A blue background with white text

Description automatically generated

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|  | **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** | | |

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|  | **PROOF OF IDENTITY** (Required current colour copy) | | |
| **Provide 1 from Column A:** | | **Provide 2 from Column B:** |  |
| **Driver’s Licence/ Proof of Age Card** | | **Australian Birth Certificate** | **Australian/New Zealand Passport** |
| **Current Student ID Card** | | **Medicare Card** | **Citizenship Certificate/Approved Visa** |

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|  | **A. COURSE DETAILS** | | | | | | |
| **Course Name:** | |  | | | | | |
| **Course Code:** | |  | | | **Course Location:** | |  |
| **Course Start Date:** | |  | | | **Course End Date:** | |  |
| **Delivery Method:** | | **Classroom** | **Online** | **External** | | **Traineeship** | |

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|  | **B. UNIQUE STUDENT IDENTIFIER** | | |
| **USI CODE:** | |  | |
| **I have not applied but I give MADEC permission to create my USI using a copy of my ID documents:** | | | **Yes**  **No** |

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|  | **C. PERSONAL DETAILS** | | | | | |
| **Title:** | | **Mr** | **Mrs** | **Ms** | **Miss** | **Mx** |
| **Gender:** | | **Male** | **Female** | **Indeterminate/Intersex/Unspecified** | | |
| **First Name:** | |  | | **Middle Name/s:** |  | |
| **Surname:** | |  | | **Preferred Name:** |  | |
| **Preferred Pronoun:** | |  | | **Date of Birth:** | /   / | |
| **Preferred Contact:** | | **Phone** | **Email** | **Mail** | | |
| **Mobile:** | |  | | **Secondary Mobile:** |  | |
| **E-mail:** | |  | | | | |
| **Secondary E-mail:** | |  | | | | |
| **Phone:** | |  | | **Property Name:** |  | |
| **Residential Address:** | |  | | | | |
| **Suburb/State:** | |  | | **Postcode:** |  | |
| **Postal Address:** | | **As above  Different from above** | | | | |
| **Street/Po Box:** | |  | | | | |
| **Suburb/Post Code:** | |  | | **Property Name:** |  | |

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| **Would you describe yourself as belonging to any of the following cohorts?** | |
| **AS - Asylum Seeker** | **FS - Learner facing financial stress** |
| **HS - Head start apprentice/trainee** | **JV - Jobs Victoria employment Network Client** |
| **LN - A learner with literacy, numeracy, and literacy needs** | **RW - Retrenched worker** |
| **RC - Reconnect program student** | **VT - Veteran** |
| **WR - Woman returning to work** | **N - No specific cohort** |

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|  | **D. EMERGENCY CONTACT (**If under 18 years of age, this must be a parent/guardian) | | | | |
| **Full Name:** | |  | **Relationship:** |  |
| **Email:** | |  | **Mobile:** |  |

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|  | **E. EMPLOYMENT** | | | | | |
| **Which BEST describes your current employment status?** (Tick **ONE** box only) | | | | | | |
| **Full Time** | | | **Employer** | | **Unemployed – Seeking full time work** | |
| **Part Time** | | | **Self Employed - Not employing others** | | **Unemployed – Seeking part time work** | |
| **Casual** | | | **Employed - Unpaid family worker** | | **Unemployed – Not Seeking Employment** | |
| **Employer Name:** | |  | | **Postcode:** | |  |
| **Employer Address:** | |  | | | | |
| **Do you consider yourself to be:** | | | | | | |
| **N/A** | | | **Under-Employed, seeking full-time work** | | **Under-Employed, seeking part-time work** | |
| **Which of the following classification BEST describes the industry of your current employer? (Tick ONE box only)** | | | | | | |
| **Retail Trade** | | | **Accommodation and Food Services** | | **Public Administration and Safety** | |
| **Manufacturing** | | | **Arts and Recreational Services** | | **Transport, Postal and Warehousing** | |
| **Mining** | | | **Electricity, Gas, Water and Waste Services** | | **Agriculture, Forestry and Fishing** | |
| **Construction** | | | **Information Media and Telecommunications** | | **Education and Training** | |
| **Wholesale Trade** | | | **Professional, Scientific and Technical Services** | | **Health Care and Social Assistance** | |
| **Other Services** | | | **Administrative and Support Services** | | **Rental, Hiring and Real Estate Services** | |
| **N/A** | | | **Financial and Insurance Services** | |  | |
| **Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)** | | | | | | |
| **Managers** | | | **Clerical and Administrative Workers** | | **Technicians and Trade Workers** | |
| **Labourers** | | | **Machinery Operators and Drivers** | | **Sales Workers** | |
| **Professionals** | | | **Community and Personal Service Workers** | | **Other / Not Applicable** | |

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|  | **F. RESIDENCY STATUS** | | | |
| **Australian Citizen** | | **Permanent Resident** | **New Zealand Citizen living in Australia** | |
| **VISA** (provide colour copy of Passport and VISA with this application) **VISA Subclass:** | | | |  |

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|  | **G. LANGUAGE AND CUTURAL DIVERSITY** | | | |
| **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** |

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|  | **H. SCHOOLING** | | | | | | | | |
| **Do you have a Victorian Student Number (VSN)?** | | | | | | | | | |
| **YES, but the VSN is unknown** | | | | | **YES, please specify:** | | | | |
| **NO, I have never been issued a VSN** | | | | | | | | | |
| **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?** | | | | | |  | | **Name of school:** |  |
| **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.** | |  | | | | | | | |

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|  | **I. PREVIOUS QUALIFICATION ACHIEVED** | | | | |
| **Have you successfully achieved any higher-level qualification?** | | | **No** | **Yes** | |
| Please tick ALL that apply  Please also indicate if it is an Australian (A), Equivalent Australian (E) or International (I) qualification. | | | | | |
| **Bachelor Degree or Higher** | | | **A** | **B** | **C** |
| **Advanced Diploma or Associate Degree** | | | **A** | **B** | **C** |
| **Diploma or Associate Degree** | | | **A** | **B** | **C** |
| **Certificate IV or Advanced Certificate/ Technician** | | | **A** | **B** | **C** |
| **Certificate III or Trade Certificate** | | | **A** | **B** | **C** |
| **Certificate II** | | | **A** | **B** | **C** |
| **Certificate I** | | | **A** | **B** | **C** |
| **Certificate other than above: (please specify)** | | | **A** | **B** | **C** |
| **Name of Qualification held:** | |  | | | |

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|  | **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) |
| **Physical** | | **Intellectual** | **Vision** | | |
| **Learning** | | **Hearing/Deaf** | **Mental Illness** | | |
| **Medical Condition** | | **Acquired Brain Injury** | **Other, please specify:** |  | |
| **If yes, in what way can we provide support?** | | | | | |
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|  | **K. STUDY REASON (**Tick **ONE** box only) | | |
| **Of the following categories, which BEST describes your main reason for undertaking this training?** | | | |
| **To get a job** | | **To get a better job/promotion** | **To develop my existing business** |
| **To start my own business** | | **It was a requirement of my job** | **To get into another course of study** |
| **To try a different career** | | **I wanted extra skills for my job** | **For personal interest/self-development** |
| **To get skills for voluntary/community work** | | |  |

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|  | **L. HOW DID YOU HEAR ABOUT US** (Tick **ONE** box only) | | | | |
| **Of the following categories, which BEST describes your main reason for undertaking this training?** | | | | | |
| **Newspaper** | | **TV** | **Course Guide** | **Radio** | **Email** |
| **Social Media** | | **Website** | **Existing Customer** | **Flyer** | **Employer** |
| **Expos/Events** | | **Word of Mouth** | **Industry Consultation** |  | |
| **Other, please specify:** | |  | | | |

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|  | **M. CENTRELINK AND JOB SERVICE PROVIDER DETAIL** | | | | | | | | | | | | | | | | | |
| **Are you registered with Centrelink and in receipt of a concession?** | | | | | | | | | | | | | **ADMINISTRATION USE ONLY:**  Centrelink Digital Wallet Copy Sighted | | | | | |
| **No** | | **Yes** | | |  | | | |  | | | | Concession Holder Name: | | | | | |
| **If yes, please indicate which concession card you hold:** | | | | | | | | | | |  | | Date of Expiry: | | | | | |
| **Veterans Gold Card** | | | | | | | | | |  | | | Authorised Delegate Name: | | | | | |
| **Health Care Card issued by the Commonwealth or** | | | | | | | | | |  | | | Delegate Signature: | | | | | |
| **Pensioner Concession Card** | | | | | | | | | |  | | | Date Sighted: | | | | | |
| **Other, please specify:** | | | |  | | | | | |
| **Are you a registered Job Seeker?** | | | | | | | **No** | **Yes** | | | | | | |  | |  | |
| **Employment Service Provider:** | | | | | |  | | | | | | | | **JSID No:** | |  | |
| **Contact Name:** | | |  | | | | | | | | | **Contact Phone:** | | | | |  | |

