



FULL QUALIFICATION APPLICATION FOR ENROLMENT FORM – VIC

MADEC Australia
TOID : 3957
Ph: (03) 5023 7233
www.madec.edu.au
collegeadmin@madec.edu.au

ADMINISTRATIVE USE ONLY / SYSTEM ID

MADEC Student #

Training Contract #

Please use Black or Blue Pen and Print in BLOCK LETTERS and Mark X or tick Boxes where applicable

PROOF OF IDENTITY Required colour copy

Provide 1 from column A:

Provide 1 from column B:

☐ Driver's License / Proof of Age Card

☐ Australian Birth Certificate

☐ Australian/New Zealand Passport

☐ Current Student ID Card

☐ Medicare Card

☐ Citizenship Certificate / Approved Visa

A. COURSE DETAILS

Course Name :

Course Code : Course Location :

Course Start Date : Course End Date :

Delivery Method : ☐ Classroom ☐ Online ☐ External ☐ Traineeship

B. UNIQUE STUDENT IDENTIFIER

I give MADEC permission to access my USI Code (10 Characters) :

I have not applied but I give MADEC permission to create my USI using a copy of my ID documents : ☐ Yes ☐ No

C. PERSONAL DETAILS

Gender : ☐ Male ☐ Female ☐ Indeterminate/Intersex/Unspecified

Title : ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx

First Name : Middle Name/s :

Surname : Preferred Name :

Preferred Pronoun : Date of Birth :

Residential Address : Property Name :

Suburb / State : Postcode :

Postal Address : ☐ As above ☐ Different from above Preferred Contact: ☐ Phone ☐ Email ☐ Mail

Street / PO Box : Postcode / State :

Property Name : Phone :

Mobile : Secondary Mobile:

E-Mail : Secondary Email :

Would you describe yourself as belonging to any of the following cohorts?

<input type="checkbox"/> AS - Asylum Seeker	<input type="checkbox"/> FS - Learner facing financial stress
<input type="checkbox"/> HS - Head start apprentice/trainee	<input type="checkbox"/> JV - Jobs Victoria employment Network Client
<input type="checkbox"/> LN - A learner with literacy, numeracy, and literacy needs	<input type="checkbox"/> RW - Retrenched worker
<input type="checkbox"/> RC - Reconnect program student	<input type="checkbox"/> VT - Veteran
<input type="checkbox"/> WR - Woman returning to work	<input type="checkbox"/> NNNNNN - No specific cohort

D. EMERGENCY CONTACT If under 18 years of age this must be a parent/guardian

Full Name	:	<input type="text"/>	Relationship	:	<input type="text"/>
Email	:	<input type="text"/>	Phone	:	<input type="text"/>

E. EMPLOYMENT

Which BEST describes your current employment status? (Tick ONE box only)

<input type="checkbox"/> Full Time	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – Seeking full time work			
<input type="checkbox"/> Part Time	<input type="checkbox"/> Self Employed - Not employing others	<input type="checkbox"/> Unemployed – Seeking part time work			
<input type="checkbox"/> Casual	<input type="checkbox"/> Employed - Unpaid family worker	<input type="checkbox"/> Unemployed – Not Seeking Employment			
Employer Name	:	<input type="text"/>	Post Code	:	<input type="text"/>
Employer Address	:	<input type="text"/>			

Do you consider yourself to be :

<input type="checkbox"/> N/A	<input type="checkbox"/> Under-Employed, seeking full-time work	<input type="checkbox"/> Under-Employed, seeking part-time work
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Which of the following classification BEST describes the industry of your current employer? (Tick ONE box only)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Accommodation and Food Services	<input type="checkbox"/> Public Administration and Safety
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Arts and Recreational Services	<input type="checkbox"/> Transport, Postal and Warehousing
<input type="checkbox"/> Mining	<input type="checkbox"/> Electricity, Gas, Water and Waste Services	<input type="checkbox"/> Agriculture, Forestry and Fishing
<input type="checkbox"/> Construction	<input type="checkbox"/> Information Media and Telecommunications	<input type="checkbox"/> Education and Training
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Professional, Scientific and Technical Services	<input type="checkbox"/> Health Care and Social Assistance
<input type="checkbox"/> Other Services	<input type="checkbox"/> Administrative and Support Services	<input type="checkbox"/> Rental, Hiring and Real Estate Services
<input type="checkbox"/> N/A	<input type="checkbox"/> Financial and Insurance Services	

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)

<input type="checkbox"/> Managers	<input type="checkbox"/> Clerical and Administrative Workers	<input type="checkbox"/> Technicians and Trade Workers
<input type="checkbox"/> Labourers	<input type="checkbox"/> Machinery Operators and Drivers	<input type="checkbox"/> Sales Workers
<input type="checkbox"/> Professionals	<input type="checkbox"/> Community and Personal Service Workers	
<input type="checkbox"/> Other	<input type="checkbox"/> N/A	

F. RESIDENCY STATUS Tick ONE box only

<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> New Zealand Citizen living in Australia
Note: Please provide a COLOUR COPY of your VISA with this application (if applicable).		VISA Subclass : <input type="text"/>

G. LANGUAGE AND CULTURAL DIVERSITY

Country of Birth : Town of Birth :

Are you of Aboriginal and/or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal and Torres Strait Islander

Do you speak a language other than English at home?

☐ No - English only ☐ Yes, please specify other language/s :

How well do you speak English?

☐ Very Well ☐ Well ☐ Not Well ☐ Not At All

H. SCHOOLING

Do you have a Victorian Student Number (VSN)? ☐ NO I have never been issued a VSN

☐ YES but the VSN is unknown ☐ YES, please specify :

Highest completed school level: ☐ Year 12 ☐ Year 11 ☐ Year 10 ☐ Year 9 ☐ Year 8 ☐ Did not go to school

What year did you complete this level?

Are you attending secondary school? ☐ Yes ☐ No (Go to section I)

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?

☐ NO - I have not attended a Victorian School since 2009 or a TAFE or other VET training provider since the beginning of 2011

☐ YES - I have participated in training as at TAFE or other training organisation since the beginning of 2011

☐ YES - I have attended a Victorian School since 2009. Please specify the most recent Victorian School attended:

List the most recent training organisation with which you have participated in training in Victoria since 2011 (list up to 3):

1.

2.

3.

I. PREVIOUS QUALIFICATION ACHIEVED

Have you SUCCESSFULLY COMPLETED any of the following qualifications? ☐ No ☐ Yes

Please tick ALL that apply- Please also indicate if it is an Australian (A), Equivalent Australian (E) or International (I) qualification.

<input type="checkbox"/> Bachelor Degree or Higher	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Diploma or Associate Degree	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Certificate IV or Advanced Certificate/ Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Certificate III or Trade Certificate	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Certificate II	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Certificate I	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Certificate other than above: (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Qualification held :

J. DISABILITY, IMPAIRMENT OR LONG-TERM CONDITIONS

The definition of disability is broad and does not rely on a formal diagnosis of disability and includes disability in relation to physical, intellectual, psychiatric, sensory, neurological, learning disabilities and physical disfigurement [Source: Department of Education Disability Discrimination Act 1992 Fact Sheet 1 DDA]

Do you consider yourself to have disability, impairment or long term conditions? ☐ Yes ☐ No (Go to section K)

<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Vision
<input type="checkbox"/> Learning	<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Other, please specify : <input type="text"/>

If yes, in what way can we provide support?

K. STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this training?

<input type="checkbox"/> To get a job	<input type="checkbox"/> To get a better job/promotion	<input type="checkbox"/> To develop my existing business
<input type="checkbox"/> To start my own business	<input type="checkbox"/> It was a requirement of my job	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try a different career	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> For personal interest/self-development
<input type="checkbox"/> To get skills for voluntary/community work		

L. HOW DID YOU HEAR ABOUT US Tick ONE box only

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website	<input type="checkbox"/> Course Guide	<input type="checkbox"/> Radio	<input type="checkbox"/> Email
<input type="checkbox"/> Social Media	<input type="checkbox"/> Expos/Events	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Flyer	<input type="checkbox"/> Employer
<input type="checkbox"/> TV	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Industry Consultation	<input type="checkbox"/> Other, please specify:	

M. CENTERLINK AND JOBACTIVE PROVIDER DETAIL

Are you registered with Centrelink and in receipt of a concession?

