



# Australian Careers Education Pty Ltd

CRICOS No: 03219A RTO No: 22424 | Australian Careers Education Pty Ltd | 347-351 Victoria Street, Brunswick, VIC, 3056  
 Phone: +61 3 9380 1414 | Facsimile: +61 3 9380 1811 | Email: [info@ace.vic.edu.au](mailto:info@ace.vic.edu.au) | Website: [www.ace.vic.edu.au](http://www.ace.vic.edu.au)

## ENROLMENT FORM (Domestic)

This Enrolment Form is for **Eligible Domestic Students** (Fee for Service OR Victorian Government's Skills First Program) who have been assessed for eligibility requirements and have completed the Pre-training review.

### Enrolment Process

1. Complete this form in its **entirety**
2. **Complete the Victorian Government's Skills First Program Evidence of Student Eligibility and Student Declaration Form**
3. Attach (**certified true copy of**) all supporting documentation-
  - Evidence of Australian citizenship/residency or New Zealand Citizen and proof of age
  - One of the acceptable Australian Photo identification :  
A current drivers licence, A current learner permit, A proof of Age Card or A "Keypass" Card.
  - Concession Card if applicable - Health Care Card or Gold Concession Card or Pensioner card etc.
  - Testamurs / Statements of Attainment for Nationally Recognised Training qualification(s) completed - if applicable

**NB:** Australian Careers Education (ACE) will not be able to proceed with your enrolment unless the required information is completed and all relevant documentation is provided.

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

### SECTION A : PROGRAM (QUALIFICATION / COURSE) :- Please Tick

	Course Code	Course Name
<input type="checkbox"/>	AUR30616	Certificate III in Light Vehicle Mechanical Technology
<input type="checkbox"/>	SIT30816	Certificate III in Commercial Cookery
<input type="checkbox"/>	SIT40516	Certificate IV in Commercial Cookery

### SECTION B : STUDENT DETAILS

1. Enter your Unique Student Identifier(USI):

*if you do not have USI number*

From 1 January 2015, ACE can be prevented from issuing you with a nationally recognized VET qualification of 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 ACE to apply for a USI on your behalf you must authorize us to do so and declare that you have read the privacy information at <http://www.usi.gov.au/training-organisations/Documents/Privacy-Notice>

I \_\_\_\_\_ authorize ACE 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>

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. Title  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Given Names \_\_\_\_\_ Family Name \_\_\_\_\_

*Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want ACE to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.*

3. Gender  Male  Female      4. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(DD/MM/YYYY)

5. Citizenship / Residency Status  Australian Citizen  Permanent Resident  New Zealand Citizen

6. Telephone (Home) \_\_\_\_\_ 7. Mobile Number \_\_\_\_\_

8. Email Address \_\_\_\_\_

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## 9. Usual Residence- In Australia (Place where you live/stay\*)

- This question refers to the address, location and postcode of the suburb, locality or town in which you usually live. Please provide the physical address (street number and name, not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home
- If you are from a rural area, use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address

Building/Property Name		Flat/Unit Number		Street Number	
Street Name					
Suburb, Locality or Town		State/Territory	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## 10. Postal Address- In Australia (if different to usual address as above)

Building/Property Name		Flat/Unit Number		Street Number	
Street Name					
Suburb, Locality or Town		State/Territory	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## 11. Emergency Contact Details

Name		Relationship	
Telephone (Home)		Mobile Number	

## SECTION C: LANGUAGE & CULTURAL DIVERSITY

12. In which country were you born?	<input type="checkbox"/> Australia	<input type="checkbox"/> Other: _____ (please specify)		
13. Do you speak a language other than English at home?	<input type="checkbox"/> No- go to Q.15	<input type="checkbox"/> Yes: _____ (please specify)		
14. How well do you speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not at All

## SECTION D: DISABILITY

15. Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No (go to Q. 16)	<input type="checkbox"/> Yes (please supply details below)	
<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Physical	<input type="checkbox"/> Learning
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Other – please specify _____			

If a disability, impairment or long-term condition has been identified above, please complete the Reasonable Adjustment / Special Needs Form (available on ACE's website under 'Forms') and attach to this enrolment form. Upon receipt, a Student Support Services Officer will contact you to further discuss your needs.

## SECTION E: EMPLOYMENT STATUS

16. Of the following, which best describes your current employment status? (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"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Unemployed – seeking part-time work	<input type="checkbox"/> Not employed – not seeking employment

17. Which of the following classification BEST describes your current or recent occupation? (Tick ONE box only)

<input type="checkbox"/> 1. Managers	<input type="checkbox"/> 4. Community and Personal Service Workers	<input type="checkbox"/> 7. Machinery Operators and Drivers
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 5. Clerical and Administrative Workers	<input type="checkbox"/> 8. Labourers
<input type="checkbox"/> 3. Technicians and Trade Workers	<input type="checkbox"/> 6. Sales Workers	<input type="checkbox"/> 9. Other

18. Which of the following classification BEST describes the industry of your current or previous employer? (Tick ONE box only)

<input type="checkbox"/> A. Agriculture, Forestry & Fishing	<input type="checkbox"/> H. Accommodation and Feed Services	<input type="checkbox"/> O. Public Administration & Safety
<input type="checkbox"/> B. Mining	<input type="checkbox"/> I. Transport, Postal and Warehousing	<input type="checkbox"/> P. Education and Training
<input type="checkbox"/> C. Manufacturing	<input type="checkbox"/> J. Information Media & telecommunications	<input type="checkbox"/> Q. Health Care & Social Assistance
<input type="checkbox"/> D. Electricity/Gas/Water/Waste Services	<input type="checkbox"/> K. Financial and Insurance Services	<input type="checkbox"/> R. Arts and Recreation Services



