input type="checkbox"/>	
To start my own business <input type="checkbox"/>		For personal Interest <input type="checkbox"/>	
To get a better job or promotion <input type="checkbox"/>		For self development <input type="checkbox"/>	
It was a requirement of my job <input type="checkbox"/>		I want Extra skills for my job <input type="checkbox"/>	
Other, please specify _____			

CONCESSION ELIGIBILITY

ARE YOU ELIGIBLE FOR CONCESSION?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES PLEASE SUPPLY A COPY OF YOUR CONCESSION CARD			
PLEASE INDICATE THE TYPE OF CONCESSION YOU HOLD			

UNIQUE STUDENT IDENTIFIER

ALL STUDENTS UNDERTAKING NATIONALLY RECOGNISED TRAINING IN AUSTRALIA NEED TO HAVE A UNIQUE STUDENT IDENTIFIER

DO YOU HAVE A UNIQUE STUDENT IDENTIFIER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, PLEASE PROVIDE: _____	
IF NO, PLEASE CHOOSE AN OPTION	<input type="checkbox"/> I REQUEST EDUCATION INSTITUTE TO APPLY FOR USI ON MY BEHALF <input type="checkbox"/> I PREFER TO APPLY FOR USI MYSELF
IF YOU WOULD LIKE EDUCATION INSTITUTE TO APPLY FOR YOUR USI ON YOUR BEHALF, HOW WOULD YOU LIKE TO BE NOTIFIED OF YOUR USI?	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE

PRIVACY STATEMENT – I UNDERSTAND THAT

- Education Institute is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (are available at www.skills.vic.gov.au/corporate/statistics/submit_data).
- Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, Department and Commonwealth VET Fee-Help Agencies, professional bodies and/or other organizations.
- I acknowledge that if I do not provide this information, Education Institute may not be able to register me in my selected course/module. I also acknowledge that I have a right to access personal information which Education Institute hold about me, subject to exceptions in relevant privacy legislation. I understand that I can obtain further information about Education Institute in the Student Handbook.
- I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or Department endorsed project or audit or review.
- The Education and Training Reform Act 2006 requires Education Institute to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.
- From time to time Education Institute may contact you for marketing purposes. Please tick here should you wish to be excluded from this.

STUDENT DECLARATION

- I confirm that the information contained within this form is correct and I have been provided by Education Institute, all the information regarding the course/modules that I am registered in
- I understand and have been provided information by Education Institute in relation to Credit Transfer, Recognition of Prior Learning (RPL)
- I understand that access to SVTS funding may impact future access to SVTS funding. I understand that I am only eligible to commence a maximum of 2 qualifications at any one Australian Qualification Level within my lifetime.
- I agree to act in accordance with Education Institute regulations, statutes and disciplinary procedures
- I have read and understand the privacy statement above
- I understand it is my responsibility to read and understand the contents of the student handbook

STUDENT NAME: _____

SIGNATURE: _____

DATE: ____/____/____

Office Use Only

CLIENT OCCUPATION IDENTIFIER

- | | |
|---------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> MANAGER | <input type="checkbox"/> TECHNICIAN / TRADE WORKER |
| <input type="checkbox"/> PROFESSIONAL | <input type="checkbox"/> COMMUNITY / PERSONAL SERVICE WORKER |
| <input type="checkbox"/> SALES WORKER | <input type="checkbox"/> CLERICAL / ADMINISTRATIVE WORKER |
| <input type="checkbox"/> LABOURER | <input type="checkbox"/> MACHINE OPERATOR / DRIVER |
| <input type="checkbox"/> NONE | |

CLIENT INDUSTRY OF EMPLOYMENT

- | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> AGRICULTURE, FORESTRY AND FISHING | <input type="checkbox"/> FINANCIAL AND INSURANCE SERVICES |
| <input type="checkbox"/> MINING | <input type="checkbox"/> RENTAL, HIRING AND REAL ESTATE SERVICES |
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> PROFESSIONAL, SCIENTIFIC AND TECHNICAL SERVICES |
| <input type="checkbox"/> ELECTRICITY, GAS, WATER AND WASTE SERVICES | <input type="checkbox"/> ADMINISTRATIVE AND SUPPORT SERVICES |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> PUBLIC ADMINISTRATION AND SAFETY |
| <input type="checkbox"/> WHOLESALE TRADE | <input type="checkbox"/> EDUCATION AND TRAINING |
| <input type="checkbox"/> RETAIL TRADE | <input type="checkbox"/> HEALTH CARE AND SOCIAL ASSISTANCE |
| <input type="checkbox"/> ACCOMMODATION AND FEED SERVICES | <input type="checkbox"/> ARTS AND RECREATION SERVICES |
| <input type="checkbox"/> TRANSPORT, POSTAL AND WAREHOUSING | <input type="checkbox"/> OTHER SERVICES |
| <input type="checkbox"/> INFORMATION MEDIA AND TELECOMMUNICATION | <input type="checkbox"/> NONE |

PRACTICAL PLACEMENT

Does Practical Placement need to be arranged for the student?

Yes

No

FUNDING STATUS

- P FUNDED
- L FUNDED - ELIGIBLE
- L FUNDED – INELIGIBLE
- D – EXISTING / NEW WORKER ONLY
- UNFUNDED
- FEE FOR SERVICE

PHOTOCOPY OF ID RETAINED:

- DRIVER'S LICENCE
- MEDICARE CARD
- AUSTRALIAN PASSPORT
- VISA (WITH NON-AUSTRALIAN PASSPORT)
- AUSTRALIAN BIRTH CERTIFICATE (NOT EXTRACT)
- CERTIFICATE OF REGISTRAT
- CITIZENSHIP CERTIFICATE
- IMMICARD

EXTERNAL PARTNER (Business)

ENROLLING DELEGATE (Individual)

CLASSROOM OR WORKPLACE

FOR USE BY EI STAFF MEMBER ONLY :

AUTHORISED DELEGATE:

SIGNATURE:

Date:

___/___/_____

**SKILLS FIRST PROGRAM
2017 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION**

Section A - 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 an uncertified copy that I have verified through use of a document verification service of 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"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 3.15 – 3.19 of these Guidelines |
| <input type="checkbox"/> 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, *or*
- for TAFE Institutes and Learn Locals organisations only, an electronic or printed record demonstrating that the student holds a current valid Bridging Visa Class E (BVE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV) as verified via the Commonwealth's *Visa Entitlement Verification Online* (VEVO).

NB: The Training Provider must retain a copy of all documentation used in Section A, as per clauses 3.3-4 of these Guidelines.

Section B - 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? **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: _____

Section C - 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 A, and the information provided to me by the student in Section B 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)

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, B or C.*

