

Please use BLOCK LETTERS when filling out this form, and ensure that all sections are completed, and appropriate tick boxes marked as applicable. Information collected on this enrolment form is confidential and will not affect you as an individual in your studies.

| 1. | Personal Details (including full legal name) | | | | | | |
|---|---|--|--|--|--|--|--|
| | Title (Mr, Miss, Ms, Mrs, Other): | | | | | | |
| | Surname: | (if Single Name only, enter here) | | | | | |
| | First Name: | Middle Name(s): | | | | | |
| | Preferred Name: | Previous Surname: | | | | | |
| | Date of Birth:// | Current Age: | | | | | |
| | Town/City of Birth: | Age as at 1/1/2018: ☐ 15-19 ☐ 20-24 ☐ 25+ | | | | | |
| NOTE: Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If yet have a USI and want Westvic Staffing Solutions to apply for a USI on your behalf, you must write your name, including any middle exactly as written in the identity document you choose to use for this purpose. | | | | | | | |
| UNIQUE STUDENT IDENTIFIER (USI) | | | | | | | |
| From 01/01/2015 Westvic Staffing Solutions as your RTO can be prevented from issuing you with a nationally recognised VET qualific statement of attainment when you complete your course if you do not have a valid Unique Student Identifier (USI). If you have not you use a USI you can apply for it directly at https://www.usi.gov.au/students/how-do-i-create-usi on a computer or mobile device. Please select and complete one of the below options to inform us of your USI. | | | | | | | |
| | □ OPTION 1 (known existing USI) | □ OPTION 2 (preferred) | | | | | |
| | I already have a valid USI and I can provide it. | I will apply for my own USI using the government website: | | | | | |
| | - Please enter your 10-digit USI in boxes provided below | www.usi.gov.au/students/how-do-i-create-usi. Please record below | | | | | |
| | Please record your new or existing USI in the space provided: | | | | | | |
| | □ OPTION 3 (unknown existing USI) | □ OPTION 4 | | | | | |
| | I give Westvic Staffing Solutions permission to look up my existing USI should this be required as part of the Registration for enrolment process and to satisfy any VET reporting requirements, as required. | I authorise Westvic Staffing Solutions to apply for a USI on my behalf. Refer to TSF 303 USI Information and Privacy Notice for additional details and an application on our website: www.westvic.org.au/do-you-need-training/student-information/ | | | | | |
| | [OFFICE USE ONLY] Student Management System No.: | USI Verified: ☐ Yes ☐ No ☐ DVS Valid | | | | | |
| | | | | | | | |
| 2. (| Gender | | | | | | |
| | ☐ Male ☐ Female ☐ Indeterminate / Intersex / Unspecified (ple | ease tick one) | | | | | |
| 3. Y | our Contact Details | | | | | | |
| | Mobile Phone: | | | | | | |
| | Email Address: | Work Phone: | | | | | |
| | Preferred Contact Method: U via Mobile Phone U via Emai | il □ via Post (address below) (please tick one) | | | | | |
| ۱. ۱ | our Emergency Contact | | | | | | |
| | | Relationship: | | | | | |
| | Home Phone: M | Mobile Phone: | | | | | |
| | | | | | | | |



