

Skills First Data Entry Compliance Officer to initial that form has been completed & checked.



Yarraville Community Centre Inc. (YCC)

59 Francis Street, Yarraville, 3013 Tel: 9687 1560 ABN: 69 827 568 560 TOID: 4207

RTO Student Enrolment Form 2025

<input type="checkbox"/> Entered on SMS Date: / /2025 Enrolment no: USI:				
Course to be enrolled in: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> 22636VIC Course in Initial EAL <input type="checkbox"/> 22637VIC Course in EAL <input type="checkbox"/> 22638VIC Certificate I in EAL (Access) <input type="checkbox"/> 22639VIC Certificate II in EAL (Access) <input type="checkbox"/> 22643VIC Certificate III in EAL (Employment) <input type="checkbox"/> 22640VIC Certificate III in EAL (Access) <input type="checkbox"/> 22471VIC Course in Initial General Edn for Adults <input type="checkbox"/> 22476VIC Certificate I in General Edn for Adults (Introductory) </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> 22472VIC Certificate I in General Education for Adults <input type="checkbox"/> 22473VIC Certificate II in General Edn for Adults <input type="checkbox"/> 22474VIC Certificate III in General Edn for Adults <input type="checkbox"/> CHC22015 Certificate II in Community Services <input type="checkbox"/> CHC32015 Certificate III in Community Services <input type="checkbox"/> CHC30221 Certificate III in School Based Edn Support <input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> CHC43121 Certificate IV in Disability </td> </tr> </table>			<input type="checkbox"/> 22636VIC Course in Initial EAL <input type="checkbox"/> 22637VIC Course in EAL <input type="checkbox"/> 22638VIC Certificate I in EAL (Access) <input type="checkbox"/> 22639VIC Certificate II in EAL (Access) <input type="checkbox"/> 22643VIC Certificate III in EAL (Employment) <input type="checkbox"/> 22640VIC Certificate III in EAL (Access) <input type="checkbox"/> 22471VIC Course in Initial General Edn for Adults <input type="checkbox"/> 22476VIC Certificate I in General Edn for Adults (Introductory)	<input type="checkbox"/> 22472VIC Certificate I in General Education for Adults <input type="checkbox"/> 22473VIC Certificate II in General Edn for Adults <input type="checkbox"/> 22474VIC Certificate III in General Edn for Adults <input type="checkbox"/> CHC22015 Certificate II in Community Services <input type="checkbox"/> CHC32015 Certificate III in Community Services <input type="checkbox"/> CHC30221 Certificate III in School Based Edn Support <input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> CHC43121 Certificate IV in Disability
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How did you find out about the course: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Course Flyer <input type="checkbox"/> Word of mouth <input type="checkbox"/> Social media <input type="checkbox"/> Internet search <input type="checkbox"/> Website </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Email <input type="checkbox"/> Workforce Australia <input type="checkbox"/> Centrelink <input type="checkbox"/> Newspaper <input type="checkbox"/> Other, please specify </td> </tr> </table>			<input type="checkbox"/> Course Flyer <input type="checkbox"/> Word of mouth <input type="checkbox"/> Social media <input type="checkbox"/> Internet search <input type="checkbox"/> Website	<input type="checkbox"/> Email <input type="checkbox"/> Workforce Australia <input type="checkbox"/> Centrelink <input type="checkbox"/> Newspaper <input type="checkbox"/> Other, please specify
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Venue:		Class commencement date: / /2025		
Personal Details				
Enter your full 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 please write your name exactly as written in the identity document you choose to use.				
Title	Given names (Legal given names)	Surname (Legal family name)		
Enter your birth date (Day/month/year) / /				
Gender (Tick ONE box only) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate / Intersex / Unspecified				
Concession? Yes <input type="checkbox"/> No <input type="checkbox"/> Evidence sighted? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Type of concession card HCC <input type="checkbox"/> PCC <input type="checkbox"/> Veteran CC <input type="checkbox"/> Other <input type="checkbox"/> Please specify				
Name of concession card holder: _____				
Name of authorised delegate who has sighted the evidence: _____				
Date sighted: _____				

Enter your contact information:			
Home phone (including area code)		Mobile	
Email address			
Flat/Unit number			
Street or lot number (e.g. 205 or Lot 118)			
Street name			
Suburb, locality or town			
State/Territory		Postcode	
Enter contact information in case of emergency:			
Emergency contact name	Relationship to you	Emergency contact number	