☐ No ☐ Yes

If yes, please indicate which concession card you hold:

<input type="checkbox"/> Health Care Card issued by the Commonwealth
<input type="checkbox"/> Pensioner Concession Card or
<input type="checkbox"/> Veterans Gold Card
<input type="checkbox"/> Other, please specify : <input type="text"/>

ADMINISTRATION USE ONLY:

Centrelink Digital Wallet Copy Sighted

Concession Holder Name:

Date of Expiry:

Authorised Delegate Name:

Delegate Signature:

Date Sighted:

Are you a registered Job Seeker? ☐ No ☐ Yes

JSID No : Employment Service Provider :

Contact Name: Contact Phone :

N. COURSE FEE

All relevant Fee information, including payment Terms and Conditions, can be found at:
<https://madec.edu.au/education-training/fees-and-charges/>

Which of the following applies? (Tick ONE box only): ☐ Fee for Service ☐ VIC Skills first Program ☐ Traineeship

Payment of FEES will be received from Self/Participant :

☐ Yes ☐ No ☐ Other : Complete invoice details on page 5

Select Payment Method :

☐ Cash ☐ EFT ☐ Credit / Debit card ☐ Instalments (Direct debit) ☐ Invoice (Details below)

Invoice Details

Please indicate who the course will be billed to :

☐ Employer ☐ School ☐ Employment Services Provider

Invoice Contact : Phone : ABN :

Business Name : Business Address :

Business Email :

I, (Self/Employer/Agency representative) agree to pay the fees as specified for this qualification.

Name :

Date :

Signature :

O. EXCURSION HEALTH CONSENT

Section 1. General Information

Participants Full Name : Date of Birth :

Section 2. Health Report

Does the student have any medical conditions? (Tick boxes as applicable)

☐ Diabetes ☐ Heart Condition ☐ Migraine
☐ Asthma ☐ Travel Sickness ☐ Allergy (Please specify below)
☐ Seizures ☐ Blackouts ☐ Other medical condition (Please specify below)

Describe any allergies, special care or medication required:

Medicare Number : Ambulance Membership Number :

Do you have Private Health Cover? ☐ Yes ☐ No Fund Membership Number :

Fund Name :

Section 3. Student Excursion Consent:

- In case of emergency I authorise the MADEC staff member in charge to take any steps they may consider necessary to ensure my safety or well-being, including ambulance travel, medical treatment and hospitalisation. I further understand that I am responsible for any treatment costs.
- I acknowledge that during the excursion, acceptable standards of behaviour will be expected of me. I understand that in the event of serious misbehaviour during the excursion, I may be sent home. I further understand that in such circumstances any costs associated with my return home will be my responsibility, or where I have indicated that I am under the age of 18, my parent/legal guardian.
- The health information collected in the Excursion Health Report and Consent section is collected for the primary purpose of best managing your health or safety in the event of an emergency. Furthermore, this information will be used to eliminate or minimise, the risk of aggravating any pre-existing injury or illness that you are aware of and disclose. I acknowledge that if I choose not to complete all questions in the Excursion Health Report and Consent, it may not be possible for MADEC Staff supervising the excursion to provide the best possible response to any emergency or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness. Personal information may also be disclosed to emergency services personnel or medical personnel.

Student Signature :

Date :

I confirm that:

- I agree to abide by MADEC's Student Code of Conduct and all other MADEC policies and procedures.
- I agree to pay all fees and charges applicable to and arising from my enrolment.
- I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
- I am aware in cases where face to face delivery cannot occur, other means of training will be delivered
- I am aware that course refunds are governed by MADEC refunds policy available on their website www.madec.edu.au or on request at a MADEC Training site.
- I agree that in case of an accident or illness where I require medical treatment, staff will call an ambulance and I will be responsible for ambulance fees and medical costs involved.
- I acknowledge and agree to the terms described in this privacy statement.
- Where a student initiates a withdrawal by written notice at any time up until commencement, a full refund of fees will be provided less an administration fee of \$75.00. MADEC Withdrawal & Refund Policy is available at <http://www.madec.edu.au/education-training/student-information-resources/>
- Where a student withdraws after commencement, MADEC will retain all fees except unused materials fee.
- I give permission to MADEC to use photos taken of me as evidence of my assessment where required.
- I give permission to MADEC to use photos taken of me with my consent for marketing and promotional purposes in connection with my participation in any training program as MADEC deems appropriate and have the right to withdraw this consent at any time in writing prior to publication.
- I give MADEC permission to copy the evidence I have provided for eligibility to government subsidised training.
- All information provided is accurate, current and complete.
- MADEC Australia the perpetual right and authorisation to record, tape, film, photograph, digitise or otherwise preserve permanently my name, voice, image, personal statements and opinions and biographic and demographic information.
- I understand and agree that such preserved material may be used and re-used in whole or in part, at anytime and anywhere, in print, website, digital, audio, and /or video publications for the purpose of promotion, research and auditing in relation to my project/program/ course by MADEC Australia.

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

MADEC is required to provide the Department with student and training activity data. This includes personal information collected in the MADEC enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). MADEC 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 MADEC; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy

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 MADEC's Privacy Officer in the first instance by phone 1300 436 332 or email madec@madec.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>. For further information regarding how MADEC collects and handles student data following enrolment please see the MADEC Privacy Policy which is available at: <http://www.madec.edu.au/about/privacy-policy/>.

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

Student Signature :

Date :

Q. PARENT/LEGAL GUARDIAN DECLARATION If participant is under 18 years of age

I, (Full Name) hereby, ☐ DO grant ☐ DO NOT grant

for the minor described above to participate in the activities described in the Publicity Consent and Release section. I further acknowledge and agree that I have read and understood the terms outlined, and I further understand that this release shall be effective unless specifically revoked in writing.

As parent/guardian for the named student:

☐ DO ☐ DO NOT give permission for the named student to participate in the course/program/project outlined above

☐ DO ☐ DO NOT give permission for the named student to participate in all day excursions as deemed appropriate by MADEC.

☐ DO ☐ DO NOT give permission for the named student to be transported in a vehicle provided by MADEC.

Full Name : Signature :

Email : Contact number :

NOTE:

Once you have completed all required fields of the enrolment form, please print and sign.

You can scan and email to collegeadmin@madec.edu.au or alternatively you can drop the completed form in to the nearest MADEC office.

Applicant to complete all questions. This pre-training review forms part of our assessment of your suitability to the course application for enrolment. Please take time to complete the following and ensure the use of punctuation and grammar.

Write a paragraph on what you hope to gain from undertaking this qualification.

Write a paragraph on what interested you in pursuing this career pathway.

What are three personal qualities that are important for someone working in this industry?

1.

2.

3.

What do you believe are three physical requirements to work in this industry?

1.

2.

3.

What are three expectations an employer may have of you when working in this industry?

What is your understanding of the minimum requirements to work in this industry?

Some of our qualifications require work placement up to 280 hours - do you foresee any barriers to completing work placement?

☐ No

☐ Yes, please explain :

Are you able to commit to:

☐ Block placement and/or;

☐ regular weekly hours

Are you able to complete:

☐ Morning and / or;

☐ afternoon shifts

You may be required to get a Working with Children and/or National Clearance to complete; do you foresee any issues with this?

☐ No

☐ Yes, please explain :

MADEC adhere to the Victorian Governments Mandatory Immunisation Regulations. To participate in Practical Placement you may be required to provide evidence of your COVID-19 Vaccination in one of the following ways:

- ☐ Certificate of Immunisation (MyGov); or
- ☐ Immunisation history statement obtained from the Australian Immunisation Register; or
- ☐ Letter from a medical practitioner.

Do you foresee any issues with this?

☐ No

☐ Yes, please explain :

Please confirm if you have access to the following equipment:

- ☐ Working computer
- ☐ Printer
- ☐ Microsoft Office version 10 or above
- ☐ Reliable internet connection
- ☐ Scanner

Please rate your computer skills:

	No Experience	Beginner	Intermediate	Advanced
I can send and receive emails	<div></div>	<div></div>	<div></div>	<div></div>
I can attached documents including pictures and send them via email	<div></div>	<div></div>	<div></div>	<div></div>
I can research on the internet	<div></div>	<div></div>	<div></div>	<div></div>
I can open and save documents to a secure folder	<div></div>	<div></div>	<div></div>	<div></div>
I can scan and print	<div></div>	<div></div>	<div></div>	<div></div>
I can open, use and save word documents	<div></div>	<div></div>	<div></div>	<div></div>

What is your preferred learning style?

- ☐ Visual Learners prefer visual input, for example: images, charts and flow diagrams.
- ☐ Auditory Learners prefer auditory input and remember things best when they hear them.
- ☐ Kinaesthetic Learners prefer input that is physical and concrete. They require action and movement to learn things.

Do you consider yourself to have any personal barriers to learning e.g. legal, accommodation, finance, transport, health, family?

☐ No

☐ Yes, please explain below

Can MADEC assist with any support systems?

☐ No

☐ Yes, please explain below

RPL or Recognition of Prior Learning is a process for formally recognising and assessing prior learning and competencies that lead to nationally recognised credit or advanced standing.

For further information please contact your Trainer and Assessor, or MADEC Education and Training SA.

After reviewing the course, do you wish to make an application for RPL?

☐ **NO** ☐ **YES - I would like to make an application for RPL**

Credit Transfer is formal recognition of modules/units completed at another training organisation in Australia.

MADEC recognises only formal documentation such as qualification testamurs, Statements of Results and/or Statements of Attainment. All documents must either be originals or a certified copy of the original document, you will also be required to provide MADEC permission to verify your documentation with the issuing RTO. If you believe you are eligible for Credit Transfer please complete the Credit Transfer Application Form and attach to your enrolment application with evidence.

Do you wish to make an application for Credit Transfer?

☐ **NO** ☐ **YES - I would like to apply for Credit Transfer**

Declaration: I agree to actively take part in the LLN assessment to assist MADEC determining my suitability for the course and I declare this assessment will be my own work and I will not seek outside additional assistance to complete.

Student Signature :

Date :

D	D	M	M	Y	Y
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Trainer Assessment (Trainer/Assessor/LLN Specialist/Administration Officer to complete)

I, , have assessed the applicant Pre-training review and LLN Assessment.

Based on my assessment, I can confirm that the applicant is:

☐ Suitable

☐ Not Suitable to undertake the outlined program/project/course

Assessor Signature :

Date :

Trainer to complete Learning Support Plan:

SECTION 1 – Suitability Assessment

☐ YES - The applicant has been assessed as suitable for the course

☐ NO - (Reason) :

SECTION 2 - Literacy and Numeracy assessment

☐ YES - Reading levels meet minimum requirements

☐ NO - Reading levels do not meet minimum requirements

☐ YES - Numeracy levels meet minimum requirements

☐ NO - Numeracy levels do not meet minimum requirements

☐ YES - Oral communication levels meet minimum requirements

☐ NO - Oral communication levels do not meet minimum requirements

☐ YES - Writing levels meet minimum requirements

☐ NO - Writing levels do not meet minimum requirements

☐ YES - Learning levels meet minimum requirements

☐ NO - Learning levels do not meet minimum requirements

SECTION 3 - Result

Participant assessed as requiring bridging Units :

☐ YES

☐ NO

Participant assessed as requiring Foundation Skills course :

☐ YES

☐ NO

☐ Attach evidence of LLN

Reasonable Adjustment - Is reasonable adjustment required? ☐ YES ☐ NO

If yes selected, please describe reasonable adjustment provided (which has been approved by the National Training Manager).

Learning Support Plan - Foundation Skills bridging units/vocational bridging units are detailed below. (if required)

The following information has been clarified with student:

☐ Student is aware of a minimum of 100hrs – 280 hrs of work placement depending on their qualification

☐ Student is aware of compulsory training delivery at MADEC site

☐ Student has necessary skills for email, word processing and internet research

☐ Student has computer, internet access and word processing software

☐ Student has confirmed they can continue their enrolment application based on the understanding of the points above

☐ Student has advised they are unsure of skills/ course commitment after discussing the points above.

Concerns raised / Advice / Information given to student:

Signed by LLN Representative :

☐ Attach evidence of LLN

ELIGIBILITY ASSESSMENT (FOR SKILLS FIRST PROGRAM) VICTORIA ONLY

1. Do you meet the Citizenship/Residency requirements? Are you the following?

☐ Australian Citizen

☐ Asylum Seeker VET program

☐ A holder of a permanent Visa

☐ A New Zealand citizen

☐ None of the above (You are not eligible)

2. Are you a current school student (excluding school based apprentices and trainees) enrolled in any Government, Non-government, independent Catholic or home school?

☐ Yes – Please provide evidence required at Section A

☐ No – Continue to Question 3

3. Not including this course, how many courses are you currently undertaking or scheduled to commence in 2024?

Number of courses :

☐ Yes (Less than 2 courses) - Continue to Question 4.

☐ No (More than 2 courses) – You are not eligible for the Skills First Funding.

4. Are you enrolling into a foundation course?

☐ Yes – You can access a Government subsidised place if you do not hold a Diploma or above.

☐ No – Continue to Question 5.

5. Have you successfully completed any of the following qualifications?

☐ Yes – Please tick any applicable boxes below, Qualification Title :

☐ No – Continue to signature.

☐ Bachelor Degree or Higher Degree

☐ Certificate III (or Trade certificate)

☐ Advanced Diploma or Associate Degree

☐ Certificate II

☐ Diploma or Associate Diploma

☐ Certificate I

☐ Certificate IV (or Adv. Certificate/Technician)

☐ Overseas Qualifications (must have AQF equiv.)

6. If yes to Questions 6, did you receive your qualification as part of a VET in Schools Program?

☐ Yes – You can access a Government subsidised place.

☐ No – Continue to Question 8.

Student Signature :

Date :

D	D	M	M	Y	Y
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Delegated Officer Signature :

Date :

SKILLS FIRST PROGRAM EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION FORM - VICTORIA ONLY

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 I have verified through use of a document verification service (where possible to do so) or by viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device, or by relying on evidence sighted and retained as part of a previous enrolment, one of the following:

☐ an Australian Birth Certificate (not Birth Extract)

☐ a New Zealand Birth Certificate or New Zealand citizenship

☐ a current Australian Passport

☐ a current New Zealand Passport

☐ a current green Medicare Card

☐ an Australian Certificate of Registration by Descent

☐ formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard

☐ a proxy declaration for individuals in exceptional circumstances as per Clauses 2.13 - 2.17 of these Guidelines

Or if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 17 of schedule 1 of the VET Funding Contract, I have sighted:

☐ 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, Safe Haven Enterprise Visa ,or Temporary Protection Visa Bridging visa class F, Humanitarian Stay (temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa stay as verified via the Commonwealth's Visa Entitlement Verification Online (VEVO).

and I have:

☐ retained a copy of the original or certified copy, or

☐ retained the certified copy, or

☐ retained secure login access to the administrative function of a document verification service whereby a record can be viewed or extracted that confirms that the individual's name and date of birth were verified to match a valid document number;

☐ viewed a digital green Medicare card on a Digital Wallet app on the card holder's mobile device by relying on evidence sighted and retained as part of a previous enrolment

☐ A printed or electronic copy of a record from VEVO that confirms a student holds a current valid Bridging Visa Class E, Safe Haven Enterprise Visa ,or Temporary Protection Visa Bridging visa class F, Humanitarian Stay (temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa stay as verified

If the student will be under 17 years of age at the time their training commences, evidence the student has been granted an exemption from school attendance evidence must be sighted and retained as follows:
has completed year 10

☐ a copy of the signed and completed endorsement page from the 'Exemption From School Application Form';

Or

☐ correspondence or a certificate signed by the School Principal or a Department Regional Director.

has not completed year 10

☐ correspondence or a certificate signed by the Department Regional Director.

is not currently, or has never been, enrolled in a Victorian School (for example, students enrolled in home schooling, or students who have moved to Victoria from interstate or overseas)

☐ correspondence or a certificate signed by the Department Regional Director.

In all cases the evidence provided must: Identify the Training Provider (MADEC) and the training to be undertaken; **OR** identifies the relevant employer if the student is to undertake an Apprenticeship / Traineeship.'

NB: The Training Provider must retain a copy of all documentation used in Section A, as per the 2022 Guidelines 'About Eligibility – Skills First Program'

SKILLS FIRST PROGRAM EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION FORM - VICTORIA ONLY

Section B1 - To be completed by the student

A **'skill set'** means a course with the title 'Course in...' or a single subject, or small group of subjects (for example 'Course in Family Violence', 'Infection control Skill Set (Retail)').

A **'qualification'** means a course that has 'Certificate' or 'Diploma' in the title (for example, 'Certificate III in Business', 'Diploma of Nursing').

Education History (Enrolment in a Qualification)

(Include course code and full title of qualification, e.g. CHC33013 Certificate III in Aged Care)

Q1. How many other **Skills First funded** qualifications have you enrolled in that have started, or will start in the **same calendar year** as the qualification/s you are applying for now? (Do not include the qualification/s you are applying for now.

Do include other qualification/s at this and other training providers you have enrolled in, but have not started yet).

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4+ (Please select number)

Q2. Not including the qualification/s you are applying for now, how many other **Skills First funded** skill sets and/or qualifications are you doing at the moment?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4+ (Please select number)

**DO NOT LEAVE ANY SECTION BLANK UNLESS YOU ARE ASKED TO SKIP A QUESTION OR GO TO THE DECLARATION.
PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DO NOT UNDERSTAND A QUESTION.**

Education History (Enrolment in a Skill Set)

Q1. How many other **Skills First funded** skill sets have you enrolled in that have started, or will start in the **same calendar year** as the skill set you are applying for now?

(Do not include the skill set you are applying for now. Do include other skill sets at this and other training providers you have enrolled in, but have not started yet).

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4+ (Please select number)

Q2. Not including the skill set/s you are applying for now, how many other **Skills First funded** skill sets and/or qualifications are you doing at the moment?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4+ (Please select number)

Q3. Please tick any of these boxes if you are doing, or will start, one of the skill sets on this list:

☐ Infection Control Skill Set ☐ Construction Industry Skill Set ☐ Course in identifying and responding to family violence risk

Q4. Do you have a qualification at a Diploma level or higher? ☐ Yes ☐ No

Section B2 - To be completed by the student

Student Declaration

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

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

declare the following to be true and accurate statements :

a. ☐ I AM or ☐ AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school.
(select appropriate response)

b. ☐ I AM or ☐ AM NOT enrolled in the Commonwealth Government's Skills for Education and Employment program.
(select 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 of Education and Training or an agent to participate in a survey, interview or other questionnaire.

Student Signature :

Date :

SKILLS FIRST PROGRAM 2024

EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION FORM- VICTORIA ONLY

Section C – training provider declaration

To be completed by the training provider – do not leave any sections blank Program(s) the student is seeking to enrol in (include program code and name):

Based on :

- the evidence I have sighted and retained in Section A;
- the information the student has provided, including in Section B; and
- any additional information I acquired and recorded in the 'notes' section below;

I confirm 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 declaration

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 confirmed 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