| 5. Your Address Details | | | | | | | | | | |
|---|---------------------------|-----------|---------|----------|----------|------------|---------------------|---------|------------------|--------|
| USUAL RESIDENTIAL ADDRESS (Not a PO Box) | | | | | | | | | | |
| What is the address and postcode of the suburb, locality or town w | vhich you u | sually l | ive? | | | | | | | |
| Street Address (mandatory): | | | | | | | | | | |
| City/Town: | Sta | ite: | | | | Pos | tcode: | | | |
| POSTAL ADDRESS $\ \square$ (please tick if same as usual Residential Add | ress) | | | | | | | | | |
| Address (optional): | | | | | | | | | | |
| City/Town: | Sta | ite: | | | | Pos | tcode: | | | |
| 6. Victorian Student Number (VSN) | | | | | | | | | | |
| To be completed by all students aged up to 24 years : | | | | | | | | | | |
| Since 2009 in schools and since 2011 for vocational education and trainin Student Number (VSN) has been allocated upon enrolment to each indivi- | | | | | | nity Educ | ation p | rovide | rs, a Vic | torian |
| Students should report their VSN on all subsequent enrolments at a Victorurently enrolled in either a VET provider or a Victorian school (including | | | | | | | | | | |
| VSN from their current education or training organisation and report thei | | | | | | | | ., | | |
| Students who are Registering for enrolment for the first time since the VS | SN was intro | oduced | will ge | t a new | VSN. | | | | | |
| Enter your Victorian Student Number (VSN): | | | | | | | | | | |
| | | | | No mo | re quest | ions if yo | ou have | provid | ed you | r VSN |
| | | | | | | | (pr | oceed | to Sect i | ion 6) |
| If you don't know your Victorian Student Number, please complete | the follow | ing que | stions: | | | | | | | |
| Have you attended any Victorian secondary school since 2009? | Yes Res | oonse (| 1. or 2 | below | ·) | No Re | sponse | | | |
| | ☐ Yes | | | | | | - I hav | | | |
| OR | Victoria Please p | | | | nost | | an scho or other | | | or a |
| | recent V | | | • | | 1 | er since | | | g of |
| Have you done/commenced any training with a Vocational | No more questions - if yo | | | | if you | | | | | |
| Education and Training (VET) Registered Training Organisation (RTO) or an Adult and Community Education provider in Victoria since 2011? | | | | | | answe | rer no t | o the a | bove. | |
| | AND / C | ıR | | | | | | | | |
| | ☐ Yes | | ave par | ticipate | ed in | (proce | ed to S | ection | 6) | |
| | training | at a TA | FE or o | ther tra | aining | | | | | |
| | organisa 2011 | ition sir | ice the | beginn | ing of | | | | | |
| If Yes 2. (above) – list the most recent training organisations with | 1. | | | | | | | | | |
| which you have participated in training in Victoria since 2011 (up | 2. | | | | | | | | | |
| to 3). | 3. | | | | | | | | | |