Language and Cultural Diversity		
In which country were you born?		
<input type="checkbox"/> Australia	<input type="checkbox"/> 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)		
<input type="checkbox"/> No – English only	<input type="checkbox"/> Yes – please specify:	
Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander

Disability	
Do you consider yourself to have a disability, impairment or long-term condition?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (Go to the next section)
If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area)	
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Acquired brain impairment
<input type="checkbox"/> Physical	<input type="checkbox"/> Vision
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Learning	<input type="checkbox"/> Other:
<input type="checkbox"/> Mental illness	
If you answered YES to the above question do you require any assistance to participate in this course?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (We'll arrange a meeting to discuss this with you)

Schooling	
What is your highest COMPLETED school level? 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. (Tick ONE box only)	
<input type="checkbox"/> Completed Year 12	<input type="checkbox"/> Completed Year 9 or equivalent
<input type="checkbox"/> Completed Year 11	<input type="checkbox"/> Completed Year 8 or lower
<input type="checkbox"/> Completed Year 10	<input type="checkbox"/> Never attended school
Are you still enrolled in secondary or senior secondary education?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Qualifications Achieved			
Have you SUCCESSFULLY completed any of the following qualifications listed below?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Yes (if yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level.) A – Australian 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 – Australian 2. E– Australian equivalent 3. I – International	
	A	E	I
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates other than the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment	
Of the following categories, which BEST describes your current employment status? 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). (Tick ONE box only)	
<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Self-employed – employing others	<input type="checkbox"/> Unemployed – not seeking employment

Occupation	
Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only) If unemployed, go to the next question.	
<input type="checkbox"/> Managers	<input type="checkbox"/> Sales Workers
<input type="checkbox"/> Professionals	<input type="checkbox"/> Machinery Operators and Drivers
<input type="checkbox"/> Technicians and Trade Workers	<input type="checkbox"/> Labourers
<input type="checkbox"/> Community and Personal Service Workers	<input type="checkbox"/> Other:
<input type="checkbox"/> Clerical and Administrative Workers	

Industry	
Which of the following classifications BEST describes the Industry of your current or previous Employer? (Tick ONE box only) If unemployed, go to the next question.	
<input type="checkbox"/> Agriculture, Forestry and Fishing	<input type="checkbox"/> Financial and Insurance Services
<input type="checkbox"/> Mining	<input type="checkbox"/> Rental, Hiring and Real Estate Services
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific and Technical Services
<input type="checkbox"/> Electricity, Gas, Water and Waste Services	<input type="checkbox"/> Administrative and Support Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Public Administration and Safety
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Education and Training
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Health Care and Social Assistance
<input type="checkbox"/> Accommodation and Food Services	<input type="checkbox"/> Arts and recreation Services
<input type="checkbox"/> Transport, Postal and Warehousing	<input type="checkbox"/> Other Services
<input type="checkbox"/> Information Media and telecommunications	

Study Reason	
Study Reason – Of the following categories, which BEST describes your main reason for undertaking this course / traineeship /apprenticeship? (Tick ONE box only)	
<input type="checkbox"/> To get a job	<input type="checkbox"/> It was a requirement of my job
<input type="checkbox"/> To develop my business	<input type="checkbox"/> I wanted extra skills for my job
<input type="checkbox"/> To start my own business	<input type="checkbox"/> To get into another course of study
<input type="checkbox"/> To try for a different career	<input type="checkbox"/> For personal interest or self-development
<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> Other reasons
<input type="checkbox"/> To gain skills for community/voluntary work	

Victorian Student Number (Victorian Students only)											
Enter your Victorian Student Number (VSN). To be completed by students aged up to 24 years.											
<table border="1"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>											If you have entered your VSN you can skip the next question and go straight to the next section.
Have you attended any Victorian school since 2009 or done any training with a vocational education and training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?											
<input type="checkbox"/> No (Go to next section)											
<input type="checkbox"/> Yes – I have attended a Victorian school since 2009											
Enter name of most recent Victorian school attended:											
<input type="checkbox"/> Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011											
List the 3 most recent training organisations with which you have participated in Victoria since 2011:											
1.											
2.											
3.											

Unique Student Identifier

From 1 January 2015, Yarraville Community Centre 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 <http://www.usi.gov.au/create-your-USI/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

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/faqs/i-have-forgotten-my-usi>.**

If you would like Yarraville Community Centre 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/training-organisations/usi-support-materials/privacy-notice-students-when-applying-usi>

In accordance with Section 11 of the *Student Identifiers Act 2014*, Yarraville Community Centre will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicably after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any other law to retain it.

You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf. Yarraville Community Centre will also need to verify your identity to create your USI.

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

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In providing my USI, I confirm Yarraville Community Centre is authorised to collect, use and disclose my student identifier for the purposes required under the *Student Identifiers Act 2014*.

I understand that I will receive a notice regarding Yarraville Community Centre's use of this information to confirm my USI. I understand that Yarraville Community Centre's name included in the notice may be different to the name they are familiar with – the name of the organisation verifying my USI is Yarraville Community Centre.

I give permission for Yarraville Community Centre to (tick one or both):

- Use the 'Existing USI Search' tool on www.usi.gov.au to check that I have a USI and/or
- Make an application on my behalf to register to obtain a USI.

I agree to provide the following details:

Full Name: _____ Date of Birth: _____

Country of Birth: _____ City of Birth: _____

Home Address: _____

Email Address: _____

Driver Licence Number: _____ State Issued: _____ OR

Medicare Number (plus number on card relating to student): _____

Medicare Card Expiry Date: _____ / _____ OR

Passport Number: _____ OR

Australian Birth Certificate Number: _____

Student Name: _____

Student Signature: _____ Date: _____

Victorian Government VET Student Enrolment Privacy Notice

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

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

Yarraville Community Centre 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 Yarraville Community Centre; 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. You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au)

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 Yarraville Community Centre's Privacy Officer in the first instance by phone 03 9687 1560 or email info@ycc.net.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 <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

[STUDENT SIGNATURE] [DATE].....
[PARENT/GUARDIAN SIGNATURE*] [DATE]

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

Privacy Notice & Applicant Declaration

Privacy Notice

Under the *Data Provision Requirements 2012*, Yarraville Community Centre is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER – National Centre for Vocational Education Research).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Yarraville Community Centre for statistical, administrative, regulatory and research purposes. Yarraville Community Centre may disclose your personal information for these purposes:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- populating authenticated VET (Vocational Education and Training) transcripts;
- issuing a VET Statement of Attainment or VET Qualification;
- 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 an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor. 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 VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

Yarraville Community Centre retains a record of personal information about all individuals with whom we undertake any form of business activity. Yarraville Community Centre must collect, hold, use and disclose information from our clients and stakeholders for a range of purposes.

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.

Student Signature: _____

Date & Time of Signing: _____

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

Parent/Guardian Name: _____

Date & Time of Signing: _____

Marketing Use Content - I give Yarraville Community Centre permission to use photos in public material and social media (including any photos where I may be recognised) as may be useful.

- I authorise images of my participation in training to be used by Yarraville Community Centre for future marketing and business purposes. I understand that I retain the right to withdraw my consent at any time.
- I **DO NOT** authorise images of my participation in training to be used by Yarraville Community Centre for future marketing and business purposes.

Section A – To be completed by an authorised delegate of the Training Provider

SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY

To be completed by an 'Authorised Delegate of the Training Provider – don't leave any sections blank.

I confirm that for: _____
(Student's full name)

I have **SIGHTED** one of the following:

- | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> New Zealand Citizenship Certificate |
| <input type="checkbox"/> current Australian Passport | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.14 – 2.18 of the Guidelines About Eligibility |
| <input type="checkbox"/> current New Zealand Passport | <input type="checkbox"/> confirmation via the Visa Entitlement Online System (VEVO) of permanent residence AND the student's foreign passport or ImmiCard |
| <input type="checkbox"/> Australian Citizenship Certificate | <input type="checkbox"/> confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program. |
| <input type="checkbox"/> current green Medicare card | |
| <input type="checkbox"/> Australian Certificate of Registration by Descent | |
| <input type="checkbox"/> New Zealand Birth Certificate | |

By either:

- viewing an original; OR
- viewing a certified copy; OR
- 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
- 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
- relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Eligibility Guidelines]; OR
- verifying through VEVO, and viewing supporting evidence, if required, [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility].

And I have retained ONE of the following:

- a copy of the original or certified copy; OR
- the certified copy; OR
- evidence as set out in Clause 2.5(c) of the Guidelines About Eligibility [where verified through the DVS]; OR
- declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility]; OR
- evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; OR
- declaration of sighting a document where a student has objected to their document being retained [as set out in clause 2.6 of the Guidelines About Eligibility].

SECTION B – STUDENT DECLARATION

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.**

Q1 Write the name of the course you're applying for

--

Q2 Are you doing, or have you done any other Skills First training in 2025? Tick your response.

- No
- Yes – write the course name(s) below. Include training you haven't started yet.

--

Q3 Are you enrolled in a school, including government, non-government, independent, Catholic or home school?

- No
- Yes

Q4 Are you enrolled in the Commonwealth Government's Skills for Education and Employment program?

- No
- Yes

Student declaration – read and complete the declaration below.

- I understand that my enrolment may be subsidized by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may affect my eligibility for more Skills First training.
- I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.
- I declare the information in this form is true and accurate.

Name:	
Signature:	
Date:	

SECTION C – TRAINING PROVIDER DECLARATION

To be completed by the Training Provider – don't leave any sections blank.

Based on:

- my discussion with the student
- the evidence I have sighted and retained in **Section A**
- the information provided to me by the student in **Section B**

I confirm that the student is:

- eligible for Skills First funding for the program's listed below
- not eligible for Skills First funding
- not eligible for Skills First funding, but I have granted an eligibility exemption for the program/s listed below.

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

Where I have granted an exemption under any initiatives in Part C of Schedule 1 of the Contract, I have sighted and retained any additional evidence specified in Part C of Schedule 1 of the Contract.

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 you used to verify the student's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A.

Skills First Funded Student Agreement Form 2025

Acknowledgment of receipt of information

I acknowledge that prior to commencement in my Skills First program at Yarraville Community Centre (YCC), I have gone through the Student Information Booklet and know where to access a copy.

I have been made aware of the information on the topics listed below:

- Student selection, enrolment and induction/orientation procedures.
- Unique Student Identifier.
- Qualification or accredited course information.
- Marketing and advertising of course information.
- Legislative requirements.
- Statement of fees.
- Refund policy.
- Student support, welfare and guidance services.
- Access and equity policy and procedure.
- Flexible learning and assessment procedures.
- Competency based assessment.
- Student access to accurate records policy and procedures.
- Confidentiality procedure.
- Complaints and appeals procedures.
- Recognition arrangements for RPL and credit transfer.
- Recognition of AQF qualifications and statements of attainment issued by another RTO or Centre
- Qualification and accredited course guarantee
- Advised student of possibility of receiving NCVET surveys from the Department.
- Advised student of possibility of receiving an invitation to participate in a Department-endorsed project.
- Advised student of possibility of receiving contact from the Department for audit purposes.

YCC will provide at no extra cost a formal Statement of Attainment on withdrawal, cancellation, or transfer, prior to completing the qualification, provided that you have paid in full for the tuition related to the units of competency shown on the Statement of Attainment.

We do not charge for resit or re-assessment over the enrolment period.

Course Code: _____ **Course Title:** _____

Course Duration: _____ **Course Location:** _____

Delivery Mode: Mixed method and self- directed learning

I am aware that YCC will ensure that I will complete the training and assessment as agreed. If circumstances arise that affect my ability to complete this course (e.g. loss of a teacher and unable to obtain suitable replacement) then the Centre must arrange for training and assessment to be completed by another suitable training organisation. Prior to the transfer to another RTO, I will be formally notified of the arrangements and an agreement to those arrangements, including any refund or fees associated, will be obtained.

I acknowledge that I understand the Student Handbook is available for reference and I understand that I can access further information on some of these topics should I wish to do so.

Student Name: _____

Student Signature: _____

Date: _____

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Calculation of Fees

Office Use Only:	2025	GST
Tuition Fee FFS	_____ hours X _____\$ _____ Cents Per Hour Total: \$_____	
Tuition Fee Government Funded	_____ hours X _____\$ _____ Cents Per Hour Total: \$00.00	
Tuition Fee Government Funded Concession	_____ hours X _____\$ _____ Cents Per Hour Total: \$00.00	
Amenity Fee	\$0.00	
Materials	\$	
Other	\$0.00	
Sub Total (Amenity Materials & Other)	\$	
Total Fees	\$	
Approx. Govt. Tuition Fee Contribution	\$	

Student Name: _____

Signature: _____ Date: _____

Complete both top and bottom Fee Calculations and detach below the line and give to student.

Office Use Only:	2025	GST
Tuition Fee FFS	_____ hours X _____\$ _____ Cents Per Hour Total: \$_____	
Tuition Fee Government Funded	_____ hours X _____\$ _____ Cents Per Hour Total: \$00.00	
Tuition Fee Government Funded Concession	_____ hours X _____\$ _____ Cents Per Hour Total: \$00.00	
Amenity Fee	\$0.00	
Materials	\$	
Other	\$0.00	
Sub Total (Amenity Materials & Other)	\$	
Total Fees	\$	
Approx. Govt. Tuition Fee Contribution	\$	