

**APPLICATION FORM – GOVERNMENT FUNDED TRAINING PROGRAM (GFTP)
SKILLS FIRST PROGRAM (SFP)**

(AUSTRALIAN CITIZENS OR PERMANENT RESIDENTS, RESIDING IN VICTORIA, MUST BE 18 YEARS OF AGE TO ENROL)

PERSONAL DETAILS (PLEASE FILL USING CAPITAL LETTERS)					Enrolment Date: DD / MM / YYYY				
VSN (Victorian Student Number)					USI (Unique Student Identifier)				
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	Gender (Sex)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	DD / MM / YYYY		
	<input type="checkbox"/> Ms	<input type="checkbox"/> Other		<input type="checkbox"/> Other					
Legal First Name					Legal Last Name				
Country of Birth					City of Birth				
RESIDENTIAL ADDRESS (Where you “usually live” - cannot be P.O. BOX) – Must reside in Victoria									
Building/Property Name					Flat/Unit Number				
Street/Lot Number					Street Name				
Suburb/Locality/Town					State; Postcode	; □□□□			
Personal Mobile					Work Phone				
Personal E-mail									
Work E-mail									
POSTAL ADDRESS (If different from Residential Address)									
Building/Property Name					Flat/Unit Number				
Street/Lot Number					Street Name				
Suburb/Locality/Town					State; Postcode	; □□□□			
IN CASE OF EMERGENCY									
Name					Relationship				
Mobile					Phone				
NATIONALITY / CITIZENSHIP DETAILS									
In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify) _____									
<input type="checkbox"/> Australian Permanent Resident (PR) <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other (please specify) _____									
<input type="checkbox"/> Passport Number <input type="checkbox"/> Driver’s License Number (State of Issue) <input type="checkbox"/> Medicare Card Number									
□□□□□□□□□□□□□□□□ / State of Issue: _____ Expiry Date: _____									
If you want VIT to apply for your USI number, you must provide a copy of the ID card. Once the application is submitted, the ID copy will be destroyed.									
CURRENT WORKPLACE / BUSINESS DETAILS									
Organisation Name									
Street Number					Street Name				
Suburb					State; Postcode	; □□□□			
Office Phone					Fax				
Business Owner Name									
VIT Representative Name									

HOW DID YOU HEAR ABOUT VIT?

Friend VTAC Website Advertisement Representative.....

LANGUAGE AND CULTURAL DIVERSITY

Do you speak a language other than English at home? (If more than one language, please indicate the one that is spoken most often)

No, English only Yes, other (please specify): _____

How well do you SPEAK English? Very Well Well Not Well Not at All

How well do you READ English? Very Well Well Not Well Not at All

How well do you WRITE English? Very Well Well Not Well Not at All

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

Are you of Asylum Seekers and Victims of Human Trafficking applicant?

No Yes (Referral Form is supplied – Yes / No)

DISABILITY

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

(If Yes, please specify the areas of disability, impairment or long-term condition. You may indicate more than one area.)

Please attach documentation describing your disability, impairment or long-term condition in more detail.)

Hearing/Deaf Physical Intellectual Learning Mental Illness

Vision Medical Condition Acquired Brain Impairment

Other: _____

EMPLOYMENT STATUS

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

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 Employment

SCHOOLING

Are you still attending Secondary School? No Yes

What is your Highest COMPLETED school level? (Tick ONE box only)

Completed Year 12 Completed Year 11 Completed Year 10 Completed Year 9 or Equivalent

Completed Year 8 or Lower Never Attended School

In which YEAR did you complete the above school level? _____

Name of school: _____ **Country / State:** _____

Are you enrolled in a school (excluding a School Based Apprentice / Trainee) and undertaking accredited Vocational Education and Training (VET) that has been arranged by the school? No Yes

Note: If you are enrolled at a school, you will not be able to receive a government-subsidised training place for a course through the Skills First Program.

