



2011 SHORT COURSE ENROLMENT FORM

How to Enrol?

Complete all sections of the Enrolment Form and forward to AVTES. Enrolment in your qualification becomes effective on the commencement of your training plan, schedule, class or workshop.

Fees and Charges

The Enrolment Fee charged is in accordance with Government regulations/guidelines and is determined by the course or program you enrol in. All participants are required to pay Enrolment Fees and full payment is required upon invoicing/quotation requirements. Further information on fees and charges, refunds and concession eligibility is available in the Fees and Charges information.

Recognition of Prior Learning

Participants who have completed a course or who have gained the appropriate skills may wish to apply for recognition of this previous training, learning or experience known as RPL. Further information on how to apply for RPL is available.

Complaints and Appeals

Should you have a complaint relating to the delivery of your program/course, you can receive help. AVTES has policies and procedures which address complaint issues. A complaint is defined as a serious concern or distress arising from any situation within the control of AVTES which relates to training program delivery and assessment.

Student Responsibilities

By signing this form I am agreeing to abide by the policies of AVTES. I accept responsibility for items borrowed by me and will pay for items damaged or lost while borrowed by me. I also agree to meet my program requirements, timeframes and enrolment period. To ensure prompt communication with participants, it is essential that records are kept up to date, especially address details. So please ensure personal details are correct and notify if changes occur.

Privacy

No information about your enrolment will be divulged to an external body or other person without your approval. The exceptions to this are where we are legally obliged to provide it (ie. National Student Outcomes Survey, Court Order). All information retained is subject to the regulations of the Privacy Act 1988. Please refer to the Privacy Statement below.

Statistics

The statistical information collected on this form will be used at State and National level to enable the accurate, reliable and consistent measurement of activity in the vocational education and training sector. Strict privacy and confidentiality precautions are taken by the relevant State Training Authority and the National Centre for Vocational Education and Research (NCVER)* to ensure no collected data can be associated with an individual. * there is a possibility you will receive a survey by NCVER.

Privacy Statement:

I understand that AVTES is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

The Education and Training Reform Act 2006 requires AVTES to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

I acknowledge and agree to the terms described in this privacy statement.

Student Signature: _____

Date: _____

Please assist AVTES to meet the requirements of these bodies by fully completing the Enrolment Form

PERSONAL DETAILS

Surname (Family Name)

Given Names

Date of Birth

Sex (Please tick one box only)

Male Female

What is the address, location and postcode of the suburb, locality or town in which you usually live?

 Postcode

Phone

Fax

Mobile

Email

EMERGENCY CONTACT

Name

Contact Phone Number

Relationship

LANGUAGE & CULTURAL DIVERSITY

Are you an Australian Citizen?

Yes No

In which country were you born?

Australia Other, please specify: _____

Do you speak a language other than English at home?

No, English only Yes, please specify: _____

Are you of Aboriginal or Torres Strait Islander origin?

No Yes – Aboriginal Yes-Torres Strait Islander

How well do you speak English?

Very Well Well Not Well Not at All

EDUCATION

What is your highest COMPLETED school level?

Year 12 Year 11 Year 10 Year 9/equivalent Year 8 or lower Did not go to school

In which year did you complete that school level?

Are you still attending secondary school?

Yes No

Do you have a Victorian Student Number (VSN)?

Yes, specify:

Yes, but I don't know the VSN

No, I do not have a VSN

EDUCATION CONTINUED...

Since leaving school have you successfully completed any of the following qualifications in Australia?

- No Yes – please tick the relevant box(es):
- | | |
|---|--|
| <input type="checkbox"/> Bachelor Degree or Higher Degree | <input type="checkbox"/> Advanced Diploma or Associate Degree |
| <input type="checkbox"/> Diploma (or Associate Diploma) | <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) |
| <input type="checkbox"/> Certificate III (or Trade Certificate) | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Certificates other than listed |

Of the following categories, which best describes your main reason for undertaking this course/apprenticeship/ traineeship?
Please tick ONE box only:

- | | |
|--|--|
| <input type="checkbox"/> To Get a Job | <input type="checkbox"/> To Develop my Existing Business |
| <input type="checkbox"/> To Start my Own Business | <input type="checkbox"/> To Try for a Different Career |
| <input type="checkbox"/> To Get a Better Job or Promotion | <input type="checkbox"/> It was a Requirement of my Job |
| <input type="checkbox"/> I Wanted 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"/> Other Reasons |

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

If YES, then please indicate the areas of disability, impairment or long term condition by placing a tick in the box (you may indicate more than one):

- | | | | | |
|---|--|--|-----------------------------------|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Hearing/Deaf | <input type="checkbox"/> Vision | <input type="checkbox"/> Chronic Illness |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Learning | <input type="checkbox"/> Other |

Do you need any special assistance from AVTES because of this disability? Yes No

WORKPLACE INFORMATION

Which best describes your current employment status? Please 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"/> Employer | <input type="checkbox"/> Unemployed - Seeking Full Time Work | <input type="checkbox"/> Employed - Unpaid Worker in a Family Business |
| <input type="checkbox"/> Unemployed - Seeking Part Time Work | <input type="checkbox"/> Not Employed - Not Seeking Work | |

Workplace Name

Workplace Address

 Postcode

Phone

Fax

Supervisor

Please complete overleaf

COURSE INFORMATION

What Qualification are you studying?

SHORT COURSE:

NATIONAL MODULE CODE:

CODE	TITLE	HRS	START DATE	END DATE
Maximum Course Hours				

Have you ever been enrolled with AVTES before? Yes No If YES, which year did you last enrol?

How did you hear about this Course you're currently enrolling in? (please specify)

I declare that, to the best of my knowledge, the information on this form and the supporting evidence supplied by me is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.

Student Signature:

Date:

OFFICE USE ONLY

VET FEE HELP

Yes No

Purchasing Contract

ANZSIC Code

Student No.

Qual. Code

ICARE

Enrolment Taken By

Enrolment Date

SData

Skills for Growth

Yes No

If YES, Scan enrolment form

Eligibility Checklist