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- |   |   |  |
|---|---|--|
| <input type="checkbox"/> E. Construction    | <input type="checkbox"/> L. Rental, Hiring, and Real Estate Services        | <input type="checkbox"/> S. Other Services |
| <input type="checkbox"/> F. Wholesale Trade | <input type="checkbox"/> M. Professional, Scientific and Technical Services |  |
| <input type="checkbox"/> G. Retail Trade    | <input type="checkbox"/> N. Administrative and Support Services             |  |

## SECTION F: JOB SEEKER/ EMPLOYMENT SERVICES PROVIDER DETAILS (if applicable)

Have you been connected with Job Services Australia (JSA) Provider?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
Provider Name		Location	
Case Manager Name		Email	
Telephone		Fax	
Do you have a Job Seeker Referral Form for ACE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SECTION G: AUTOMOTIVE SUPPLY CHAIN TRAINING INITIATIVE DETAILS (if applicable)

Have you been Referred Training under Automotive Supply Chain Training Initiative?		<input type="checkbox"/> NO	<input type="checkbox"/> YES
Do you have a Referral Letter for ACE?		<input type="checkbox"/> NO	<input type="checkbox"/> YES (If yes, please supply details)
Case Manager Name		Email	
Telephone		Fax	

## SECTION H: STUDENT DECLARATION

- I certify that the information provided by me on this form is true and complete to the best of my ability.
  - I have been advised by ACE that I am seeking funds for my enrolment for above qualifications being subsidised by the Victorian and Commonwealth Governments under the Victorian Government's Skills First Program.
- I understand that enrolling in the above qualification, this may affect my future training options and eligibility for further government subsidised training under the Victorian Government's Skills First Program as I am only eligible for 2 government subsidised courses in a calendar year, 2 courses at a time and 2 courses at the same level in my lifetime.
- I have been advised by ACE that I may be contacted and requested to participate in a NCVET-National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review relating to your training.
- ACE has explained Recognition of Prior Learning (RPL) and cost involved for RPL process (Non-Formal or Informal Learning) so that I can make an informed decision whether or not to proceed with the RPL process.
- If I proceed with the RPL process (Non-Formal or Informal Learning) that I will pay for the cost of RPL expenses incurred by ACE as a direct result of processing these two types of RPL. I will make payment at the time I submit evidence for assessment irrespective of whether RPL is granted or not granted.
- I am aware that an enrolment fee, materials fees and gap fee (difference in fees between Victorian Government's Skills First Program funded amount and ACE tuition fees) may apply on my enrolment and I agree to make a payment of such fees at the time of enrolment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## SECTION I: PRIVACY NOTICE

### Understand/acknowledge that:

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).

### Collection of your data

ACE is required to provide the Department with student and training activity data. This includes personal information collected in ACE pre-enrolment & enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

ACE provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>

### Use of your data

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 ACE; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

### Disclosure of your data

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).

### Legal and Regulatory

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).

### Survey participation

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.

### Consequences of not providing your information

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

### Access, correction and complaints

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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 ACE's Privacy Officer in the first instance by phone 03 9380 1414 or email [info@ace.vic.edu.au](mailto:info@ace.vic.edu.au)

**Further information**

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: <https://www.usi.gov.au/about/privacy-and-unique-student-identifier>

I acknowledge that I have read the Victorian Governments VET Enrolment Privacy Notice.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Victorian Government's Skills First Program EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

### Section A - To be completed by an authorised delegate of ACE

#### Evidence of citizenship / residency and age

I confirm that in relation to \_\_\_\_\_  
(Student's full name)

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

- an Australian Birth Certificate (not Birth Extract)
- a current New Zealand Passport
- a current green Medicare Card
- formal documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence
- a current Australian Passport
- a naturalisation certificate
- a proxy declaration for individuals in exceptional circumstances as per clauses 2.16-2.20 of these guidelines
- an Australian citizenship by descent extract

**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 from the Asylum seeker resource 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:

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

NB: ACE must retain a copy of all documentation used in Section A to determine a student's eligibility as per section 2 of these Guidelines.

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

#### Education history

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

\_\_\_\_\_

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

Q2. Not including the course/s you are seeking to enrol in 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.

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0                      1                      2                      3                      4+ (Circle number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government funded courses are you undertaking training in at the moment?

0                      1                      2                      3                      4+ (Circle number)

Q.4 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)

## Section B – continued

### Student declaration

I \_\_\_\_\_, in 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:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Section C – To be completed by an authorised delegate of ACE

Number of courses student is currently eligible for:    1     2

### ACE 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

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other limitations pursuant to any initiatives in part C of schedule 1 of the VET funding contract and as specified in section 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 ACE delegate:

Name: \_\_\_\_\_

Position : \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes** Use this section to record additional, relevant eligibility information, including information used by ACE to verify the individual's eligibility that is not captured in Sections A, B or C.

### **For Office Use:**

Enrolment form received on

Date: \_\_/\_\_/\_\_\_\_\_

Enrolment processed by

Correct and relevant supporting documents attached

Yes

No

Student Referred Training under Automotive Supply Chain Training Initiative

Yes

No

If Yes Referral Letter Received & Filed

Yes

No

Student Referred by Job Seeker or Employment Services Provider

Yes

No

If Yes Referral Letter Received & Filed

Yes

No

Student is holding a Concession Card & Concession Fee Waiver

Yes

No

If Yes Copy of Concession Card & Concession Fee Waiver Received & Filed

Yes

No

Student offer letter sent along with a Statement of Fees

Yes

No

Date Offer Letter sent

\_\_/\_\_/\_\_\_\_\_

Offer Letter processed by

\_\_\_\_\_

Amount of Tuition fees Applicable

\$ \_\_\_\_\_

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