

## Form AD128.a

### Application for Enrolment

#### Skills First Program

#### PART A—COURSE SELECTION

Tick	Qualification	Duration (including holiday)	Tuition weeks	Work placement	Tuition Fees	Non- Tuition Fees	Student contribution
<input type="checkbox"/>	BSB50215 Diploma of Business	52 weeks	36 weeks	N	\$6,000	\$350	\$0.00
<input type="checkbox"/>	CHC30113 Certificate III in Early Childhood Education and Care	48 Weeks	38 weeks	Y	\$7,600	\$450	\$0.00
<input type="checkbox"/>	CHC50113 Diploma of Early Childhood Education and Care	104 weeks	84 weeks	Y	\$14,800	\$450	\$0.00
<input type="checkbox"/>	ICT40115 Certificate IV in Information Technology	52 weeks	40 weeks	N	\$8,500	\$350	\$0.00
<input type="checkbox"/>	ICT50115 Diploma of Information Technology	52 weeks	42 weeks	N	\$8,500	\$350	\$0.00

Please select the intake dates below:

**Term 1**

**Term 2**

**Term 3**

**Term 4**

First intake start dates

21 Jan 2019

29 Apr 2019

15 Jul 2019

7 Oct 2019

Second intake start dates

25 Feb 2019

17 Jun 2019

26 Aug 2019

11 Nov 2019

**Note:**

- 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

**Campus location:**

**Study mode:**

Full Time

Part Time

#### PERSONAL DETAILS

Surname:

LEGAL FAMILY NAME

Given names:

Date of Birth

DD / MM / YYYY

Sex

Female

Male

Other

Country of birth:

Town of birth:

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 ABN: 73 130 044 745 RTO No: 22158 CRICOS: 03013D

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#### 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:  Alternative Email address (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  Yes, other—Please specify

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 sign and retain written confirmation from the relevant Youth Justice Unit of the Victorian Department of Human Services)

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## Application for Enrolment 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): Please refer to the Disability supplement at Page 10 for an explanation of the following disabilities.

- 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)

If you are currently enrolled in secondary education, the *Highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *Highest school level completed* is Year 9

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

**Are you still enrolled in secondary or senior secondary school?**  Yes—*You are NOT ELIGIBLE for Skills First Program*  No

### PREVIOUS QUALIFICATION ACHIEVED

**Have you SUCCESSFULLY completed any of the qualifications listed below?**  Yes  No

**If YES, please tick any applicable boxes.**

**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- Other education (including certificates or overseas qualifications not listed 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, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship?**

*Tick ONE box only.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 01-To get a job                               | <input type="checkbox"/> 02- To develop my existing business     | <input type="checkbox"/> 03- To start my own business                  |
| <input type="checkbox"/> 04-To try for a different career              | <input type="checkbox"/> 05-To get a better job or promotion     | <input type="checkbox"/> 06-It was a requirement of my job             |
| <input type="checkbox"/> 07-I wanted extra Skills for my job           | <input type="checkbox"/> 08-To get into another program of study | <input type="checkbox"/> 12- For personal interest or self development |
| <input type="checkbox"/> 13-To get skills for community/voluntary work | <input type="checkbox"/> 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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#### EMPLOYMENT

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

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

- |  |   |   |
|--|---|---|
| <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           |   |

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 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 type="text"/>             |  |  |

#### VICTORIAN STUDENT NUMBER

Are you under 25?  Yes  No

If Yes and attended a Victorian School, provide your Victorian Student Number (VSN)

If No, move to the next section

I don't have/ don't know my VSN

#### UNIQUE STUDENT IDENTIFIER

From 1 January 2015, we, ATMC, 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). In addition, we are required to include your USI in the data we submit to NCVET. If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/students/create-your-usi/> on computer or mobile device

Enter your Unique Student Identifier (USI) (if you already have one)

Unique Student ID (USI)

You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faws/i-have-forgotten-my-usi/>.

I don't have a USI:

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.

A verified USI is required for ALL students in order to receive AQF certification documentation unless an exemption applies under the Student Identifier Act 2014. Further information on USI exemptions can be found at <https://www.usi.gov.au/documents/usi-exemptions-table-march-2016>.

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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 the College 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 paid 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 NOTICE & STUDENT DECLARATION

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act 2001* (Vic).

- 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>).
- The Department 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.
- As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies 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'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 conducted by NCVER 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 Privacy Officer in the first instance by phone 03 9650 0367 or email [sng@atmc.edu.au](mailto:sng@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>.

#### 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:

DD / MM / YYYY

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## Application for Enrolment

### 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 <i>green</i> Medicare Card  | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16-2.20 of 2019 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;

**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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#### 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 OR will have completed at the time of the training that I am seeking to enrol in is scheduled to start* is:

*(Include full title of qualification, eg. Certificate III in Aged Care)*

**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,  **is seeking to enrol in**

*(Student's full name)* *(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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## Application for Enrolment

### Skills First Program

#### EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

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

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 2.21 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 RTO delegate:

Name:

Position:

Signature:

Date:

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## Application for Enrolment

### Skills First Program

#### Disability supplement

#### Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

**If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

#### '11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

#### '12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

#### '13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

#### '14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

#### '15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

#### '16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

#### '17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

#### '18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

#### '19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.

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