| 7. L | anguage and Cultural Divers | sity | | | | |
|------|--|---|--|--|-------------|-------------------------------|
| | Are you of Aboriginal/Torres Strait Islander origin? | | | No | | l Yes, Aboriginal |
| | Note: For persons of both Aborigir tick both boxes yes | nal and Torres Strait Islander origin | | Yes, Torres Strait Isla | ander | |
| | In which country were you born? | | | Australia | | Other (please specify below) |
| | Do you speak a language other than English at home? | | | No (English only) | | Yes (please specify below) |
| | How well do you speak English? | | | Very Well Not well | | ☐ Well ☐ Not at all |
| 8. 9 | . Schooling | | | | | |
| | Are you still attending secondary sc | hool*? | | No | | l Yes |
| | (*Refers to any government, non-go school; or a student registered for h | overnment, independent or Catholic | | | | |
| - | What is your highest COMPLETED school level? Tick one box only | | | Completed Year 12 | | Completed Yr. 9 or equivalent |
| _ | | | | Completed Year 11 | | Completed Yr. 8 or lower |
| | | | | Completed Year 10 | | Never attended school |
| | In which year did you complete the | highest nominated school level? | | | | |
| | | | | | | _ |
| 91 5 | | | | | | |
| 9. E | mployment Status | | c .1 | | - II.: | |
| 9. E | | ☐ Employed – unpaid worker in a | | | Full time e | • • |
| 9. E | Of the following categories, which | ☐ Self-employed – not employing | other | rs \square | Part time o | • • |
| 9. E | Of the following categories, which BEST describes your current | ☐ Self-employed – not employing☐ Self-employed – employing oth | other | rs 🗆 | | • • |
| 9. E | Of the following categories, which BEST describes your current employment status? | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en | other ers nployr | rs 🗆 | Part time o | • • |
| 9. E | Of the following categories, which BEST describes your current | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking em □ Unemployed – seeking full time | other ers nployr work | rs | Part time o | • • |
| 9. E | Of the following categories, which BEST describes your current employment status? Tick one box only | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en | other ers nployr work ne wor | ment | Part time o | • • |
| 9. E | Of the following categories, which BEST describes your current employment status? Tick one box only | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time | other ers nployr work ne wor | ment | Part time o | • • |
| | Of the following categories, which BEST describes your current employment status? Tick one box only | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time | other ers nployr work ne wor | ment | Part time o | • • |
| | Of the following categories, which BEST describes your current employment status? Tick one box only If currently employed, complete the | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time | other ers nployr work ne wor | ment | Part time o | • • |
| | Of the following categories, which BEST describes your current employment status? Tick one box only If currently employed, complete the | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time | others nployr e work ne wor | ment | Part time o | employee |
| | Of the following categories, which BEST describes your current employment status? Tick one box only If currently employed, complete the RENT EMPLOYER DETAILS Business Name: | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time | others nployr e work ne wor | ment k Section 12) | Part time o | employee |
| | Of the following categories, which BEST describes your current employment status? Tick one box only If currently employed, complete the RENT EMPLOYER DETAILS Business Name: Contact Name: | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time | t other ers nployr e work work e work Wo | ment k Section 12) | Part time o | employee |
| | Of the following categories, which BEST describes your current employment status? Tick one box only If currently employed, complete the RENT EMPLOYER DETAILS Business Name: Contact Name: | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time e below details (if not employed, proc | t other ers nployr e work work e work Wo | ment k o Section 12) orkplace Supervisor: | Part time o | Your Payroll ID: |
| | Of the following categories, which BEST describes your current employment status? Tick one box only If currently employed, complete the RENT EMPLOYER DETAILS Business Name: Contact Name: Street Address: City/Town: | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time e below details (if not employed, proc | t other ers nployr e work work e work Wo | ment k o Section 12) orkplace Supervisor: | Part time o | Your Payroll ID: |
| | Of the following categories, which BEST describes your current employment status? Tick one box only If currently employed, complete the RENT EMPLOYER DETAILS Business Name: Contact Name: Street Address: City/Town: | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time e below details (if not employed, proc | workers others of the service of the | ment k o Section 12) orkplace Supervisor: | Part time o | Your Payroll ID: |
| | Of the following categories, which BEST describes your current employment status? Tick one box only If currently employed, complete the BEST EMPLOYER DETAILS Business Name: Contact Name: Street Address: City/Town: POSTAL ADDRESS (please tick in Postal Address: | □ Self-employed – not employing □ Self-employed – employing oth □ Not employed – not seeking en □ Unemployed – seeking full time □ Unemployed – seeking part time e below details (if not employed, proc | workers others of the workers of the | ment k o Section 12) orkplace Supervisor: ate: | Part time o | Your Payroll ID: Postcode: |



