

Yarraville Community Centre Inc. (YCC)

59 Francis Street, Yarraville, 3013 Tel: 9687 1560 ABN: 69 827 568 560 TOID: 4207

RTO Student Enrolment Form 2021

<input type="checkbox"/> Entered on SMS Date: / /2021 Enrolment no: USI:	
Course to be enrolled in:	
<input type="checkbox"/> 22482VIC Course in Initial EAL <input type="checkbox"/> 22483VIC Course in EAL <input type="checkbox"/> 22484VIC Certificate I in EAL (Access) <input type="checkbox"/> 22485VIC Certificate II in EAL (Access) <input type="checkbox"/> 22489VIC Certificate III in EAL (Employment) <input type="checkbox"/> 22486VIC Certificate III in EAL (Access)	<input type="checkbox"/> 22471VIC Course in Initial General Education for Adults <input type="checkbox"/> 22476VIC Certificate I in General Education for Adults (Introductory) <input type="checkbox"/> 22472VIC Certificate I in General Education for Adults <input type="checkbox"/> 22473VIC Certificate II in General Education for Adults <input type="checkbox"/> 22474VIC Certificate III in General Education for Adults
How did you find out about the course:	
<input type="checkbox"/> Course Flyer <input type="checkbox"/> Word of mouth <input type="checkbox"/> Social media <input type="checkbox"/> Internet search <input type="checkbox"/> Website	<input type="checkbox"/> Email <input type="checkbox"/> Jobactive <input type="checkbox"/> Centrelink <input type="checkbox"/> Newspaper <input type="checkbox"/> Other, please specify
Venue:	Class commencement date: / /2021

Personal Details		
Enter your full name 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 please write your name exactly as written in the identity document you choose to use.		
Title	Given names (Legal given names)	Surname (Legal family name)
Enter your birth date (Day/month/year) / /		
Gender (Tick ONE box only) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified		
Concession? Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Enter your contact information:			
Home phone (including area code)		Mobile	
Email address			
Flat/Unit number			
Street or lot number (e.g. 205 or Lot 118)			
Street name			
Suburb, locality or town			
State/Territory		Postcode	
Enter contact information in case of emergency:			
Emergency contact name	Relationship to you	Emergency contact number	

Language and Cultural Diversity		
In which country were you born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> Other – please specify:	
Do you speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often)</i>		
<input type="checkbox"/> No – English only	<input type="checkbox"/> Yes – please specify:	
Are you of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander

Disability	
Do you consider yourself to have a disability, impairment or long-term condition?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to the next section)
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)	
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Learning	<input type="checkbox"/> Other:
<input type="checkbox"/> Mental illness	
If you answered YES to the above question do you require any assistance to participate in this course?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (We'll arrange a meeting to discuss this with you)

Schooling	
What is your highest COMPLETED school level?	
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.	
(Tick ONE box only)	
<input type="checkbox"/> Completed Year 12	<input type="checkbox"/> Completed Year 9 or equivalent
<input type="checkbox"/> Completed Year 11	<input type="checkbox"/> Completed Year 8 or lower
<input type="checkbox"/> Completed Year 10	<input type="checkbox"/> Never attended school
Are you still enrolled in secondary or senior secondary education?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Qualifications Achieved			
Have you SUCCESSFULLY completed any of the following qualifications listed below?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Yes (if yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level.) A – Australian E– Australian equivalent I – International		Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use 1. A – Australian 2. E– Australian equivalent 3. I – International	
	A	E	I
<input type="checkbox"/> Bachelor Degree or Higher Degree	<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"/> Diploma (or Associate Diploma)	<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"/> Certificate III (or Trade Certificate)	<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"/> Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates other than the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment	
Of the following categories, which BEST describes your current employment status? 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). (Tick ONE box only)	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Self-employed – employing others	<input type="checkbox"/> Unemployed – not seeking employment

Occupation	
Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only) If unemployed, go to the next question.	
<input type="checkbox"/> Managers	<input type="checkbox"/> Sales Workers
<input type="checkbox"/> Professionals	<input type="checkbox"/> Machinery Operators and Drivers
<input type="checkbox"/> Technicians and Trade Workers	<input type="checkbox"/> Labourers
<input type="checkbox"/> Community and Personal Service Workers	<input type="checkbox"/> Other:
<input type="checkbox"/> Clerical and Administrative Workers	

Industry	
Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only) If unemployed, go to the next question.	
<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 telecommunications	

Study Reason	
Study Reason – Of the following categories, which BEST describes your main reason for undertaking this course / traineeship / apprenticeship? (Tick ONE box only)	
<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other reasons
<input type="checkbox"/> To gain skills for community/voluntary work	

Victorian Student Number (Victorian Students only)											
Enter your Victorian Student Number (VSN). To be completed by students aged up to 24 years.											
<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											If you have entered your VSN you can skip the next question and go straight to the next section.
Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?											
<input type="checkbox"/> No (Go to next section)											
<input type="checkbox"/> Yes – I have attended a Victorian school since 2009											
Enter name of most recent Victorian school attended:											
<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011											
List the 3 most recent training organisations with which you have participated in Victoria since 2011:											
1.											
2.											
3.											

Unique Student Identifier

From 1 January 2015, Yarraville Community Centre can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition we are required to include your USI in the data we submit to NCVER. 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.

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. **To check if you already have a USI, use the; 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/i-have-forgotten-my-usi>.**

If you would like Yarraville Community Centre to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usi.gov.au/training-organisations/usi-support-materials/privacy-notice-students-when-applying-usi>

In accordance with Section 11 of the *Student Identifiers Act 2014*, Yarraville Community Centre will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicably after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any other law to retain it.

You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf. Yarraville Community Centre will also need to verify your identity to create your USI.

Enter your Unique Student Identifier (USI) (if you already have one)

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In providing my USI, I confirm Yarraville Community Centre is authorised to collect, use and disclose my student identifier for the purposes required under the *Student Identifiers Act 2014*.

I understand that I will receive a notice regarding Yarraville Community Centre's use of this information to confirm my USI.

I understand that Yarraville Community Centre's name included in the notice may be different to the name they are familiar with – the name of the organisation verifying my USI is Yarraville Community Centre.

I give permission for Yarraville Community Centre to (tick one or both):

- Use the 'Existing USI Search' tool on www.usi.gov.au to check that I have a USI and/or
- Make an application on my behalf to register to obtain a USI.

I agree to provide the following details:

Full Name: _____ Date of Birth: _____

Country of Birth: _____ City of Birth: _____

Home Address: _____

Email Address: _____

Driver Licence Number: _____ State Issued: _____

OR
 Medicare Number (plus number on card relating to student): _____

Medicare Card Expiry Date: _____ / _____

OR
 Passport Number: _____

OR
 Australian Birth Certificate Number: _____

Student Name: _____

Student Signature: _____ Date: _____

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

Yarraville Community Centre is required to provide the Department with student and training activity data. This includes personal information collected in the Yarraville Community Centre enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). Yarraville Community Centre 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 Yarraville Community Centre; 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. You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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) 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.

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 Yarraville Community Centre's Privacy Officer in the first instance by phone 03 9687 1560 or email info@ycc.net.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.

[STUDENT SIGNATURE] [DATE].....
 [PARENT/GUARDIAN SIGNATURE*] [DATE]

**Parental/guardian consent is required for all students under the age of 18.*

Privacy Notice & Applicant Declaration

Privacy Notice

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

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Yarraville Community Centre for statistical, administrative, regulatory and research purposes. Yarraville Community Centre may disclose your personal information for these purposes:

- 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.

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

- populating authenticated VET (Vocational Education and Training) transcripts;
- issuing a VET Statement of Attainment or VET Qualification;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- 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).

Yarraville Community Centre retains a record of personal information about all individuals with whom we undertake any form of business activity. Yarraville Community Centre must collect, hold, use and disclose information from our clients and stakeholders for a range of purposes.

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: _____

Date & Time of Signing: _____

**Parental/guardian consent is required for all students under the age of 18.*

Parent/Guardian Name: _____

Date & Time of Signing: _____

Marketing Use Content - I give Yarraville Community Centre permission to use photos in public material and social media (including any photos where I may be recognised) as may be useful.

I authorise images of my participation in training to be used by Yarraville Community Centre for future marketing and business purposes. I understand that I retain the right to withdraw my consent at any time.

I choose to opt-out of this marketing and usage consent.

SKILLS FIRST PROGRAM - EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

Section A - To be completed by an authorised delegate of the Training Provider

SECTION A - EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE

I confirm that in relation to _____
(Student's full name)

I have **SIGHTED** one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> Current Australian Passport |
| <input type="checkbox"/> Current New Zealand Passport | <input type="checkbox"/> Australian Citizenship certificate |
| <input type="checkbox"/> Current green Medicare Card | <input type="checkbox"/> an Australian citizenship by descent extract |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 – 2.20 of these Guidelines | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard. |
| <input type="checkbox"/> A Referral to Government Subsidised Training – Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> confirmation obtained from the Visa Entitlement Online System (VEVO) that the student holds a valid Bridging Visa Class E (BE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV). |

By **EITHER**:

- viewing an original; OR
- viewing a certified copy, OR
- verifying through the Document Verification Service (DVS) [*where it is possible to do so, and in accordance with Clause 2.2(b) (iii) of the Guidelines About Determining Student Eligibility and Supporting Evidence*]; OR
- viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.

AND I have **RETAINED** one of the following:

- a copy of the original or certified copy; OR
- the certified copy; OR
- evidence as set out in Clause 2.2(ii) of these Guidelines (where verified through DVS); OR
- a printed or electronic copy of a record from VEVO that confirms the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.

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 (or if the date of birth has not been verified through use of the DVS), I have also **SIGHTED** and **RETAINED** a copy of **ONE** of the following:

- | | |
|--|---|
| <input type="checkbox"/> current drivers license | <input type="checkbox"/> 'Keypass' card |
| <input type="checkbox"/> current learner permit | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Proof of Age card | |

Section B - To be completed by the student

SECTION B - EDUCATION HISTORY

Q1. What is the highest qualification (not including secondary or high school) that you have **COMPLETED**, or **EXPECT TO COMPLETE** at the time the training you are applying for is scheduled to start? *(include code and full title of qualification if possible, eg Certificate III in Aged Care. If you have not completed any qualification, write 'not applicable').*

Q2. How many other government funded courses have you enrolled in that **have started**, or will start in the **same calendar year** as the course/s you are applying for now. (DON'T include the course/s you are applying for now. DO include other course/s at this and other training providers you've enrolled in, but haven't started yet).

0 1 2 3 4+ (circle number)

Q3. **Not including** the course/s you are applying for now, how many other government funded course are you doing 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? *If you are applying for a course on the Foundation Skills List, tick 'not applicable'.*

0 1 2 3 4+ (circle number) Not applicable

STUDENT DECLARATION

I (print your full name): _____

In seeking to enrol in (write the code and full title of the qualification/s)

Declare the following to be true and accurate statements:

- I **AM** / **AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school. *(circle appropriate response).*
- I **AM** / **AM NOT** enrolled in the Commonwealth Government's *Skills for Education and Employment* program. *(circle appropriate response).*
- 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*.
- I acknowledge and understand that I may be contacted by the Department of Education and Training 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

SECTION C – TRAINING PROVIDER DECLARATION

Number of courses student is currently eligible for: 0 1 2

Eligibility exemption granted: YES NO

Based on:

- discussion with the student;
- the 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:
(write the code and full title of the qualification/s in which the student is seeking to enrol)

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.

I acknowledge that as the Training Provider's authorized delegate, I am responsible for ensuring that all parts of this form are complete. By signing this Declaration, I acknowledge that I have reviewed **Sections A and B** and have confirmed they have been completed in full.

Authorised Training Provider Delegate:

Name: _____

Position: _____

Signed: _____ Date: _____

Notes

Use this section to record additional detail, relevant eligibility information, including information used by the Training Provider to verify the student's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A.

VTG Funded Student Agreement Form 2020

Acknowledgment of receipt of information

I acknowledge that prior to commencement in my Skills First program at Yarraville Community Centre (YCC), I have gone through the Student Information Booklet and know where to access a copy.

I have been made aware of the information on the topics listed below:

- Student selection, enrolment and induction/orientation procedures
- Unique Student Identifier
- Qualification or accredited course information
- Marketing and advertising of course information
- Legislative requirements
- Statement of fees
- Refund policy
- Student support, welfare and guidance services
- Access and equity policy and procedure
- Flexible learning and assessment procedures
- Competency based assessment
- Student access to accurate records policy and procedures
- Confidentiality procedure
- Complaints and appeals procedures
- Recognition arrangements for RPL and credit transfer
- Recognition of AQF qualifications and statements of attainment issued by another RTO or Centre
- Qualification and accredited course guarantee

YCC will provide at no extra cost a formal Statement of Attainment on withdrawal, cancellation, or transfer, prior to completing the qualification, provided that you have paid in full for the tuition related to the units of competency shown on the Statement of Attainment.

We do not charge for resit or are re-assessment over the enrolment period.

Course Code: _____ **Course Name:** _____

Course Duration: _____ **Course Location:** _____

Delivery Mode: Mixed method and self- directed learning

I am aware that YCC will ensure that I will complete the training and assessment as agreed. If circumstances arise that affect my ability to complete this course (e.g. loss of a teacher and unable to obtain suitable replacement) then the Centre must arrange for training and assessment to be completed by another suitable training organisation. Prior to the transfer to another RTO, I will be formally notified of the arrangements and an agreement to those arrangements, including any refund or fees associated, will be obtained.

I acknowledge that I understand the Student Handbook is available for reference and I understand that I can access further information on some of these topics should I wish to do so.

Student Name: _____

Student Signature: _____

Date: _____

Calculation of Fees

Office Use Only:	2021	GST
Tuition Fee FFS	_____ hours X ____\$ _____ Cents Per Hour Total: \$_____	
Tuition Fee Government Funded	_____ hours X ____\$ _____ Cents Per Hour Total: \$_____	
Tuition Fee Government Funded Concession	_____ hours X ____\$ _____ Cents Per Hour Total: \$_____	
Amenity Fee	\$0.00	
Materials	\$0.00	
Other	\$0.00	
Sub Total (Amenity Materials & Other)	\$0.00	
Total Fees	\$	
Approx. Govt. Tuition Fee Contribution		

Student Name: _____

Signature: _____ Date: _____

Complete both top and bottom Fee Calculations and detach below the line and give to student.

Office Use Only:	2021	GST
Tuition Fee FFS	_____ hours X ____\$ _____ Cents Per Hour Total: \$_____	
Tuition Fee Government Funded	_____ hours X ____\$ _____ Cents Per Hour Total: \$_____	
Tuition Fee Government Funded Concession	_____ hours X ____\$ _____ Cents Per Hour Total: \$_____	
Amenity Fee	\$0.00	
Materials	\$0.00	
Other	\$0.00	
Sub Total (Amenity Materials & Other)	\$0.00	
Total Fees		
Approx. Govt. Tuition Fee Contribution		