PREVIOUS QUALIFICATION(S) ACHIEVED

Have you successfully completed any of the following Qualifications? No Yes (Tick any applicable boxes)

- Bachelor Degree or Higher Degree Associate Degree Advanced Diploma
- Diploma or Associate Diploma Certificate IV (or Advanced Certificate, Technician)
- Certificate III (or Trade Certificate) Certificate II Certificate I
- Certificates Other Than the Above (please specify): _____

Where: Australia International, specify country: _____

Has the Qualification been formally assessed in Australia? No Yes

If 'Yes', what is the Australian Equivalent Qualification: _____

If more than one Qualification, please specify:

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Tick ONE box only)

- To get a job To develop my existing business To start my own business
- 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 For personal interest/self-development To try for a different career
- Other Reasons (please specify): _____

JOB / EMPLOYMENT SERVICES PROVIDER DETAILS – if applicable

Are you connected with a Job Services Australia Provider? Yes No

If yes, please complete details here:

Provider Name: Provider Location:

Case Managers Name: Telephone:

Email: Fax:

Copy of Job Seeker Referral Form to be retained by VIT: Yes No

On enrolment, a copy of this Referral Form must be returned to the Job Seeker's referring agency.

Has this been done?: Yes No

CONCESSION CARD HOLDERS & FEE WAIVERS – Applicable for CERTIFICATE IV & BELOW COURSES

Do you hold (or are you a dependant or spouse of the holder of) any of the following Concession Cards? Yes No

a. Health Care Card issued by the Commonwealth; OR b. Pensioner Concession Card; or

c. Veteran's Gold Card; OR d. An alternative card or concession eligibility criterion approved by the Minister for the purposes of these Guidelines

- If Yes - 1. Please provide a copy of the Concession Card for record purposes
2. Your Tuition Fee will be reduced to 20% of the Listed Tuition Fee (Prescribed Text Book fees & Learning Materials fees still apply as normal)

Are you an Indigenous student under the Indigenous Completions Initiative? Yes No

Are you a participant in the Commonwealth Government's Community Development Employment Program and/or Access Program? Yes No

COURSE SELECTION AND PAYMENT TERMS

Application Fee: \$199.00 per course (Application fee is non-refundable)

Delivery Mode: C – Classroom; B – Blended

Course Name (^ Students require a Uniform, Toolkit and Safety Boots)	Listed Tuition Fee	Conc. Tuition Fee	Prescribed Text Books Fee	Learning Materials Fee	Delivery Mode	
<input type="checkbox"/> Certificate III in Commercial Cookery (SIT30816) ^ (Apprenticeship)	\$199.00	\$39.80	\$680.00	\$150.00	C	B
<input type="checkbox"/> Certificate III in Patisserie (SIT31016) ^ (Non - Apprenticeship)	\$199.00	\$39.80	\$680.00	\$150.00	C	B
<input type="checkbox"/> Certificate IV in Commercial Cookery (SIT40516) ^ (Apprenticeship OR Non - Apprenticeship)	\$199.00	\$39.80	\$880.00	\$200.00	C	B
<input type="checkbox"/> Certificate IV in Patisserie (SIT40716) ^ (Non - Apprenticeship)	\$199.00	\$39.80	\$880.00	\$200.00	C	B
<input type="checkbox"/> Advanced Diploma of Hospitality Management (SIT60316)	\$10,999.00	\$2,199.80	\$1,580.00	\$200.00	C	B
<input type="checkbox"/> Diploma of Information Technology Networking (ICT50415)	\$7,999.00	\$1,599.80	\$1,580.00	\$150.00	C	B
<input type="checkbox"/> Course in Preliminary Spoken and Written English (10361NAT)	\$199.00	\$39.80	\$99.00	\$50.00	C	B
<input type="checkbox"/> Certificate I in Spoken and Written English (10362NAT)	\$199.00	\$39.80	\$99.00	\$50.00	C	B
<input type="checkbox"/> Certificate II in Spoken and Written English (10363NAT)	\$199.00	\$39.80	\$99.00	\$50.00	C	B
<input type="checkbox"/> Certificate III in EAL (Further Study) 22255VIC	\$199.00	\$39.80	\$580.00	\$75.00	C	B
<input type="checkbox"/> Certificate IV in EAL (Further Study) 22258VIC	\$199.00	\$39.80	\$580.00	\$75.00	C	B
Total Course Fee	\$	\$	\$	\$		

Other Course: _____

Total Tuition Fee Collected: \$

Outstanding Fee: \$

Prepayment is required. The following payment options are available:

Cash EFTPOS Cheque * Money Order * EFT **

* Made out to VIT (Victorian Institute of Technology)

** Deposit into ANZ Bank, 420 St Kilda Road, Melbourne, Victoria, 3004

BSB Number: 013 423; Account Number: 3493 60535; Account name: "Victorian Institute of Technology Domestic Students Trust Account"

Credit Card: **Credit Card Type:** Visa MasterCard

Card Number:

Expiry Date: **Amount: AU\$** _____

Cardholder's Name: _____ **Cardholder's Signature:** _____

A receipt will be issued within 10 working days.

