



# ITS Academy

TOID-21961

*Knowledge... Confidence... Power... Results°...*

## DOMESTIC STUDENT ENROLMENT FORM

International Training Salon Pty Ltd Trading as I.T.S Hairdressing Academy  
ABN:31 112 604 841 ACN:112 604 841 TOID: 21961

## Important Information

Complete all parts of the application form:

1. Submit your application:

- In person, by making an appointment with Admission Officer on 03 9738 0836; or
- e-mail to [info@itsacademy.vic.edu.au](mailto:info@itsacademy.vic.edu.au); or
- Post to:  
**The Admission Team**  
32-34 Station Street  
BAYSWATER VIC 3153 AUSTRALIA

2. Include with your application certified copies (or bring originals to enrolment interview) of either:

- Australian birth certificate; or
- Australian passport; or
- Green Medicare Card
- Naturalisation certificate; or
- Visa showing residency; or
- New Zealand passport

3. If the document provided at no2 doesn't show your age, provide a copy of either:

- Current drivers licence; or
- Current learner permit; or
- Proof of Age card; or
- 'Keypass' card

If relevant to you, include the following information with your application:

4. Concession eligibility. If you have either a

- Commonwealth Health Care Card (or are a dependent of a person holding this card); or
- Pensioner Concession Card (or are a dependent of a person holding this card); or
- Veteran's Gold Card

5. Job Seeker Referral.

If you have:

- A Job Seeker Referral Form from an Employment Services Provider

6. If you wish to apply for Course Credit, please include information about your previous studies:

- A statement of attainment; or
- A qualification

7. If you are applying with the following special referrals, please note:

- Asylum Seekers—referral from the Asylum Seekers Resource Centre
- Victims of human trafficking—referral from the Australian Red Cross
- Workers in Transition Program—eligibility letter from The Department of Education and Training

After ITS receives your application form and supporting document, the following steps take place:

1. You will be contacted for an enrolment interview to:

- Show you the training facilities
- Check your Language, Literacy and Numeracy (LLN) skills to determine whether you may need learning support
- Calculate your Course Fees based on your eligibility and concession entitlements
- Make a support plan with you in the case of disability or impairment
- Give you either an Individual or Group Training Plan, detailing information about the training and assessment services.

2. Attend the Induction and Orientation program at a later date.

3. Commence your course on the specified date.

PLEASE FORWARD THE COMPLETED APPLICATION AND RELEVANT DOCUMENTS TO:

**Admission Team:** [info@itsacademy.vic.edu.au](mailto:info@itsacademy.vic.edu.au)

### ITS ACADEMY

32-34 Station Street, BAYSWATER VIC 3153 AUSTRALIA

Tel (+61 3) 9738 0836

Web [www.itsacademy.vic.edu.au](http://www.itsacademy.vic.edu.au)

RTO Provider No: 21961 | ACN: 112 604 841 | ABN 31 112 604 841 |

# Enrolment Form

## WHICH QUALIFICATION DO YOU WISH TO ENROL INTO? (PLEASE TICK):

Hairdressing	Individual Support
<input type="checkbox"/> SHB20216 Certificate II in Salon Assistant	<input type="checkbox"/> SHB30416 Certificate III in Hairdressing
<input type="checkbox"/> SHB20116 Certificate II in Retail Cosmetics	<input type="checkbox"/> SHB40216 Certificate IV in Hairdressing
<input type="checkbox"/> SHB30215 Certificate III in Make-Up	<input type="checkbox"/> SHB40115 Certificate IV in Beauty Therapy
<input type="checkbox"/> CHC43015 - Certificate IV in Ageing Support	

## PERSONAL, CONTACT and HOME ADDRESS DETAILS

MR <input type="checkbox"/>	MRS <input type="checkbox"/>	OTHER <input type="checkbox"/>
GIVEN NAME:	MIDDLE NAME:	SURNAME:
DATE OF BIRTH: ____/____/____	NATIONALITY:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> INDETERMINATE/INTERSEX/UNSPECIFIED
EMAIL:	HOME PHONE:	MOBILE:
UNIT NUMBER:	STREET NUMBER:	STREET NAME:
SUBURB:	STATE:	POSTCODE:
POSTAL ADDRESS (if different)		