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|  | **N. COURSE FEE** |

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| 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 below** | | | | | | |
| **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 Job Services Provider** | | | | | | | | | |  | |
| **Invoice Contact:** | |  | | | | | **Phone:** | | |  | | | | |
| **Business Name:** | |  | | | | | **ABN:** | | |  | | | | |
| **Business Email:** | |  | | | | | **Business Address:** | | |  | | | | |

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| **I, (Self/Employer/Agency representative) agree to pay the fees as specified for this qualification.** | | |
| **Name:**  **Signature:** |  | **Date:**   /   / |

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|  | **O. EXCURSION HEALTH CONSENT** | | | | | | | | | | | |
| **Section 1. General Information** | | | | | | | | | | | | |
| Participant’s 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: | |  | | | | | | | | | | |
| **IMPORTANT: Students must report any change that may affect the validity of currency of the above information as soon as possible.** | | | | | | | | | | | | |

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| **Section 3. Student Excursion Consent:** | | |
| * In case of an 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, or where I have indicated that I am under the age of 18, that of my parent/legal guardian. * 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, that of my parent/legal guardian * I understand that the health information collected in the Excursion Health Report and Consent section is collected for the primary purpose of best managing my 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 I am 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 an emergency or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness. * I understand that my personal information may also be disclosed to emergency services or medical personnel in the event of an emergency. | | |
| **Student Signature:** |  | **Date:**   /   / |

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|  | **P. DECLARATION** | | |
| **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 $75.00MADEC Withdrawal & Refund Policy is available at http://www.madec.edu.au/education-training/studentinformation-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.  **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](mailto: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:**   /   / |

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|  | **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:** | |  |

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| **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**](mailto:collegeadmin@madec.edu.au) **or alternatively you can drop the completed form in to the nearest MADEC office.** |

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|  | **R. PRE-TRAINING REVIEW** (Compulsory for all Full Qualification applicants­) | | | |
| **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?** | | | **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?** | | | | |
| **1.** | |  | | |
| **2.** | |  | | |
| **3.** | |  | | |

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| **What is your understanding of the minimum requirements to work in this industry?** | | | | | |
|  | | | | | |
| **As part of studying your qualification you may be required to complete work placement.**  **Do you foresee any barriers to completing work placement?** | | | | | |
|  | | | | | |
| **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 |  |

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| **Please rate your computer skills:** | **No Experience** | **Beginner** | **Intermediate** | **Advanced** |
| I can send and receive emails |  |  |  |  |
| I can attach documents including pictures and send them via email |  |  |  |  |
| I can research on the internet |  |  |  |  |
| I can open and save documents to a secure folder |  |  |  |  |
| I can scan and print |  |  |  |  |
| I can open, use and save word documents |  |  |  |  |

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| **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** | |

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| **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:**   /   / |

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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** | |

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|  | **ELIGIBILITY ASSESSMENT** (FOR SKILLS FIRST PROGRAM)  V I C T O R I A O N L Y | | | | | | |
| **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?** | | | | | | | |
| No – Continue to signature | | | | | | | |
| Yes – Please tick any applicable boxes below, Qualification Title: | | | | | | |  |
| 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:**   /   / |

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| **Delegated Officer Signature:** |  | **Date:** |  |

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|  | **SKILLS FIRST PROGRAM**  **EVIDENCE OF STUDENT ELIGIBILITY AND**  **STUDENT DECLARATION FORM –** V I C T O R I A O N L Y | | | | |
| ***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 | |  | | | |
| **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:** | | | | | |
| 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’ | | | | | |

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|  | **SKILLS FIRST PROGRAM**  **EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION FORM –**  V I C T O R I A O N L Y |
| ***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)*** | |

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| **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: | | | | | | | | |
| Construction Industry Skill Set | | | Infection Control 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 | |

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| ***Section B1 -*** *To be completed by the student* |

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| 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** | I AM NOT | | enrolled in a school, including government, non-government, independent, Catholic or home school. *(Select appropriate response)* | | |
| **b.** | | I AM | **OR** | I 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:**   /   / | |

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|  | **SKILLS FIRST PROGRAM**  **EVIDENCE OF STUDENT ELIGIBILITY AND**  **STUDENT DECLARATION FORM –** V I C T O R I A O N L Y |
| ***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. * have reviewed Sections A and B and have confirmed they have been completed in full. | |

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| --- | --- |
| **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