



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 | Website: 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 (PTR).

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 copies** of all the following 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"/>	AUR30620	Certificate III in Light Vehicle Mechanical Technology
<input type="checkbox"/>	AUR40216	Certificate IV in Automotive Mechanical Diagnosis
<input type="checkbox"/>	SIT30816	Certificate III in Commercial Cookery
<input type="checkbox"/>	SIT40516	Certificate IV in Commercial Cookery
<input type="checkbox"/>	FBP30417	Certificate III in Bread Baking

SECTION B : APPLICANT 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/>.*

USI application through ACE

If you would like ACE 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 <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>.

I _____ authorise 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 <https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>, and NCVET policies, procedures and protocols published on NCVET's website at www.ncver.edu.au.

Student Signature: _____ **Date:** _____

2. Title Mr Mrs Ms Miss Other _____

First Name (Legal Given Name) - _____

Client Family Name (Legal Family Name) - _____

Middle Name (Legal Middle 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.

Enrolment Form (Domestic)	Version 4	Updated: Nov 2021
Authorised by CEO	CRICOS # 03219A	RTO # 22424
©Australian Careers Education Pty Ltd		Page 1 of 8



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 | Website: www.ace.vic.edu.au

3. Gender (tick one box only)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified		4. Date of Birth	___ / ___ / _____ (DD/MM/YYYY)
5. Citizenship / Residency Status		<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> New Zealand Citizen			
6. Contact Details					
Telephone (Home)	()	Telephone (Work)	()		
Mobile Number		Email Address			
7. Usual Residence*					
*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"/>
8. Postal Address (if different from 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"/>
9. Emergency Contact Details					
Name				Relationship	
Telephone (Home)	()	Mobile Number			
SECTION C: LANGUAGE & CULTURAL DIVERSITY					
10. In which country were you born?			11. Town or city of birth: _____		
<input type="checkbox"/> Australia <input type="checkbox"/> Other: _____ (please specify)					
12. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)			<input type="checkbox"/> No, English only - go to Question 14 <input type="checkbox"/> Yes, other: _____ (please specify)		
13. 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		
14. Are you of Aboriginal or Torres Strait Islander origin?			<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander		
15. Are you an Asylum Seeker and/or Victim of Human Trafficking applicant?			<input type="checkbox"/> No <input type="checkbox"/> Yes (Referral Form is supplied - Yes / No [please circle])		
SECTION D: DISABILITY					
16. Do you consider yourself to have a disability, impairment or long-term condition?			<input type="checkbox"/> Yes (please indicate the areas of disability, impairment or long-term condition below) <input type="checkbox"/> No - go to Question 18		
<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 Officer will contact you to discuss your needs further.					
Enrolment Form (Domestic)			Version 4		Updated: Nov 2021
Authorised by CEO			CRICOS # 03219A		RTO # 22424
©Australian Careers Education Pty Ltd			Page 2 of 8		



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 | Website: www.ace.vic.edu.au

SECTION E: EMPLOYMENT STATUS

17. Of the following categories, 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"/> Self-Employed – employing others |
| <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 |

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

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

19. 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"/> B. Mining | <input type="checkbox"/> C. Manufacturing |
| <input type="checkbox"/> D. Electricity/Gas/Water/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 & 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 & Safety |
| <input type="checkbox"/> P. Education and Training | <input type="checkbox"/> Q. Health Care & Social Assistance | <input type="checkbox"/> R. Arts and Recreation Services |
| <input type="checkbox"/> S. Other Services | | |

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

20. Have you been connected with Job Services Australia (JSA) Provider? Yes No

Provider Name		Location	
Case Manager Name		Email	
Telephone		Fax	

Do you have a Job Seeker Referral Form for ACE? Yes No

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

21. Have you been Referred Training under Automotive Supply Chain Training Initiative?

- Yes – please supply details below No

Do you have a Referral Letter for ACE? Yes No

Case Manager Name		Email	
Telephone		Fax	

SECTION H: STUDENT DECLARATION

- I certify that the information provided by me on this form is true and correct 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 two government subsidised courses in a calendar year, two courses at a time and two 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 National Centre for Vocational Education Research (NCVER) survey or a Department-endorsed project or audit or review relating to your training.
- 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: ____/____/____



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 | Website: www.ace.vic.edu.au

SECTION I: VICTORIAN GOVERNMENT VET STUDENT ENROLMENT PRIVACY NOTICE

Privacy Notice (NCVER)

Under the *Data Provision Requirements 2012*, Australian Careers Education Pty Ltd (ACE) is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by ACE for statistical, administrative, regulatory and research purposes. ACE may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- Populating authenticated VET transcripts;
- Facilitating statistics and research relating to education, including surveys and data linkage;
- Pre-populating RTO student enrolment forms;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). For more information about NCVER's Privacy P

Victorian Government's VET Enrolment Privacy Notice

I 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's pre-enrolment and enrolment forms 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. Please note, you may opt out of the NCVER survey at the time of being contacted.

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

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

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 Government's VET Enrolment Privacy Notice.

Applicant's Signature: _____ Date: ____/____/____

* Parent / Guardian Signature: _____ Date: ____/____/____

(*Parental/guardian consent is required for all students under the age of 18)

Enrolment Form (Domestic)	Version 4	Updated: Nov 2021
Authorised by CEO	CRICOS # 03219A	RTO # 22424
©Australian Careers Education Pty Ltd		Page 4 of 8



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 | Website: www.ace.vic.edu.au

SECTION J: NATIONAL VET DATA POLICY PRIVACY NOTICE

Why we collect your personal information

As a registered training organisation Australian Careers Education Pty Ltd (ACE), will collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at

www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact Australian Careers Education Pty Ltd (ACE) using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>.

Surveys

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact **Australian Careers Education Pty Ltd (ACE)** to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

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

I acknowledge that I have read the National VET Data Policy Privacy Notice.

Applicant's Signature: _____ Date: ____/____/____

* Parent / Guardian Signature: _____ Date: ____/____/____

(*Parental/guardian consent is required for all students under the age of 18)

Enrolment Form (Domestic)	Version 4	Updated: Nov 2021
Authorised by CEO	CRICOS # 03219A	RTO # 22424
©Australian Careers Education Pty Ltd		Page 5 of 8



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 | Website: www.ace.vic.edu.au

SKILLS FIRST PROGRAM - EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE

TO BE COMPLETED BY AN AUTHORISED DELEGATE OF ACE – DON'T LEAVE ANY SECTIONS BLANK

I confirm that in relation to: (student's full name):			
I have sighted ONE of the following:			
<input type="checkbox"/>	Australian Birth Certificate (not Birth Extract)	<input type="checkbox"/>	Current Australian Passport
<input type="checkbox"/>	Current New Zealand Passport	<input type="checkbox"/>	Australian Citizenship Certificate
<input type="checkbox"/>	Current green Medicare card	<input type="checkbox"/>	Australian Certificate of Registration by Descent
<input type="checkbox"/>	A proxy declaration for individuals in exceptional circumstances as per Clauses 2.12 – 2.16 of the Guidelines About Eligibility (the Eligibility Guidelines)	<input type="checkbox"/>	Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard.
<input type="checkbox"/>	a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross		
By Either:			
<input type="checkbox"/>	viewing an original; OR		
<input type="checkbox"/>	viewing a certified copy; OR		
<input type="checkbox"/>	verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.5(c) of the Eligibility Guidelines]; OR		
<input type="checkbox"/>	viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device [in accordance with Clause 2.5(d) of the Eligibility Guidelines]; OR		
<input type="checkbox"/>	relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.8 of the Eligibility Guidelines] OR		
And I have retained ONE of the following:			
<input type="checkbox"/>	a copy of the original or certified copy; OR		
<input type="checkbox"/>	the certified copy; OR		
<input type="checkbox"/>	evidence as set out in Clause 2.5(c) of the Eligibility Guidelines [where verified through the DVS]; OR		
<input type="checkbox"/>	declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Eligibility Guidelines]; OR		
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 (or if the date of birth has not been verified through use of the DVS), I have also sighted and retained a copy of one of the following:			
<input type="checkbox"/>	current drivers licence	<input type="checkbox"/>	'Keypass' card
<input type="checkbox"/>	current learner permit	<input type="checkbox"/>	Proof of Age card
<input type="checkbox"/>		<input type="checkbox"/>	Not applicable



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 | Website: www.ace.vic.edu.au

SECTION B1 – EDUCATION HISTORY (ENROLMENT IN A QUALIFICATION)

TO BE COMPLETED BY THE STUDENT – DON'T LEAVE ANY SECTION BLANK UNLESS YOU ARE ASKED TO SKIP A QUESTION OR GO TO THE DECLARATION – PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DON'T UNDERSTAND A QUESTION

A '**skill set**' means a course with the title 'Course in...' or a single subject, or small group of subjects (for example 'Course in Family Violence', 'Infection control Skill Set (Retail)').

A '**qualification**' means a course that has 'Certificate' or 'Diploma' in the title (for example, 'Certificate III in Business', 'Diploma of Nursing').

Q1	What is the highest qualification (not including secondary or high school) that you have completed , or expect to complete at the time the training you are applying for is scheduled to start? <i>(include code and full title of qualification if possible, for example, Certificate III in Aged Care. If you have not completed any qualification, write 'none')</i>					
Q2	How many other Skills First funded qualifications have you enrolled in that have started, or will start in the same calendar year as the qualification/s you are applying for now? (Don't include the qualification/s you are applying for now. Do include other qualification/s at this and other training providers you've enrolled in, but haven't started yet).					
	0	1	2	3	4+	<i>(circle number)</i>
Q3	Not including the qualification/s you are applying for now, how many other Skills First funded skill sets and/or qualifications are you doing at the moment?					
	0	1	2	3	4+	<i>(circle number)</i>
Q4	In your lifetime, how many government funded qualifications have you started that are at the same level as the one you are applying for now? <i>If you are applying for a qualification on the Foundation Skills List, tick 'not applicable'.</i>					
	0	1	2	3	4+	<i>(circle number)</i> <input type="checkbox"/> not applicable

SECTION B2 – EDUCATION HISTORY (STUDENT DECLARATION)

STUDENT DECLARATION

I, (print your full name):	
In seeking to enrol in (write the code and full title of the qualification):	

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. <i>(circle the appropriate response)</i>	
• I AM / AM NOT enrolled in the Commonwealth Government's Skills for Education and Employment program. <i>(circle the appropriate response)</i>	
• I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Government under the <i>Skills First</i> Program. I understand how my enrolment will affect my future training options and eligibility for further training under the <i>Skills First</i> program.	
• I acknowledge and understand that I may be contacted by the Department of Education and Training or an agent to participate in a survey, interview or other questionnaire.	
SIGNED:	DATE:



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 | Website: www.ace.vic.edu.au

SECTION C – TRAINING PROVIDER DECLARATION

TO BE COMPLETED BY AN AUTHORISED DELEGATE OF ACE – **DON'T LEAVE ANY SECTIONS BLANK**

Number of qualifications student is currently eligible for:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Eligibility exemption granted:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Based on:

- discussion with the student;
- the 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 **Skills First Entitlement eligibility requirements** as set out in the **VET Funding Contract (the Contract)** and the **Guidelines About Eligibility (the Eligibility Guidelines)** and is eligible for funding under the **Skills First Program** for the following program/s:

(write the code and full title of the program/s in which the student is seeking to enrol)

Where applicable I have also sighted and retained relevant evidence required to grant an exemption from eligibility requirements or other limits under any initiatives in Part C of Schedule 1 of the Contract and as specified in Attachment 4 of the Eligibility Guidelines.

I acknowledge that as the Training Provider's authorised delegate, I am responsible for ensuring that all parts of this form are complete. By signing this Declaration, I acknowledge that I have reviewed **Sections A** and **B** and have confirmed they have been completed in full.

Authorised Training Provider Delegate:

Name:	
Position:	
Signed	
Date:	

NOTES - Use this section to record additional detail, relevant eligibility information, including information used by the Training Provider to verify the student's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A