## NEXT OF KIN/EMERGENCY CONTACT

NAME:	RELATIONSHIP:	PHONE:
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## AUSTRALIAN RESIDENCY STATUS

COUNTRY OF BIRTH:	CITY OF BIRTH:	<input type="checkbox"/> AUSTRALIAN CITIZEN
IF ON VISA/TEMP PERMIT PROVIDE CODE / DESCRIPTION:		<input type="checkbox"/> AUSTRALIAN RESIDENT
		<input type="checkbox"/> VISA/TEMP PERMIT

## IDENTIFICATION PROVIDED

<input type="checkbox"/> AUSTRALIAN PASSPORT <input type="checkbox"/> PASSPORT OF OTHER ORIGIN ( ..... ) <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> MEDICARE CARD <input type="checkbox"/> CONCESSION CARD	OTHER, PLEASE SPECIFY .....  Your Identification will be maintained under lock and key, and treated with the necessary Privacy and Confidentiality Regulations.
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## ATSI STATUS

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No  Yes, Aboriginal  Yes, Torres Strait Islander

## CONTACT METHOD PLEASE TICK ONE ONLY

EMAIL       PHONE       SMS

**DISABILITY**

DO YOU HAVE A DISABILITY OR IMPAIRMENT? (including short and long term)

 YES  NO (GO TO NEXT QUESTION)

If Yes, please indicate the areas of disability, impairment: (Indicate as many as necessary)

<input type="checkbox"/> Vision <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical Condition	<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Mental Illness <input type="checkbox"/> Learning	<input type="checkbox"/> Physical <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other
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Please Indicate Any Special Needs/Assistance You May Require Due to Your Disability/Impairment. (if more space is required please attach a separate signed and dated page)

.....

.....

**CONCESSION ELIGIBILITY**

 ARE YOU CURRENTLY ENTITLED TO A COMMONWELATH GOVERNMENT CONCESSION? (Please Tick)  YES  NO

 If Yes, select appropriate category below and attach copy of your card: *Copy attached*  Yes  No

 Health Care Card (H)  Pensioner Concession Card (P)  Veteran Gold Card (V)  Other  
 Department approved waiver:

Concession Card Number: ..... Expiry Date: .....

**LANGUAGE**

DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH AT HOME? (Please Tick)

 NO  
 If YES, what is the main language spoken at home: .....

 HOW WELL DO YOU SPEAK ENGLISH?  Very Well  Well  Not Well  Not at All

**EMPLOYMENT STATUS**

Which of following categories best describes your current employment status? (TICK ONE BOX ONLY)

<input type="checkbox"/> Full Time Employee  <input type="checkbox"/> Part Time Employee  <input type="checkbox"/> Self Employed - Not employing others  <input type="checkbox"/> Self Employed –Employing others  <input type="checkbox"/> Other.....	<input type="checkbox"/> Employed- Unpaid worker in family Business  <input type="checkbox"/> Unemployed-Seeking full time work  <input type="checkbox"/> Unemployed - Seeking part time work  <input type="checkbox"/> Not employed- Not seeking employment
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If employed, please provide the Title and Industry your employed within: .....  
 (Example: Carer, In the Disability sector OR Shop assistant, at Coles.)

**OCCUPATION IDENTIFIER (VIC): (TICK ONE BOX ONLY)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Manager                                | <input type="checkbox"/> Technicians and Trades Workers      | <input type="checkbox"/> Labourers     |
| <input type="checkbox"/> Community and Personal Service Workers | <input type="checkbox"/> Clerical and Administrative Workers | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Machinery Operators and Drivers        | <input type="checkbox"/> Professionals                       | <input type="checkbox"/> Other         |

**INDUSTRY OF EMPLOYMENT (VIC): (TICK ONE BOX ONLY)**

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

**VICTORIAN STUDENT NUMBER (VSN)**

If you are aged 24 or below at time of enrolment, please provide your Victorian Student Number:

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Are you new to the Victorian Education system or do not have your Victorian Student Number?

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 attended a Victorian school since 2009. Most recent Victorian school attended was .....And/or

Yes, I have participated in training at a TAFE or other training organisation since the beginning of 2011

List the most recent training organisations with which you have participated in training in Victoria since 2011 (List up to three (3) training organisations)

**UNIQUE STUDENT IDENTIFIER (USI)**

From 1 January 2015, ITS can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). 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.).

**Do you have a USI?**

- Yes, Please specify       Yes, but I don't know it       No/Not sure

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**USI application through ITS (if you do not already have one)**

If you would like ITS 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/documents/privacy-notice-when-rto-applies-their-behalf>>. 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.

I [NAME] ..... authorise ITS to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf. I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>, and NCVER policies, procedures and protocols published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)

We will also need to verify your identity, to create your USI using one of the forms of identity below (*your name on your id must match your name on your Enrolment Form*). Unless required for proof of eligibility, the copy of your id will be destroyed once your USI has been created. Please tick the ID provided:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Australian Drivers Licence | <input type="checkbox"/> Medicare Card           | <input type="checkbox"/> Australian Birth Certificate        |
| <input type="checkbox"/> Australian Passport        | <input type="checkbox"/> Non-Australian Passport | <input type="checkbox"/> Immicard or Citizenship Certificate |

**SCHOOLING DETAILS**

ARE YOU STILL ATTENDING SECONDARY SCHOOL? (Please Indicate) Yes  No   
 If yes Provide details: .....

WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? (Please Tick)	<input type="checkbox"/> Never attended school <input type="checkbox"/> Year 8 or lower	<input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Completed Year 10	<input type="checkbox"/> Completed Year 11 <input type="checkbox"/> Completed Year 12
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IN WHICH SCHOOL AND YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?   
 (e.g. if you finished school when you were 15, add 15 to the year you were born, 15+1968 = 1983)

**PREVIOUS QUALIFICATIONS ACHIEVED**

HAVE YOU **SUCCESSFULLY** COMPLETED ANY OF THE FOLLOWING QUALIFICATIONS? (Please Tick and indicate if it is Australian (A), Australian equivalent (E) or International (I) qualification)  
 NO (GO TO NEXT QUESTION)  
 YES, please provide details below:

<input type="checkbox"/>	Certificate I	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/>	Diploma or Associate Diploma	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
<input type="checkbox"/>	Certificate II	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/>	Advanced Diploma or Associate Degree	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
<input type="checkbox"/>	Certificate III	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/>	Bachelor Degree or Higher Degree	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I
<input type="checkbox"/>	Certificate IV	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I	<input type="checkbox"/>	Certificates other than the above	<input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I

Name of the Qualification/s and year/s completed:

**REASON FOR ENROLLING IN THIS COURSE OF STUDY**

PLEASE TICK WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR MAIN REASON FOR UNDERTAKING THIS COURSE/TRAINEESHIP/APPRENTICESHIP. (PLEASE TICK ONE BOX ONLY)

<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>	To get a job
<input type="checkbox"/>	To start my own business	<input type="checkbox"/>	It was a requirement of my job
<input type="checkbox"/>	To get a better job or promotion	<input type="checkbox"/>	I want extra skills for my job
<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>	For personal Interest or self-development
<input type="checkbox"/>	To try for a different career	<input type="checkbox"/>	Other reason, please specify .....

**My Pre Training Review**

**Instructions for Participants:**  
 Please tick the boxes to indicate you understand each point as it is covered during your pre training review.  
 In your pre-training review, we will explain the key details relating to the training program you are about to commence. This information is important to ensure you are enrolled in the most appropriate program, and you understand the requirements of the training program, your commitments, our commitments, and the support we will provide to help ensure you successfully complete your chosen qualification/s. Your Induction/Pre-Training Review is the first step in your learning

### My Training and Assessment

journey and is supported by a Student Handbook. Please ask questions throughout to ensure your queries are answered.

- The roles of the parties involved in your training (where applicable) have been explained:*
  - Registered Training Organisation (RTO)
  - Australian Apprenticeship Centre (traineeship only) - State and Federal Government
- Tuition fees have been explained*
- Overview of your enrolment and Nationally Recognised Qualification has been provided**  
(Relevant funding explained, including fees and refund policy)
- Funding has been explained*
- Competency based learning explained**
  - In-Class assessment/out of class assessments/work placement
  - Returning self-paced work/activities and recording results
 (For more information on work activities & assessments please refer to the course outline)

It is your responsibility to be available for workshops, if you cannot attend, please contact your facilitator and/ or employer prior to your workshop. **You must register your attendance by signing the attendance sheets.** It is your responsibility to be available for workshops, if you cannot attend, please contact your facilitator and/ or employer prior to your workshop. **You must register your attendance by signing the attendance sheets.**

### My Participant Support

Do you believe have any special needs or do you require any additional assistance during your training?

- Yes       No

If yes, please provide details of your needs:

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- As part of the enrolment process, you will need to complete a language, literacy and numeracy (LLN) exercise which will be used to assess your LLN ability of the student, and determine if the course of study is appropriate. Some students may be referred on for special help as required.

If Language, literacy and numeracy support is required:

- Language, literacy and numeracy support has been discussed
- The proposed learning and assessment strategies and materials have been discussed and appropriate adjustments have been discussed to meet your individual needs wherever necessary.

### My Prior Learning

Recognition of Prior Learning (RPL) & Credit Transfer (CT) process has been explained, offered and encouraged where applicable. (please refer to the Student Handbook for detailed information on the RPL and CT process) Are you applying for Recognition of Prior Learning, or Credit Transfer?

- RPL**       **CT**

(A copy of your original transcript must be presented in order to be awarded Credit Transfer.)

### My Training Plan

- Units have been selected & the training plan completed (delivery mode, assessment method, scheduled withdrawal time etc.)

### My Completing /Cancelling Training

- Withdrawal/cancellation process discussed (process explained See page 3 of participants handbook)
- Completion process and issuing of certificates/statements of attainments explained     Evaluation    /  
feedback process discussed

### My Work Experience (if relevant)

- Working with children check and police check requirements explained (where applicable)
- Work experience requirements explained



## Victorian Government VET Student Enrolment Privacy Statement

### Victorian Government VET Student Enrolment Privacy Notice: -

#### I UNDERSTAND THAT

##### Why we collect your personal information

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.

If an individual does not provide their personal information, they will not be able to enrol as a student with ITS ACADEMY.

##### How we use your personal information

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.

##### How we disclose your personal information

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.

##### 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 Education, Skills and Employment (DESE), 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).

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.



DESE 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 DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

## Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

## Contact information

At any time, you may contact ITS ACADEMY to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled • ask a question about this Privacy Notice

[info@itsacademy.vic.edu.au](mailto:info@itsacademy.vic.edu.au) or call (03) 9738 0836

## Access, correction and complaints

You have the right to access your personal information, to check its accuracy and make corrections. You also have the right to complain if you feel that your information is not being treated in accordance with the law's which govern your Information.

- For further information, please contact ITS Academy in the first instance by post to: Victorian International Academy  
32-34 Station Street Bayswater VIC 3153  
[Info@itsacademy.vic.edu.au](mailto:Info@itsacademy.vic.edu.au)

## Further information

- For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to: [www.ncver.edu.au/privacy](http://www.ncver.edu.au/privacy).
- For further information about Unique Student Identifiers, including access, correction and complaints, go to: <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

## Use of photo/ image/ film permission

At ITS Academy, from time to time photographs/ film are taken of events, classes, activities, people, and student work. We would like to use any photograph/ film of you/ your work taken in these circumstances as part of our promotional material. This may include advertising, brochures, sign boards, newsletters, website, Facebook page or in other publications promoting our organisation.

Distribution of such promotional materials may be for the general public, industry personnel or for the media.

Please complete the section below to indicate if you do/ do not give your permission for us to use photos/ images/ film of you/ or your work completed as part of the course being undertaken in our promotional material.

### Please tick the appropriate box and then sign below:

I **do** grant permission to ITS Academy to use photographs/ images/ film of me/ or of my student work in advertising and promotional material produced by or for ITS Academy (as described above). I understand that there will be no payment.

I **do not** grant permission to ITS Academy to use photographs/ images/ film of me/ or of my student work in advertising and promotional material produced by or for ITS Academy (as described above). I understand that there will be no payment.

## Enrolment Conditions

In completing this enrolment form the student is agreeing to a contact with ITS Academy that stipulates the following:

- The RTO reserves the right to accept or reject any application for enrolment at its discretion.
- The provision of incorrect information or documentation relating to my enrolment may result in withdrawal of any offer of a place and that such withdrawal may take effect at any stage of the course, at the discretion of the ITS Academy
- Once the student commences the nominated course, ITS Academy will deliver the Training Program using competency-based training principles and practices in line with the AQTF and VRQA Guidelines.
- The RTO and the student agree to work together to produce a unified approach in the student achieving the relevant qualification.
- The course fees payable to ITS Academy are for the provision of the following services:
  - Training and Assessment
  - Ongoing Administration Processes
  - Learning Resources when appropriate
  - Certification/Statement of Attainment
- The RTO reserves the right to change, alter or amend curricula syllabi, course structure fees, conditions and any other material pertaining to the course at any time.
- Qualification Certificates will only be produced once all assessments are received and marked as competent and course fees have been paid in full. Statements of Attainment for partial completion of successful units will only be produced according to fee payments made.
- Where a student has undertaken an assessment and it has been marked as 'Not yet Competent' (NYC), they be allowed to re-sit the test/or have a re-assessment. If they are deemed 'NYC' for a second time they are to re-enrol into that unit/ subject. This will include re-training and therefore a re-enrolment fee for the unit will apply.
- For re-issuance of Certificates and Statements of Attainments the student will be charged \$50 per document required. Payment for the re-issuance of such documents is required prior to the re-issuance occurring by the RTO.
- The RTO reserves the right to cancel any course prior to the commencement date of the course should it deem it necessary and in that event, shall refund all payments received from the student (see refund policy).
- The RTO shall notify students of any changes that may affect their enrolment as soon as practicable. This includes any changes to agreed services, including changes such as any new third party arrangements, a change in ownership, or changes to existing third party arrangements.
- If student has elected to pay in instalments, they must make all payments by the due date. If a payment is missed, the student's tuition can be suspended, no assessments marked and the student not be eligible to attend classes until the payment has been made.
- If a student requires changing of their Training Agreement Schedule it can only be done after the student has informed Administration in writing and paid an Administration Fee of \$200.
- Refunds are made when a student application supports one of the below reasons for refund. Any refundable amounts found to be due to the student will be made within 14 days.
- The RTO may disclose personal information to my parent or guardian if I am under 18 years of age

## Student Declaration

- **I acknowledge and agree to the terms described in the Victorian Government's VET Student Enrolment Privacy Notice**
- I confirm that the information I have provided within this form is true and correct, and I have been provided by Victorian International Academy, all information regarding the course/Module that I am enrolling in.
- I understand and have been provided information by ITS Academy in relation to Credit Transfer and Recognition of Prior Learning (RPL)
- I agree to act in accordance with ITS Academy regulations, code of conducts and I understand the disciplinary procedures of Victorian International Academy.
- I have read and understood the Statement of Fees, Application Procedure and Refund Policy.
- I have received and understood minimum entrance requirements.
- I have read and understand the Complaints and Appeal Policy.
- I understand the requirement of me to attend scheduled classes and carry out 120 hours of Work Placement for CHC33015.
- I understand the units I will be enrolled in, and the course title I am to be enrolled in.
- I understand it is my responsibility to read, understand and behave in accordance with the contents of the [Student Handbook](#).
- I understand that it is a requirement of my assessment to participate in photographic evidence.
- It is my responsibility to provide all relevant and required documentation.
- Agrees to the Enrolment Conditions (listed above in this document)



**SKILLS FIRST PROGRAM - EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM**

**SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE**

TO BE COMPLETED BY AN AUTHORISED DELEGATE OF THE TRAINING PROVIDER – **DON'T LEAVE ANY SECTIONS BLANK**

**I confirm that in relation to:**

(student's full name): \_\_\_\_\_

have sighted **ONE** of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract)   | <input type="checkbox"/> Current Australian Passport<br>Australian Citizenship Certificate   |
| <input type="checkbox"/> Current New Zealand Passport   | <input type="checkbox"/>   |
| <input type="checkbox"/> Current green Medicare card  | <input type="checkbox"/> Australian Certificate of Registration by Descent   |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per Clauses 2.12 – 2.16 of the Guidelines About Eligibility (the Eligibility Guidelines) | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard. |
| <input type="checkbox"/> a <i>Referral to Government Subsidised Training - Asylum Seekers'</i> form from the Asylum Seeker Resource Centre or the Australian Red Cross                |  |

By Either:

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> viewing an original; OR  | viewing a certified copy; |
| <input type="checkbox"/> OR   |                           |
| <input type="checkbox"/> verifying through the Document Verification Service (DVS) [ <i>where it is possible to do so, and in accordance with Clause 2.5(c) of the Eligibility Guidelines</i> ]; OR     |                           |
| <input type="checkbox"/> viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device [ <i>in accordance with Clause 2.5(d) of the Eligibility Guidelines</i> ]; OR |                           |
| <input type="checkbox"/> relying on evidence sighted and retained as part of a previous enrolment [ <i>in accordance with Clause 2.8 of the Eligibility Guidelines</i> ] OR                             |                           |

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 Eligibility Guidelines [*where verified through the DVS*]; OR
- declaration of sighting a digital green Medicare card [*as set out in Clause 2.5(d) of the Eligibility Guidelines*]; OR

And if the student's age is relevant to their eligibility, and the document produced from the list above does not include a date of birth (or if the date of birth has not been verified through use of the DVS), I have also sighted and retained a copy of one of the following:

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

**SECTION B – EDUCATION HISTORY (ENROLMENT IN A QUALIFICATIONS)**

**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 THE TRAINING PROVIDER FOR HELP IF YOU DON'T UNDERSTAND A QUESTION**

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').

**Q1** What is the highest qualification (not including secondary or high school) that you have **completed**, or **expect to complete** at the time the training you are applying for is scheduled to start?

*(include code and full title of qualification if possible, for example, Certificate III in Aged Care. If you have not completed **any** qualification, write 'none')*

**Q2** 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? (Don't include the qualification/s you are applying for now. Do include other qualification/s at this and other training providers you've enrolled in, but haven't started yet).

0                      1                      2                      3                      4+                      (circle number)

**Q3** Not including the 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+                      (circle number)

**Q4** In your lifetime, how many **government funded** qualifications have you started that are at the same level as the one you are applying for now? If you are applying for a qualification on the *Foundation Skills List*, tick 'not applicable'.

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

**[FOR JOBTAINER ENROLMENT ONLY]**

**Q9** Are you seeking to enrol in a qualification under the JobTrainer initiative? **Note:** You can only enrol in **one qualification** under the JobTrainer initiative.

YES                      NO                      (circle answer)                      (If 'NO', go to Student Declaration)

**Q10** If you answered 'YES' to Q9, have you previously started a qualification under the JobTrainer initiative?

YES                      NO                      (circle answer)                      (If 'NO', go to Q12)

**Q11** If you answered 'YES' to Q10, are you applying to recommence in the same qualification that you already started under the JobTrainer initiative?

YES                      NO                      (circle answer)                      (If 'YES' or 'NO', go to Student Declaration)

**Q12** Are you 17 to 24 years old?

YES                      NO                      (circle answer)                      (If 'YES', go to Student Declaration)

**Q13** Are you a job seeker?

YES                      NO                      (circle answer)                      (If 'NO', go to Student Declaration)

**Q14** If you answered 'YES' to Q13, tick any of these boxes if they apply to you:

I have a current and valid Health Care Card,  I have a letter from my employer or a company receiver on company Pensioner Concession Card or Veteran's Gold Card                      letterhead that says I have been, or will be, made redundant or retrenched

I have a separation certificate from my employer  
*(If you ticked a box, go to Student Declaration)*

**Q15** If you did not tick any of the boxes in Q14, you can make a declaration that you are a job seeker by ticking this box and signing this form.

I declare that I am currently unemployed

**SECTION C – EDUCATION HISTORY (STUDENT DECLARATION)**

**STUDENT DECLARATION**

I, (print your full name):

In seeking to enroll in (write the code and full title of the qualification/s or skill set/s):

**Declare the following to be true and accurate statements:**

- I **AM / AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school.  
*(circle the appropriate response)*
  - I **AM / AM NOT** enrolled in the Commonwealth Government’s Skills for Education and Employment program. *(circle the appropriate response)*
  - I understand that my enrolment in the above qualification/s and/or skill set/s may be subsidised by the Victorian and Commonwealth Government under the *Skills First* Program. I understand how my enrolment will affect my future training options and eligibility for further training under the *Skills First* program.
- I acknowledge and understand that I may be contacted by the Department of Education and Training or an agent to
- participate in a survey, interview or other questionnaire.

**SIGNED:**

	<b>DATE:</b>
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## SECTION C – TRAINING PROVIDER DECLARATION

**TO BE COMPLETED BY THE TRAINING PROVIDER – DON'T LEAVE ANY SECTIONS BLANK**

<b>Number of qualifications student is currently eligible for:</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Number of skill sets student is currently eligible for:</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Eligibility exemption granted:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<p>Based on:</p> <ul style="list-style-type: none"> <li>discussion with the student;</li> <li>the evidence I have sighted (and retained a copy of) in <b>Section A</b>; and</li> <li>the information provided to me by the student in <b>Section B</b> of this form;</li> </ul> <p>I believe that the above individual satisfies the <i>Skills First</i> Entitlement eligibility requirements as set out in the VET Funding Contract (the Contract) and the Guidelines About Eligibility (the Eligibility Guidelines) and is eligible for funding under the <i>Skills First</i> Program for the following program/s:</p> <p><i>(write the code and full title of the program/s in which the student is seeking to enrol)</i></p>  			
<p>Where applicable I have also sighted and retained relevant evidence required to grant an exemption from eligibility requirements or other limits under any initiatives in Part C of Schedule 1 of the Contract and as specified in Attachment 4 of the Eligibility Guidelines.</p> <p>I acknowledge that as the Training Provider's authorised delegate, I am responsible for ensuring that all parts of this form are complete. By signing this Declaration, I acknowledge that I have reviewed <b>Sections A and B</b> and have confirmed they have been completed in full.</p>			
<b>Authorised Training Provider Delegate:</b>			
Name:			
Position:			
Signed			
Date:			
<p><b>NOTES</b></p> <p>Use this section to record additional detail, relevant eligibility information, including information used by the Training Provider to verify the student's eligibility that is not captured in Sections A or B.</p> <p><b>If there are no notes, write N/A</b></p>    			



## Funding Source Checklist (OFFICE USE ONLY)

 **Skills First Program (P funding)**

PLEASE TICK

Course and Fee information given to student	
Pre-Training Review conducted (course is suitable)	
LLN Assessment completed	
Enrolment Form completed	

 **APPRENTICESHIPS/TRAINEESHIP PROGRAM (L funding)**

Course and Fee information given to student	
Pre-Training Review conducted (course is suitable)	
LLN Assessment completed	
Enrolment Form completed	
Apprenticeship Centre has completed enrolment	

 **FEE FOR SERVICE TRAINING PROGRAM (S funding)**

Course and Fee information given to student	
Pre-Training Review conducted (course is suitable)	
LLN Assessment completed	
Enrolment Form completed	

 **VET In School**

Course and Fee information given to student	
Pre-Training Review conducted (course is suitable)	
LLN Assessment completed	
Enrolment Form completed	

 **JOB TRAINER**

Course and Fee information given to student	
Pre-Training Review conducted (course is suitable)	
LLN Assessment completed	
Enrolment Form completed	
Letter from student employer or a company receiver on company letterhead that says student have been, or will be, made redundant or retrenched / separation certificate from student's employer OR Student Signed Declaration Form that student is currently [unemployed]	

<b>Checkpoint 1</b> <i>(ITS Delegate who completed enrolment)</i>	<b>Name:</b>	<b>Initials:</b>	<b>Date checked:</b>
<b>Checkpoint 2</b> <i>(2<sup>nd</sup> ITS Delegate checks enrolment)</i>	<b>Name:</b>	<b>Initials:</b>	<b>Date checked:</b>
<b>Checkpoint 3</b> <i>(ITS admin checks and enters enrolment in SMS)</i>	<b>Name:</b>	<b>Initials:</b>	<b>Date checked:</b>