REFUND POLICY

1. A cooling-off period of ten (10) working days applies.
2. Application fee is non-refundable beyond the cooling-off period.
3. If a student withdraws by written notice, at any time prior to the commencement of training, a full refund of all Listed Tuition fees and Learning Material fees, paid by or on behalf of the student, will be refunded.
4. If a student withdraws by written notice, at any time after the commencement of training, a pro-rata refund will be granted of all paid Listed Tuition fees only, in proportion to those scheduled nominal hours not yet undertaken.
5. If the course is cancelled by VIT, a full refund of the paid Listed Tuition Fee and the pro-rata portion of any paid Learning materials fees that have not been used in the program, will be refunded.
6. If the course is cancelled by VIT or a student withdraws from the course, any already supplied Prescribed Text Book purchases remain the property of the student. Any paid fees of any Prescribed Text books which have not yet been supplied, will be refunded.
7. A written request for a refund must be lodged by the student for the consideration of a refund.
8. Refunds may be granted in other circumstances at the discretion of the CEO.

TERMS AND CONDITIONS

Privacy Statement:

I understand that VIT (Victorian Institute of Technology) is required to provide the Victorian Government, through the Department of Education and Early Childhood Development, 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 <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>). The Department 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, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

The Education and Training Reform Act 2006 requires VIT (Victorian Institute of Technology) 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 VIT (Victorian Institute of Technology) by sending an email to info@vit.edu.au

Declaration:

1. I acknowledge and agree to the terms described in the privacy statement.
2. I declare that the information I supplied on this form is correct and complete.
3. I have read and understood VIT's policies on "Fees and Charges", "Refund", "Complaints and Appeals", "Re Assessment" and other policies that are published on the VIT's website and in the Student Handbook.
4. I understand that VIT reserves the right to discontinue or alter any course, subject, unit of competency, class, fee, admission requirement, staffing or other arrangement without prior notice. VIT reserves the right to cancel or not offer a program. If any program is cancelled or not offered, VIT will refund all tuition fees in accordance with VIT refund policy.
5. VIT reserves the right to charge the student additional tuition fees for the remaining units of competency if there are changes to the Skills First Program funding rates.
6. VIT reserves the right to use your name/your company name, feedback, comments and pictures obtained during the course for VIT's future promotional activities, unless you direct otherwise in writing prior to the commencement of the course.
7. This agreement does not remove the right to take action under Australia's consumer protection laws.

USI (Unique Student Identifier): From 1 January 2015, VIT (Victorian Institute of Technology) can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course 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/>. If you would like VIT (Victorian Institute of Technology) 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 <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

I _____ authorise VIT (Victorian Institute of Technology) 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 pursuant to the information detailed at <http://www.usi.gov.au/Training-Organisations/Documents/Privacy-Notice.pdf>

Applicant's Signature

Date:

Please submit your application form to VIT by EMAIL, FAX, POST or IN PERSON

OFFICE USE ONLY

Course 1: _____		Course 2: _____	
<input type="checkbox"/> Traineeship + SFP	<input type="checkbox"/> SFP only	<input type="checkbox"/> Traineeship + SFP	<input type="checkbox"/> SFP only
<input type="checkbox"/> Apprentice + SFP		<input type="checkbox"/> Apprentice + SFP	
<input type="checkbox"/> Blended Training		<input type="checkbox"/> Blended Training	
<input type="checkbox"/> Classroom Based Training		<input type="checkbox"/> Classroom Based Training	
AASN Representative.....		AASN Representative.....	
<input type="checkbox"/> Copy of JSA Referral Form Received & Filed		<input type="checkbox"/> Asylum Seekers Referral Form Received & Filed	
<input type="checkbox"/> Copy of JSA Referral Form Returned to JSA		<input type="checkbox"/> Concession/Fee Waiver Evidence Received & Filed	

Notes: