

## Form AD128.a

### Application for Enrolment 2018

#### Skills First Program

#### PART A—COURSE SELECTION

Tick	Course Code	Qualification	Course Duration	Work Placement	Tuition Fee (AUD)	Material Fee (AUD)
<input type="checkbox"/>	22251VIC	Certificate II in EAL (Access)	33 weeks	N	\$0.00	\$100.00
<input type="checkbox"/>	22255VIC	Certificate III in EAL (Further Study)	33 weeks	N	\$0.00	\$100.00
<input type="checkbox"/>	22258VIC	Certificate IV in EAL (Further Study)	33 weeks	N	\$0.00	\$100.00
<input type="checkbox"/>	BSB42615	Certificate IV in New Small Business	33 weeks	N	\$0.00	\$100.00
<input type="checkbox"/>	BSB50215	Diploma of Business	52 weeks	N	\$0.00	\$100.00
<input type="checkbox"/>	BSB60215	Advanced Diploma of Business	52 weeks	N	\$0.00	\$100.00
<input type="checkbox"/>	CHC50113	Diploma of Early Childhood Education and Care	104 weeks	Y	\$0.00	\$100.00
<input type="checkbox"/>	ICT40115	Certificate IV in Information Technology	52 weeks	N	\$0.00	\$100.00
<input type="checkbox"/>	ICT50115	Diploma of Information Technology	52 weeks	N	\$0.00	\$100.00

**Note:**

- *Non-refundable Enrolment Fee = \$100.*
- *Prospective students are strongly advised to check the current policies and procedures on [www.atmc.edu.au](http://www.atmc.edu.au).*

Campus Location:

By ticking this box you confirm that you have read the material & equipment itemised list (including cost per item) and made an informed decision to purchase your kit from ATMC.

#### STUDY DETAILS

Preferred Start Date:

Study mode:

Full Time

Part Time

Campus location:

#### PERSONAL DETAILS

Surname:

Given names:

Date of Birth

Sex

Female

Male

Indeterminate/Intersex/ unspecified

Country of birth:

Town of birth:

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### Skills First Program

#### USUAL AUSTRALIA RESIDENCE & CONTACT DETAILS

Building/Property name:  Flat/Unit number:  Street or Lot number:

Street name:  Suburb, locality or town:  State/Territory:

Postcode:  Home phone:  Work phone:  Mobile:

Email:  Email (Alternative) (Optional):

#### POSTAL ADDRESS (if the same as residence, write "as above")

Building/Property name:  Flat/Unit number:  Street number:

Street name:  Suburb, locality or town:

PO box:  State/Territory:  Postcode:  Email:

#### EMERGENCY CONTACT

Name:  Relationship:

Address:

Mobile:  Telephone:  Email:

#### LANGUAGE AND CULTURAL DIVERSITY

In which country were you born?  Australia      Other—Please specify

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

No, English only—You can skip the next question       Yes—Please specify

How well do you speak English?     Very well     Well     Not Well     Not At All

Are you of Aboriginal Origin 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

#### EVIDENCE OF RESIDENCY IN VICTORIA

Current Drivers License/Learner Permit     Bank Statement (within 3 months old)     Health Care Card

Keypass ID Card     Utility Bills (within 3 months old)     Other

#### CONCESSION (if applicable)

Commonwealth Health Care Card     Pensioner Concession Card     Veteran's Gold Card

An alternative card or concession eligibility criterion approved by the Minister

#### REFERRAL FORM / WRITTEN CONFIRMATION / ESC (if applicable)

Training Referral Letter for retrenched employees     Asylum Seekers VET Program

Job Seekers Referral Form     Written confirmation for young people on community based orders

Judy Lazarus Transition Centre written confirmation     N/A

Automotive Supply Chain Training Initiative

#### FEE WAIVER / EXEMPTION PAYMENT (if applicable)

The applicant is a prisoner from the Judy Lazarus Transition Centre (must sign and retain written confirmation from the Centre)

The applicant is a young person undertaking community based order (must sight and retain written confirmation from the relevant Youth Justice Unit of the Victorian Department of Human Services)

## Application for Enrolment 2018 Skills First Program

### DISABILITY

**Disability:** Do you consider yourself to have a disability, impairment or long-term condition?  No—*You can skip the next question*  Yes

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

- Hearing/deaf     Physical     Intellectual     Learning     Mental illness  
 Acquired brain impairment     Vision     Medical condition     Other

### SCHOOLING

What is your highest COMPLETED school level? (tick ONE box only)

- Never attended school     Completed Year 8 or Lower     Completed Year 9 or Equivalent  
 Completed Year 10     Completed Year 11     Completed Year 12

In which YEAR did you complete that school level?

Are you still attending secondary school?  Yes—*You are **NOT ELIGIBLE** for Skills First Program*  No

### PREVIOUS QUALIFICATION ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications?  Yes  No

If YES, please enter one of these Prior Education Achievement Recognition Identifiers to any applicable qualification level.

A—Australia    E—Australian Equivalent    I—International

**Note:** If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A-Australia    2. E-Australian Equivalent    3. I-International

- |  |   |
|--|---|
| <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 524-Certificate I   | <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 420-Diploma (or Associate Diploma)       |
| <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 521-Certificate II  | <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 410-Advanced Diploma or Associate Degree |
| <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 514-Certificate III (or Trade Certificate)                | <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 008-Bachelor Degree or Higher Degree     |
| <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 511-Certificate IV (or Advanced Certificate / Technician) | <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 990-Certificates Other Than the above    |

What is your highest qualification?

*(Please attach verified copies of certificates and academic transcripts)*

Is your proposed course of study at a higher AQF level than the qualifications you have had?  Yes  No—*You are **NOT ELIGIBLE***  N/A

Do you wish to apply for Recognition of Prior Learning (RPL)/Credit transfer (CT)?  Yes—*Please fill in form SS105 (RPL) or SS104 (CT)*  No

### STUDY REASON

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

- 01-To get a job     02- To develop my existing business     03-To start my own business  
 04-To try for a different career     05-To get a better job or promotion     06-It was a requirement of my job  
 07-I wanted extra Skills for my job     08-To get into another program of study     12- For personal interest or self development  
 11-Other reasons

### HOW DID YOU HEAR ABOUT ATMC

- Advertisement     Current ATMC Student     Friends     Media     Job Network  
 Exhibition     Seminar     Website     Agent :   
 Other: .....

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### Skills First Program

#### EMPLOYMENT

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 01-Full time employee                 | <input type="checkbox"/> 04-Self-employed-employing others              | <input type="checkbox"/> 07-Unemployed-seeking part time work             |
| <input type="checkbox"/> 02-Part time employee                 | <input type="checkbox"/> 05-Employed-unpaid worker in a family business | <input type="checkbox"/> 08-Not employed-not seeking employment           |
| <input type="checkbox"/> 03-Self-employed-not employing others | <input type="checkbox"/> 06-Unemployed-seeking full time work           | <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> |

Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only. Skip this question if unemployed)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1—Managers                               | <input type="checkbox"/> 2—Professionals                       | <input type="checkbox"/> 3—Technicians and Trade Workers                    |
| <input type="checkbox"/> 4—Community and Personal Service Workers | <input type="checkbox"/> 5—Clerical and Administrative Workers | <input type="checkbox"/> 6—Sales Workers                                    |
| <input type="checkbox"/> 7—Machinery Operators and Drivers        | <input type="checkbox"/> 8—Labourers                           | <input type="checkbox"/> 9—Other <input style="width: 100px;" type="text"/> |

Which of the following BEST describes the Industry of your current or previous Employer? (Tick ONE box only. Skip this question if unemployed)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A—Agriculture, Forestry and Fishing                         | <input type="checkbox"/> B—Mining                              | <input type="checkbox"/> C—Manufacturing                           |
| <input type="checkbox"/> D—Electricity, Gas, Water and Waste Services                | <input type="checkbox"/> E—Construction                        | <input type="checkbox"/> F—Wholesale Trade                         |
| <input type="checkbox"/> G—Retail Trade  | <input type="checkbox"/> H—Accommodation and Food Services     | <input type="checkbox"/> I—Transport, Postal and Warehousing       |
| <input type="checkbox"/> J—Information Media and Telecommunications                  | <input type="checkbox"/> K—Financial and Insurance Services    | <input type="checkbox"/> L—Rental, Hiring and Real Estate Services |
| <input type="checkbox"/> M—Professional, Scientific and Technical Services           | <input type="checkbox"/> N—Administrative and Support Services | <input type="checkbox"/> O—Public Administration and Safety        |
| <input type="checkbox"/> P—Education and Training                                    | <input type="checkbox"/> Q—Health Care and Social Assistance   | <input type="checkbox"/> R—Arts and Recreation Services            |
| <input type="checkbox"/> S—Other Services <input style="width: 100px;" type="text"/> |  |  |

#### VICTORIAN STUDENT NUMBER

A Victorian Student Number (VSN) will be allocated to all school and VET students up to 24 years of age upon their first enrolment in a Victorian school from 2009 or their first enrolment in a VET training provider from 2011.

Enter your Victorian Student Number (VSN)

(No more questions if you provided your VNS)  I don't have/ don't know my VSN—\*Please answer the following questions

Have you attended any Victorian school since 2009 or done any training with a Victorian 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.

(No more questions if you answer No above.)

- Yes—I have attended a Victorian school since 2009: Most recent Victorian school attended \_\_\_\_\_

- 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:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

#### UNIQUE STUDENT IDENTIFIER

Do you have a Unique Student Identifier (USI)?  Yes—Please provide your USI:  Unique Student ID (USI)

- No—Would you like ATMC to create one on your behalf?  No—I will do it myself

- Yes—Please complete form SS163.b and submit it to ATMC together with this application form.

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### Skills First Program

#### REFUND POLICY

- Refund applications must be made by completing Refund Application form FN108 and sending it to ATMC's Finance Department. The Refund Application Form is available from ATMC's Student Support Service or ATMC's website. Refund application form must be submitted by email to [vetdomestic@atmc.edu.au](mailto:vetdomestic@atmc.edu.au), attention "Finance Department". Whether the student is entitled to a refund or not, they will receive written notification of the outcome which will include an explanation of how the refund was calculated within 20 working days of receipt of the refund application (for refunds that relate to provider default, refer below). The refund will be paid to the student or another person nominated in writing by the student. If a credit card is used to make payment(s), ATMC will refund the amount on to the credit card used for the payment(s). Where an application is withdrawn or cancelled, notification by submitting "Cancellation Form SS115.a" must be provided. Any refunds listed in the table below are minus the non-refundable enrolment fee of \$100, payable at course commencement. This fee is mandatory and covers all administration required for enrolment.

Course cancelled or rescheduled by ATMC (provider default)	100% refund of tuition fees
Withdrawal notified in writing and received by ATMC prior to commencement date	100% refund of tuition fees
Material & Equipment fees	0% refund*
Cancellation after student commenced course	100% refund of unspent tuition fee **

\* Material & equipment fees are non refundable (regardless of the packaging being sealed). If students have not received the kit at the time of refund, students receive 100% refund.

\*\* Unspent tuition fees are calculated from the last date of attendance until the end date of the period to which the payment relates plus tuition fee for subsequent calendar year.

- In the unlikely event that ATMC is unable to deliver your course in full, you will be offered a refund only of the undelivered training hours. The refund will be paid to you within 20 working days from the day on which the course ceased to be provided. Alternatively, you may be offered enrolment in an alternative course by ATMC (if eligible). You have the right to choose whether you would prefer a refund of the unspent tuition fees, or to accept a place in another course. You will need to re-enroll into the alternative course.
- All fees and charges per calendar year must be paid in full prior to course commencement unless a "PAYMENT SCHEDULE AGREEMENT" (PSA) is arranged with ATMC. Payment schedules are not affected by the deferral or suspension of studies.
- Tuition fees incur when the course commences. ATMC may offer installment payments on the basis that the payments will be made on the scheduled dates. If a student is in breach of the payment arrangement, ATMC has the right to cancel the payment plan and request full payment for the entire amount owed, also, ATMC's cancellation process will be commenced as this is a breach of the Written Agreement and ATMC's Code of Conduct for students.
- Students applying to enroll into another course with ATMC are not allowed to until: a) the minimum payment related to tuition fee and material & equipment fee required as per the offer letter has been paid and b) any outstanding debts have been paid.

#### PRIVACY STATEMENT & STUDENT DECLARATION

- ATMC is required to provide the Victorian Government, through the Department of Education and Training, with student and training activity data which may include information provided in this enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). 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>).
- As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies, organisations conducting student surveys and Researchers. and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).
- The Department and NCVER 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 ATMC; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.
- 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).
- You may be contacted to participate in a survey administered by an NCVER employee, agent or third party contractor, 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.
- 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.
- 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 ATMC's Student Support Department on (03) 8327 3100 or email [info@atmc.edu.au](mailto:info@atmc.edu.au).
- 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>.

#### Student Declaration and Consent:

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

Applicant Signature:

Date:

Guardian Details (to be completed where applicant is under 18 years of age):

Name:

Signature:

Date:

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#### Skills First Program

#### OFFICE USE ONLY

Tick the following categories     Foundation     Skills Creation     Skills Building     Skills Deepening

**Skills First Program - Tick the relevant Funding Source Identifier below:**

- P—General training delivery (non-Apprentice/Trainee training)
- BWP—Back to Work Scheme (non- Apprentice/Trainee)
- ASP—Asylum Seeker VET Program General (non- Apprentice Trainee)
- LVP—Latrobe Valley Initiative—general (non-Apprentice/Trainee)
- RSP—Regional and Specialist Training Fund (non-Apprentice Trainee)

Checklist Description	Yes	No
1. Eligibility assessment checklist has been completed and the student is deemed eligible		
2. Course structure has been discussed with student		
3. Material and equipment fees have been agreed upon		
4. Orientation date has been discussed and agreed upon		
5. Pre-training review is complete (mandatory)		
6. Language, Literacy and Numeracy (LLN) assessment is completed		
7. If Job Seeker, ESP referral form has been collected & original has been returned to student & a copy was sent to the referring agency. Communication to retrieve foregone revenue in applying concession fees has been sent to the agency, if applicable.		

#### Guide to the application of tuition fee waivers/exemptions & concession fees 2018

Type of Student <i>(If eligible for concession, waiver or exemption; documentation must be sighted &amp; retained)</i>	Concession Eligible	Exemption Eligible
1. Applicant is an Asylum Seeker or trafficked person		
2. Applicant is prisoner from Judy Lazarus Transition Centre.		
3. Applicant is enrolling in a course at the Certificate IV level and below and holds a concession card.		
4. Applicant is enrolling in a course at the Certificate IV level and below is a dependant spouse or dependant child of a concession card holder .		
5. Applicant enrolling in a course at the Certificate IV level and below is a job seeker with a standard job seeker referral form and holds a concession card.		
6. Applicant self-identified as being of Aboriginal or Torres Strait Islander descent enrolling in a course at any level.		

- I have ensured the correct funding source code & categories has been tick
- I have gathered all the required evidence and copies of the evidence supplied are on file

Authorised Delegate Name:

Signature:

Date:

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#### Skills First Program

#### EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

#### 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

*(Student full name)*

I have sighted: an original; or a certified copy, or I have verified through use of document verification services (where it is possible to do so) **one** of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract)   | <input type="checkbox"/> a current Australian Passport  |
| <input type="checkbox"/> a current New Zealand Passport  | <input type="checkbox"/> a naturalisation certificate   |
| <input type="checkbox"/> a current <u>green</u> Medicare Card  | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16—2.20 of 2018 Guidelines about Determining Student Eligibility and Supporting Evidence |
| <input type="checkbox"/> an Australian citizenship by descent extract  |   |
| <input type="checkbox"/> formal documentation issued by the Australia Department of Immigration and Border Protection confirming permanent residence |   |

**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 for the Asylum Seeker Resources Centre or the Australian Red Cross , or

**AND** I have retained:

- a copy of the original or certified copy, *or*
- the certified copy, *or*
- 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;

**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, I have also sighted and retained a copy of:

- |   |  |
|---|--|
| <input type="checkbox"/> a current drivers licence, <b>or</b> | <input type="checkbox"/> a current learner permit, <b>or</b> |
| <input type="checkbox"/> a Proof of Age card, <b>or</b>       | <input type="checkbox"/> a 'Keypass' card                    |



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## Application for Enrolment 2018

### Skills First Program

#### EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

#### Section B — To be completed by the student

#### Education History

Q1. The highest qualification I have *completed* is:

Q2. Not including the course/s you are seeking to enrol now, how many other government funded courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started: 0 1 2 3 4+  
(circle number)

Q3. Not including the course/s you are seeking to enrol now, how many other government funded courses are you undertaking training in at the moment? 0 1 2 3 4+  
(circle number)

Q4. In your lifetime, how many government funded courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List. 0 1 2 3 4+  
(circle number)

#### Student declaration

I,  (Student's full name) is seeking to enrol in  (Include full title of qualification/s in which you are seeking to enrol)

declare the following to be true and accurate statements:

- a. I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. (circle appropriate response)
- b. I AM / AM NOT enrolled in the Commonwealth Government's Skills for Education and Employment program. (circle appropriate response)
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Government 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 contact by the Department or an agent to participate in a student survey, interview or other questionnaire.

Applicant Signature:

Guardian Signature:

Date:

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#### EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

##### Section C — To be completed by an authorised delegate of the Training Provider

Number of courses student is currently eligible for:  1  2

#### RTO Declaration:

*Based on discussion with the student, the above evidence I have sighted (and retained a copy of) in Section A, and the information provided to me by the student in Section B of this form, I believe that the above individual satisfies the Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skills First Program for the following qualification/s:*

*I have also sighted and retained (where applicable) relevant evidence required to grant an exemption from eligibility requirements or other limitations pursuant to any initiatives in Part C or Schedule 1 of the VET Funding Contract and as specified in Sections 3.2 of the Guidelines About Determining Student Eligibility and Supporting Evidence:*

*Include full title of qualification/s in which the student is seeking to enrol)*

#### Authorised Training Provider delegate:

Name:

Position:

Signature:

Date: