

Name of Course:

Code:

**To Receive Government Funding support applicants must complete all sections of this form.
Please use **BLOCK** letters**

Did you enrol in this course after reading about it in the current brochure? (*circle*) **YES NO**
If not, please tell us how?

SURNAME

GIVEN NAMES

TITLE (*circle*) MR MRS MS MISS Dr Rev

GENDER (*circle*) MALE FEMALE

DATE OF BIRTH (*DD/MM/YYYY*) / /

WHAT IS THE POSTCODE OF THE TOWN WHERE YOU USUALLY LIVE?

YOUR HOME ADDRESS Number & Street:

TOWN POSTCODE

POSTAL ADDRESS Number & Street or PO Box (If different):

TOWN POSTCODE

HOME PHONE

WORK PHONE

MOBILE

FAX

EMAIL

EMERGENCY CONTACT

Name:

Relationship:

Contact number:

Do you have a Victorian Student Number (VSN)? (*tick one box*)

YES - please specify _____ YES - but the VSN is unknown NO - I have never been issued a VSN

IN WHICH COUNTRY WERE YOU BORN? (*circle*)

AUSTRALIA

OTHER (*Where?*)

Do you speak a language other than English at home? (*circle*)

NO YES Name of OTHER LANGUAGE -

How well do you speak English? (*circle*) VERY WELL WELL NOT WELL NOT AT ALL

Are you of Aboriginal or Torres Strait Islander origin? (*circle*) NO YES, Aboriginal YES, Torres Strait Islander

YOUR PERSONAL PRIVACY

Goldfields Employment and Learning Centre respects your right to information privacy. All information collected is kept in accordance with the information privacy laws. Contact us to find out more.

Tick one box. **Are you:**

An Australian citizen?	
A holder of a permanent visa?	
A holder of a Special Category Visa (sub-class 444, New Zealand resident)?	

An East Timorese asylum seeker?	
A holder of a Temporary Protection Visa?	
None of these options	

POLICIES

GELC complies with State and Federal Government policies, legislations and acts relating to :

- Occupational Health & Safety
- Equal Opportunities Act
- National Privacy Act
- Anti Discrimination Legislation
- Disability Discrimination Act
- Anti- Smoking

See Student Handbook for more information

SCHOOLING Are you still attending Secondary School? (circle) **YES NO**

If no longer enrolled at a school

What was your **HIGHEST SUCCESSFULLY COMPLETED** schooling level and which year was that?

Highest level completed	
Which Year? Eg. 1993	
Name of School	
Did not go to school	

LABOUR FORCE STATUS

Tick **one** box to BEST DESCRIBE your current status

Full time employee	
Part time employee	
Self-employed – not employing others	
Employer	
Employed - unpaid worker in a family business	
Unemployed – seeking full time work	
Unemployed – seeking part time work	
Not employed – not seeking work	

DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? (circle) **YES NO**

If yes, indicate by circling below:

- Hearing/deaf**
- Physical**
- Intellectual**
- Learning**
- Mental Illness**
- Acquired brain injury**
- Vision**
- Medical Condition**
- Other: Please specify** _____

PRIOR EDUCATIONAL ACHIEVEMENTS

Tick the qualifications listed below that you have **successfully** completed. Successful completion means that you have a full certificate and can show it at your interview

A full Bachelor Degree or Higher Degree	
A full Advanced Diploma or Associate Degree	
A full Diploma (or Associate Diploma)	
A full Certificate IV (or Advanced Certificate/Technician)	
A full Certificate III (or Trade Certificate)	
A full Certificate II	
A full Certificate I	
A full Certificate other than the above	

STUDY REASON Tick **one** box to show which of the following categories BEST describes your MAIN reason for undertaking this program?

To develop my existing business	
To start my own business	
To try a different career	
To get a better job or promotion	
It was a requirement of my job	
I wanted extra skills for my job	
To get into another course of study	
To get a job	
For personal interest or self-development	
Other reasons	

Do you require any assistance with your learning as a result of a disability? (circle) **YES NO**

If yes, what assistance?

ALLERGIES

Do you have any allergies? **YES NO**

If **yes**, to what?

What Medication do you take?

Under 18? Parental Signature and date required :

Fee Payment Options (Tick one payment arrangement)

Full payment of course fee on enrolment **OR** Minimum payment of \$25 on enrolment with approved payment plan

OR Payment authorised through Job Service Provider **OR** Minimum payment of \$25 on enrolment with Centrepay

CENTRELINK PENSION OR BENEFITS

To receive Government Funded Training support you must be able to prove that you are eligible by presenting your card when you enrol. A copy will be placed on your student file. Tick the relevant box below

Commonwealth Health Care Card holders, their dependant children and their dependant partners (H)	<input type="checkbox"/>	Veteran's Gold Card holders (but not their dependants) (V)	<input type="checkbox"/>
Pensioner Concession Card holders, their dependant children and their dependant partners	<input type="checkbox"/>	None (Z)	<input type="checkbox"/>
Concession Card type and number: _____		Expiry date: _____	

DECLARATION

I declare that I am an Australian citizen, or a holder of a permanent visa, or a holder of a Special Category Visa (subclass 444), or an East Timorese asylum seeker, or a holder of a Temporary Protection Visa

Print Name: _____ Signature: _____ Date: _____

A false declaration may result in you having to pay back any Government funds that GELC receives for your training.

Privacy Statement

I understand that:

Goldfields Employment and Learning Centre is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide on 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 Goldfields Employment and Learning Centre 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.

For more information in relation to how student information may be used or disclosed please contact Goldfields Employment and Learning Centre's Privacy Officer on phone 03 5461 3185 or email admin@gelc.org.au.

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

Student signature: _____

Recognition of Prior Learning (RPL)

Students may apply for Recognition of Current Competency (RCC or RPL) for any units from the training plan for which they consider they have the experience, skills and knowledge. Goldfields Employment and Learning Centre (GELC) and the student will then negotiate an arrangement for an assessment to take place for each unit nominated for RPL.

I would like to consider undertaking RPL for some of my study. I understand the information for how I go about this is found in the Student Handbook

Student signature: _____

By signing this form I am indicating that I

- Will complete the enrolment process by attending an initial interview before the course commences
- Have completed this enrolment form providing the accurate student data required for reporting purposes
- Have completed the enrolment process by completing this form and by paying the full cost of the course or making a \$25 payment
- Will attend every class on time or contact GELC with a reason for non-attendance
- Give permission for GELC to keep samples of my assessment evidence for audit and validation purposes
- Give permission for GELC to use my name and any photograph of me taken for the purpose of publicity /advertising/promotion
- Agree to go on local walking excursions or field trips associated with my studies
- understand that I **will not** receive a certificate until my fees have been paid in full
- The module/s or units I am undertaking are detailed in my training plan.

IMPORTANT YOU MUST COMPLETE THIS FORM BY SIGNING WHERE INDICATED!

STUDENT SIGNATURE: _____ **DATE:** / /

If you are under 18 years of age, a Parent or Legal Guardian is required to also sign this enrolment form.

I agree to the above requirements and I give permission for my child to go on local walking excursions as part of their study

SIGNATURE (of parent or legal guardian): _____ **DATE:** / /

Parent/Guardian Name: _____ **Home Ph No:** _____ **Mobile No:** _____

Office Use Only	Receipt No: _____	Funding Code: _____	Course information	Training Plan generated
Student added to roll	Student file prepared	Tutor informed	Any Special Assistance?	
Staff signature and date: _____				

This form is only for the purpose of certifying the eligibility evidence has been sighted and that an applicant has stated their qualifications. It is not intended to constitute the sole process for assessing an individual's eligibility for the Victorian Training Guarantee.

SKILLS FOR VICTORIA
VICTORIAN TRAINING GUARANTEE
EVIDENCE OF STUDENT ELIGIBILITY AND
STUDENT DECLARATION

Section A *To be completed by an authorised delegate of the registered training organisation*

I certify that in relation to _____
(Student's name)

I have sighted the following original documents:

- an Australian Birth Certificate; **or**
- a current Australian Passport; **or**
- a current New Zealand Passport; **or**
- a naturalisation certificate; **or**
- a Temporary Protection Visa; **or**
- a green Medicare Card; **or**
- a signed declaration by a relevant referee; **or**
- formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence

and if a student's age is relevant to their eligibility and the document produced from the list above does not include a date of birth:

- a current drivers licence; **or**
- a current learner permit; **or**
- a Proof of Age card; **or**
- a 'Keypass' card.

RTO Representative:

Name: _____

Position: _____

Signature: _____ Date: _____

Section B *To be completed by the student (if relevant to the student's eligibility).*

Name _____

The highest qualification that I currently hold is:

(Include full title of qualification, eg. Certificate III in Aged Care; Intermediate VCAL, Year 10)

Signature: _____ Date: _____