| 10 | . Occupation | | | | | | |
|----|--|--|----------------------|--|--------------------|-------------------------|--|
| | Which of the following | ☐ 1 - Managers ☐ 2 - Professionals | | ☐ 6 – Sale | | rs ⁹ Drivors | |
| | classifications BEST describes your current or recent | ☐ 3 – Technicians & Trade Worker | | □ 7 = Iviac | chinery Operato | is & Drivers | |
| | occupation? | | | _ 0 2020 | | | |
| | Tick one box only | ☐ 4 – Community and Personal Se | | □ 9 – Oth | er | | |
| | - | ☐ 5 – Clerical & Administrative Wo | | | | | |
| | If never employed, proceed to Secti | on 11. | | | | | |
| 11 | . Industry of Employment | | | | | | |
| | | ☐ A – Agriculture, Forestry and Fis | hing | □ K – Fina | ncial & Insuranc | ce Services | |
| | | ☐ B – Mining | Ü | ☐ L — Rental, Hiring & Real Estate Services | | | |
| | | ☐ C – Manufacturing | | | · - | tific & Technical Svc's | |
| | Which of the following classifications BEST describes the | ☐ D – Electricity, Gas, Water & Wa | iste Services | | • | | |
| | Industry of your current or | ☐ E – Construction | | □ N – Administrative Support Services□ O – Public Administration and Safety | | | |
| | previous Employer? | ☐ F – Wholesale Trade | | | cation & Trainin | • | |
| | | ☐ G – Retail Trade | | ☐ Q – Health Care & Social Assistance | | | |
| | Tick one box only | ☐ H – Accommodation & Feed Services | | ☐ R – Arts and Recreation Services | | | |
| | | ☐ I – Transport, Postal & Warehousing | | □ S−Oth | | | |
| | | ☐ J – Information Media & Telecommunications | | | | | |
| | If never employed, proceed to Secti | on 11 | | <u>-</u> | | | |
| | in never employed, proceed to seen | OH 11. | | | | | |
| 12 | . Disability | | | | | | |
| | Do you consider yourself to have a c | disability, impairment or long-term co | ndition? | | □ Yes | □ No | |
| | If yes, please tick ALL areas of | ☐ Hearing/deaf | ☐ Intellectual | | ☐ Medical co | ondition | |
| | disability, impairment or long- | ☐ Mental illness | ☐ Physical | | ☐ Vision | | |
| | term condition. | ☐ Acquired brain impairment | ☐ Learning | | ☐ Other (ple | ase provide details) | |
| | | | | ····· | | | |
| 13 | . Previous Qualifications / Ed | lucation | | | | | |
| | Have you SUCCESSFULLY COMPLET qualifications? | ED any of the following | □ Yes | □ No | | | |
| | If Yes , please enter one of these | A E I | | AEI | | | |
| | Prior Education Achievement | □ □ □ Bachelor Degree or Higher | Degree | □□□ Certi | ficate III or Trac | le Certificate | |
| | Recognition Identifiers any applicable qualification level. | □ □ □ Advanced Diploma or Asso | ociate Degree | □□□ Certi | ficate II | | |
| | (1) A = Australian Qualification | □ □ □ Diploma or Associate Diplo | oma | □□□ Certi | ficate I | | |
| | (2) E = Australian Equivalent* | □ □ □ Certificate IV or Advanced | Cert/Technician | □□□ Certi | ficates other th | at those listed | |
| | (3) I = International | | | | | | |
| | Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use this priority order (1), (2) & (3). | *To determine 'Australian Equivalent' Unit can provide qualified professiona overseas qualification: visit <u>www.live</u> | ls who are living pe | rmanently in Vict | oria, with an asse | essment of their | |



| 14 | . Study Reason | | |
|----|---|------------------------------------|---|
| | Of the following categories, which | h □ To get a job | ☐ It was a requirement of my job |
| | BEST describes your main reason | ☐ To develop my existing business | ☐ I wanted extra skills for my job |
| | for undertaking this course / traineeship / apprenticeship? | ☐ To start my own business | ☐ To get into another course of study |
| | Tick one box only | ☐ To try for a different career | ☐ For personal interest or self-development |
| | Tiek one sox only | ☐ To get a better job or promotion | ☐ Other Reasons |
| 15 | . Student Contact | _ | _ |
| | - Ottadent Contact | | |
| | How did you find out about the | ☐ School supplied information | |
| | course you are enrolling in? | ☐ WSS - Job Active | ☐ Word of mouth |
| | Tick one box only | ☐ WSS - Group Training | ☐ Social Media (e.g. Facebook) |
| | | ☐ WSS - Staff Member | ☐ Apprentice Centre |
| | | ☐ WSS - Current/Past Student | ☐ Newspapers |
| | | □ WSS - Flyer | ☐ Workplace |
| | | ☐ WSS - Website | ☐ Other (please specify) |
| | | ☐ Radio advertising | |
| 16 | . Australian Citizenship Sta | atus | |
| | Residency / Citizenship Status | | Please select appropriate |
| | ☐ Are you an Australian Citizen | or Permanent Resident? | ☐ Yes ☐ No |
| | ☐ Are you a New Zealand Citize | | ☐ Yes ☐ No |
| | ☐ Are you a Permanent Residen | | ☐ Yes ☐ No |
| | ☐ Are you under the Asylum Seeker VET Program? | | ☐ Yes ☐ No |
| | ☐ Are you a holder of a Permanent Visa (please detail below)? | | ☐ Yes ☐ No |
| Pe | ermanent Visa Holder to complete | | i |
| | Visa Type: | | |
| | Passport Number: | | |
| | Visa Number: | Expiry Date: | |



2. Course commencement date)

| 17. Identification Documents | (Student to Provide) | | | |
|---|---|--|--|--|
| Please provide details of the identification you are able to p | orovide to Westvic Staffing Solutions as part of this Registration for enrolment | | | |
| ITIZENSHIP & AGE | | | | |
| ☐ Australian Birth Certificate (not Birth Extract) | ☐ Australian Passport | | | |
| ☐ New Zealand Passport | ☐ Naturalisation Certificate | | | |
| ☐ Green Medicare Card | ☐ Formal Documentation issued by the Department of Immigration confirming permanent residence | | | |
| ☐ Other Documentation | | | | |
| One of these documents may also be required for applicants lest than 20, OR for students where the above documents do residential address | | | | |
| ☐ Drivers licence | ☐ Proof of Age card | | | |
| ☐ Learners Permit | ☐ "Keypass" card | | | |
| | | | | |
| /IDENCE OF CONCESSION | | | | |
| Do you hold, or are you the dependant spouse or child of a | holder of the following: | | | |
| ☐ Commonwealth Health Care Card | ☐ Veteran's Gold Card | | | |
| ☐ Pensioner Concession Card, Veteran Gold | ☐ an alternative card or concession eligibility criterion approved by the Minister | | | |
| VIDENCE OF VARIOUS INITIATIVES | | | | |
| Include name of Initiative / Option and Evidence: | | | | |
| Initiative / Option Description | Evidence Provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | i | | | |
| | | | | |
| .8. Program / Qualification to be Registered for | | | | |
| Course Code (8 Digit): | Registration is an: | | | |
| Course Title: | | | | |
| [OFFICE USE ONLY] Enrolment ID: | *Enrolment Date: / / 20 *(earliest of: 1. Date Statement of Fees Signed OR | | | |



19. Student Registration for enrolment Privacy Notice

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

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

Westvic Staffing Solutions provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at: 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 Westvic Staffing Solutions; 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 the Westvic Staffing Solutions' Privacy Officer Michael Bellamy in the first instance, by phone 03 5561 9000 or email mbellamy@westvic.org.au.

Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to: www.education.vic.gov.au/Pages/privacypolicy.aspx. For further information about Unique Student Identifiers, including access, correction and complaints, go to: www.usi.gov.au/Students/Pages/student-privacy.aspx.

Student

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

Westvic Staffing Solutions - Privacy Statement and Student Declaration

For information about how Westvic Staffing Solutions collects, uses and discloses your personal information generally, including how you can make a complaint about a breach of privacy, please refer to the Westvic Staffing Solutions privacy policy which can be found at www.westvic.org.au/privacy-policy.

I also declare that the information I have provided in this Registration for enrolment to the best of my knowledge is true and correct.

I understand that the information contained on my Registration for enrolment (and any resulting training activity or award information) may be used by Westvic Staffing Solutions or the following third parties for administrative, regulatory and/or research purposes:

- School if I am a secondary student undertaking VET, including a school based apprenticeship or traineeship
- Employer if I am enrolled in training paid by my employer
- Government departments and authorised agencies (including those mentioned above)
- Researchers (i.e. NCVER)

I understand that administrative, regulatory and/or research purposes may include (but not be limited to):

• The look up and/or verification of my existing Unique Student Identifier (USI) should this be required

| Signed (Student): | Student Name: |
|-------------------|---------------|
| | |

190 Koroit St | PO Box 933 Warrnambool VIC 3280 | P. 03 5561 9000 F. 03 5562 1858 E. training@westvic.org.au | ABN 56 307 226 283 | National Provider No. 4184

Approved by: LPARKER Version no: 1.3 Controlled copy, uncontrolled when printed Issue date: 12-01-2018 Next review date: 12-01-2019 Page 7 of 13



Student eligibility assessment and declaration - for Government Subsidised Training under the Skills First Program

| 20. | Educ | cation History | | | (for Gover | nment Subsidise | d Training) | |
|---|--|--|---------------------------|-----------------------|--------------------------|-------------------------|------------------------|--|
| 19.1 The highest qualification I have completed is: | | | | | | | | |
| | | Not including the course/s yo ear? Include training you have | | | | | rolled to undertake | |
| | | Tick appropriate box | □ 0 | □ 1 | □ 2 | □ 3 | □ 4+ | |
| | | Not including the course/s yo moment? | u are seeking to enrol i | in now, how many o | her government funde | d courses are you und | ertaking training in | |
| | | Tick appropriate box | □ 0 | □ 1 | □ 2 | □ 3 | □ 4+ | |
| | | In your lifetime, how many going for now? Don't answer this | | , | , | | he one you are | |
| | | Tick appropriate box | □ 0 | □ 1 | □ 2 | □ 3 | □ 4+ | |
| | | | | | | | | |
| 21. | Stud | ent Declaration | | | (for Gover | nment Subsidise | d Training) | |
| | l (stude | ents full name) | | | | i | n seeking to enrol in: | |
| | (includ | e full title of qualification/s in which | you are seeking to enrol) | | | | | |
| | | | | | | | | |
| | Declare the following to be true and accurate statements (please tick the True option for each statement as appropriate): | | | | | | | |
| | a. I (AM \square True) / (AM NOT \square True) enrolled in a school, including government, non-government, independent, Catholic or home school | | | | | | | |
| | b. I (AM \square True) / (AM NOT \square True) enrolled in the Commonwealth Governments Skills for Education and Employment program. | | | | | | | |
| c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governm the Skills First Program. I understand how enrolling in the above qualification/s will affect my future training options and eligible further government subsidised training under the Skills First Program. | | | | | | | | |
| | d. | I acknowledge and understar other questionnaire. | nd that I may be contac | cted by the Departm | ent or an agent to parti | cipate in a student sur | vey, interview or | |
| | | | | | | | | |
| L | Signe | ed (Student): | | | | Date: | | |
| | | | | | | | | |
| 22. | STU | DENT EVIDENCE OF ID (| FFS Only) | | TR | AINER / DELEGA | TE USE ONLY | |
| | I conf | irm that in relation to the Fee | For Service enrolment | of (students full nam | e): | | | |
| - | I have sighted one of the following original documents (or a certified photocopy of the original): | | | | | | | |
| | □ an | Australian Birth Certificate (no | ot Birth Extract) | □ a | current Australian Pas | sport | | |
| | □ac | current New Zealand Passport | | Па | Naturalisation Certific | ate | | |
| | □ас | urrent green Medicare Card | | □ а | signed Declaration by | a relevant referee | | |
| | □ас | urrent drivers licence | | □а | current learner permit | | | |
| | □аР | roof of Age card | | □а | "Keypass" card | | | |
| | □aS | tudent ID card | | □о | ther form of photo ID: | | | |
| | ☐ for | mal documentation issued by | the Australian Departm | nent of Immigration | and Citizenship confirm | ing permanent resider | nce | |
| | | | | | | | | |



Student eligibility assessment and identification - for **Government Subsidised Training** under the Skills First Program

| 23. EVIDENCE OF CITIZENSHIP | /RESIDENCY AND AGE | | 1 | TRAINER / | DELEGATE USE ONLY | |
|--|--|-----------------|-------------------------|------------------------|---|--|
| I confirm that in relation to (stude | confirm that in relation to (students full name) | | | | | |
| I have sighted an original, or a certified co | I have sighted an original, or a certified copy, or an uncertified copy that I have verified through use of a document verification service of one of the following: | | | | | |
| ☐ an Australian Birth Certificate (| not Birth Extract) | ☐ a current | ent Australian Passport | | | |
| ☐ a current New Zealand Passpor | · | | lisation Certi | · | | |
| ☐ a current green Medicare Card | | □ a proxy o | leclaration fo | or individuals i | n exceptional circumstances | |
| | (refer to <i>The Guidelines</i> ^ Clauses 3.15 – 3.19 for eligibility details) | | | | | |
| ☐ formal documentation issued b | by the Australian Department of Immig | ration and Bor | der Protectio | on confirming | permanent residence | |
| AND I have retained: | ☐ a copy of the original or certified | d copy, or | | | ☐ the certified copy, or | |
| | ☐ the uncertified copy and a recei | pt from a docu | ment verifica | ation service; | | |
| AND if the students age is relevant to their eligibility and the document produced from the list above does not include a date of birth: | | | | | | |
| ☐ a current drivers licence, or ☐ a current learner permit, or ☐ a Proof of Age card, or ☐ a 'Keypass' card | | | | | | |
| | training under the Asylum Seeker VET | | _ | | | |
| Guidelines^, I have sighted and ret | | i rogram and r | neets the rec | quirements se | e out in clause 2.1 or me | |
| ☐ a Referral Letter from the Asylu | um Seeker Resource Centre or the Aust | tralian Red Cro | SS | | | |
| | | | _ | | | |
| 24. EVIDENCE FOR VARIOUS II | NITIATIVES | | 1 | TRAINER / | DELEGATE USE ONLY | |
| Various Initiatives - For individuals | s referred under particular initiatives th | ne appropriate | evidence ha | s been provid | ed: | |
| Initiative / Options (tick the applic | cable) | | Evidence P | rovided | Requirement /Comment | |
| ☐ Referred Job Seeker | ☐ Referred Job Seeker | | ☐ Yes | □ No | Referral Form – (Concession gap not paid by the Dept.) | |
| ☐ Asylum Seekers VET Program | ☐ Asylum Seekers VET Program | | ☐ Yes | □ No | Letter (see above) | |
| ☐ Retrenched Employees | | | ☐ Yes | □ No | Training Referral Letter | |
| ☐ Automotive Supply Chain Train | ing Initiative | | □ Yes | □ No | Training Initiative Letter | |
| ☐ Young Person in Community Ba | ased Order / Judy Lazarus Transition Ce | entre | ☐ Yes | □ No | Written Confirmation Comm. | |
| ☐ Back to Work Scheme | | | □ Yes | □ No | SRO Email to Employer | |
| ☐ Other (as applicable): | | _ | ☐ Yes | □ No | | |
| OF COLUBER FLICIBILITY ASSESS | CCNAFNIT | | - | FDAINED / | DELECATE LISE ONLY | |
| 25. COURSE ELIGIBILITY ASSES | SIVIEIVI | | I | IKAINEK / | DELEGATE USE ONLY | |
| Number of courses student is curre | ently eligible for | : 🗆 1 | | | □ 2 | |
| Westvic Staffing Solutions Declaration Based on discussion with the student, and above evidence I have sighted (and retained a copy of) in Section 22 (Evidence of Citizenship/Residency and Age), and the information provided to me by the student in Section 19 & 20 (Education History & Student Declaration) 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 qualifications (include full title of qualification/s in which the student is seeking to enrol): | | | | | | |
| | | | | | | |
| Authorised Training Provider Dele | gate: | | | | | |
| Name: | | Position: | | | | |
| Signed: | | Date: | | | | |
| | nal, relevant eligibility information, including information | | to verify the indivi | dual's eligibility tha | t is not captured in Sections 19, 20, 22 or 24 . | |



