



<b>Enter your contact information:</b>			
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	
<b>Enter contact information in case of emergency:</b>			
Emergency contact name	Relationship to you	Emergency contact number	

<b>Language and Cultural Diversity</b>		
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? (If more than one language, indicate the one that is spoken most often)		
<input type="checkbox"/> No – English only	<input type="checkbox"/> Yes – please specify:	
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander

<b>Disability</b>	
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 health condition	
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)

<b>Schooling</b>	
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

<b>Previous Qualifications Achieved</b>			
Have you SUCCESSFULLY completed any of the following qualifications listed below?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Yes (if yes, please enter <b>one</b> of these Prior Education Achievement Recognition Identifiers <b>any</b> 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	
	<b>A</b>	<b>E</b>	<b>I</b>
<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"/>

<b>Employment</b>	
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

<b>Occupation</b>	
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	

<b>Industry</b>	
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 Food 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	

<b>Study Reason</b>	
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	

<b>Commencing program cohort identifier</b>	
Would you describe yourself as belonging to any of the following cohorts? (You can select up to 3 cohorts)	
<input type="checkbox"/> AS – Asylum seeker	<input type="checkbox"/> RW – Retrenched worker
<input type="checkbox"/> FS – Learner facing financial stress	<input type="checkbox"/> RC - Reconnect program student
<input type="checkbox"/> HS – Head start apprentice/trainee	<input type="checkbox"/> VT - Veteran
<input type="checkbox"/> JV – Jobs Victoria Employment Network client	<input type="checkbox"/> WR – Woman returning to work
<input type="checkbox"/> LN – A learner with literacy, numeracy and digital literacy needs	<input type="checkbox"/> NNNNNN – No specific cohort
<input type="checkbox"/> RW - Wholesale Trade	

## 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 NCVET. 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)

--	--	--	--	--	--	--	--	--	--

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](http://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. As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. 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 <https://www.vic.gov.au/training-data-collection>.

### Use of your data

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO. The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate.

The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

### Disclosure of your data

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority. 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).

### How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market. The NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf. The NCVER does not intend to disclose your personal information to any overseas recipients. For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>.

### 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 NCVET 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 NCVET 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](mailto: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 <https://djsir.vic.gov.au/privacy>

For further information about Unique Student Identifiers, including access, correction and complaints, go to <https://www.usi.gov.au/about-us/privacy/privacy-and-your-usi>

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**

**VET Data Use Statement**

Under the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020 and National VET Data Policy (which includes the National VET Provider Collection Data Requirements Policy at Part B), Yarraville Community Centre are required to collect and submit data compliant with AVETMISS for the National VET Provider Collection for all Nationally Recognised Training. This data is held by the National Centre for Vocational Education Research Ltd (NCVER), and may be used and disclosed for purposes that include:

- populating authenticated VET transcripts
- administering VET, including program administration, regulation, monitoring and evaluation
- facilitating statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER is authorised by the National Vocational Education and Training Regulator Act 2011 (NVETRA Act) to disclose to the following bodies, personal information collected in accordance with the Data Provision Requirements or any equivalent requirements in a non-referring State (Victoria or Western Australia), for the purposes of that body:

- a VET regulator (the Australian Skills, Quality Authority, the Victorian Registration and Qualifications Authority or the Training Accreditation Council Western Australia)
- the Australian Government Department of Employment and Workplace Relations
- another Commonwealth authority
- a state or territory authority (other than a registered training organisation) that deals with or has responsibility for matters relating to VET.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

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 **DO NOT** authorise images of my participation in training to be used by Yarraville Community Centre for future marketing and business purposes.

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

### SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY

To be completed by an 'Authorised Delegate of the Training Provider – do not leave any section blank.

I confirm that for: \_\_\_\_\_  
(Student's full name)

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

- |  |  |
|--|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract)  | <input type="checkbox"/> New Zealand Citizenship Certificate   |
| <input type="checkbox"/> current Australian Passport                       | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.14 – 2.18 of the Guidelines About Eligibility |
| <input type="checkbox"/> current New Zealand Passport                      |  |
| <input type="checkbox"/> Australian Citizenship Certificate                | <input type="checkbox"/> evidence that student holds a permanent visa  |
| <input type="checkbox"/> current green Medicare card                       |  |
| <input type="checkbox"/> Australian Certificate of Registration by Descent | <input type="checkbox"/> confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program.                                 |
| <input type="checkbox"/> New Zealand Birth Certificate                     |  |

By either:

- viewing an original; OR
- viewing a certified copy; OR
- verifying via a gateway service provider [where it is possible to do so, and in accordance with Clause 2.5(c) of the Eligibility Guidelines]; OR
- viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device [in accordance with Clause 2.5(d) of the Eligibility Guidelines]; OR
- relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Eligibility Guidelines]; OR
- verifying through VEVO, and viewing supporting evidence, if required, [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility].

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 2.5(c) of the Guidelines About Eligibility [where verified via a gateway service provider]; OR
- declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility]; OR
- evidence as set out in Clause 2.5 (e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; OR
- declaration of sighting a document where a student has objected to their document being retained [as set out in clause 2.6 of the Guidelines About Eligibility].

## **SECTION B – STUDENT DECLARATION**

To be completed by the student – **don't leave any section blank unless you are asked to skip a question or go to the Declaration – Please ask your Training Provider for help if you don't understand a question.**

**Q1** Write the name of the course you're applying for

--

**Q2** Are you doing, or have you done any other Skills First training in 2026? Tick your response.

- No
- Yes – write the course name(s) below. Include training you haven't started yet.

--

**Q3** Are you enrolled in a school, including government, non-government, independent, Catholic or home school?

- No
- Yes

**Q4** Are you enrolled in the Commonwealth Government's Skills for Education and Employment program?

- No
- Yes

**Student declaration** – read and complete the declaration below.

- I understand that my enrolment may be subsidized by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may affect my eligibility for more Skills First training.
- I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.
- I declare the information in this form is true and accurate.

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

## SECTION C – TRAINING PROVIDER DECLARATION

**To be completed by the Training Provider – don't leave any sections blank.**

Program(s) the student is seeking to enroll in (include program code and name):

Based on:

- the evidence I have sighted and retained in Section A;
- the information provided to me by the student in Section B; and
- any additional information I acquired and recoded in the 'notes' section below;

I confirm that the student is eligible for Skills First funding for the program/s listed above because they:

- are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum seeker VET Program
- are not enrolled in a school (except if they are doing a School Based Apprenticeship or Traineeship);
- will not be:
  - commencing more than 2 Skills first AQF qualifications in the same year
  - commencing more than 2 Skills First Skills Sets in the same year
  - doing more than 2 Skills First Programs at the same time; and
- (if applicable) are enrolling in a Foundation Skills Program, and they;
  - do not currently hold a qualification at AQF level 5 (Diploma) or higher,
  - are not enrolled in the Commonwealth Government's Skills for Education and Employment (SEE) program.

### Authorised Training Provider Delegate:

By signing this declaration, I acknowledge that:

- I am responsible for ensuring that all parts of this form are complete
- I have reviewed Sections A and B and have conformed they have been completed in full.

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

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

Signature: \_\_\_\_\_

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

### NOTES

*Record additional details or eligibility information, including information you used to verify the student's eligibility that is not captured in Sections A or B.*

***If there are no notes, write N/A.***

# Skills First Funded Student Agreement Form 2026

## 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 including practical placements, where applicable
- 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
- Advised student of possibility of receiving NCVET surveys from the Department.
- Advised student of possibility of receiving an invitation to participate in a Department endorsed project.
- Advised student of possibility of receiving contact from the Department for audit purposes.

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 Title:** \_\_\_\_\_

**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:** \_\_\_\_\_

*This page has been deliberately left blank.*

**Calculation of Fees**

**Course Code and Name:** \_\_\_\_\_

<b>Office Use Only:</b>	
<b>Tuition Fee FFS</b>	_____ N/A _____ hours X \$ _____ Hour Total: \$ _____
<b>Approx. Govt. Tuition Fee Contribution</b>	_____ hours X \$ _____ Total contribution: \$ _____
<b>Tuition Fee student contribution (No concession card)</b>	_____ hours X <b>20 cents</b> per hour Total contribution: \$ _____
<b>Tuition Fee Student Contribution (Concession card)</b>	_____ hours X <b>0.04 cents</b> per hour Total contribution: \$ _____
<b>Amenity Fee</b>	<b>\$ 0.00</b>
<b>Materials</b>	\$ _____
<b>Other</b>	<b>\$ 0.00</b>
<b>Sub Total (Amenity Materials &amp; Other)</b>	\$ _____
<b>Total Fees</b>	\$ _____

**Student Name:** \_\_\_\_\_

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

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

-----

<b>Office Use Only:</b>	
<b>Tuition Fee FFS</b>	_____ N/A _____ hours X \$ _____ Hour Total: \$ _____
<b>Approx. Govt. Tuition Fee Contribution</b>	_____ hours X \$ _____ Total contribution: \$ _____
<b>Tuition Fee student contribution (No concession card)</b>	_____ hours X <b>20 cents</b> per hour Total contribution: \$ _____
<b>Tuition Fee Student Contribution (Concession card)</b>	_____ hours X <b>0.04 cents</b> per hour Total contribution: \$ _____
<b>Amenity Fee</b>	<b>\$ 0.00</b>
<b>Materials</b>	\$ _____
<b>Other</b>	<b>\$ 0.00</b>
<b>Sub Total (Amenity Materials &amp; Other)</b>	\$ _____
<b>Total Fees</b>	\$ _____