| . RECOGNITION OF | F PREVIOUS LEARNING | | | AP | PLICAT | ION |
|--|---|--|--|--|--|---------------------------------|
| ognition of Prior Learnir | ng (RPL) / Recognition of Current Compete | ency (RCC) or Credit Transfer (CT | 7) | | | |
| Student wishes to app | ly for Recognition of Previous Learning incl | uding: RPL, RCC or Credit Transf | er? | Yes (compl | ete below |) 🗆 No |
| TUDENT DETAILS | | If not | applying for Reco | gnition, pro | ceed to S | ection 2 |
| Surname: | | First Name: | | | | |
| Date of Birth: | USI: | | Student details | same as Reg | istration: | ☐ Yes |
| ECOGNITION | | | | | | |
| • | ions ensures students are not required to re egulatory requirement or license condition | • • | • | • | essed as | |
| Recognition Types incl | lude: Recognition of Prior Learning (RPL); Re | ecognition of Current Competen | cy (RCC) and Cred | it Transfer (| CT) | |
| CREDIT TRANSFER (CT) | | | | | | |
| work experience, form competencies and to be competence. Assessment of the competence of the competenc | that skills and knowledge, expressed as united and informal training. RPL assessment is be granted recognition for their skills and knowledge, expressed as united and informal training. RPL assessment is be granted recognition for their skills and knowledge. RENT COMPETENCY (RCC) Idual has previously successfully completed are that the competence is being maintained er to practice in the skill area, e.g. first aid, allow must be completed and submitted by some gevidence as discussed with the Training D | a process to enable students to nowledge upon satisfying specifi lards as any other assessment of the requirements of a unit of co d. It is particularly relevant wher meat inspection. | demonstrate the c criteria verifying f the same competency or mode there is a required | achievemer their learni tencies. dule and is r ement for a | nt of these ng outcor now requi n occupat | e mes and red to ional |
| I wish to apply for rec | ognition of previous learning for the follow | wing units of competency: | | | | |
| Unit Code | Unit Name (seeking recognition for) | | | Recogniti | ion Type | |
| | | | | ☐ RPL | □ RCC | □ст |
| | | | | □ RPL | □ RCC | □ст |
| | | | | □ RPL | □ RCC | □ст |
| | | | | ☐ RPL | □ RCC | □ст |
| | | | | ☐ RPL | □ RCC | □ст |
| | | | | ☐ RPL | □ RCC | □ст |
| | | | | □ RPL | □ RCC | □ст |
| I have attached the Do | ocumentation information listed below, fo | or verification/authentication by | v Westvic Staffing | Solutions. | | |
| Documentation Type | Description | , | , | | Copy At | ttachec |
| | | | | | | |
| | | | | | ☐ Yes | |
| | | | | | | . □ N |
| | | | | | □ Yes | ; □ N |
| | | | | | ☐ Yes | . □ N |
| | | | | | ☐ Yes | . □ N . □ N |

NOTE: Please attach separate sheet for additional Recognition Units or Documentation (as applicable)



RECOGNITION OF PREVIOUS LEARNING (Cont.)

APPLICATION

3. VERIFICATION OF DOCUMENTATION

Westvic Staffing Solutions recognises verified Testamurs / Statements of Attainment / Qualifications from other Registered Training Organisations. This applies to all cases, including students seeking credit transfer for previous study, and personnel documentation. Recognition requires documented evidence as follows:

- Original Documentation or;
- A certified* copy of the original

Where Westvic Staffing Solutions staff are verifying student Documentation information, we will ensure that:

- 1. The original / certified copy of the original Documentation (Testamur / Statement of Attainment / Qualification) is sighted.
- 2. A copy of the original / certified copy of the original documentation, is taken and placed in the Student File.
- 3. The Westvic Staffing Solutions representative will *verify* the original document by signing and with the statement "*I confirm that this document is a true and accurate copy of the original*".
- 4. The authenticity of Documentation provided will be confirmed with the relevant issuing organisation (refer to step 4. Authentication)
- * The certified copy must be an 'original copy' certified by a person who is on the list of approved witnesses who can verify documents. A list of approved witnesses is available at the Victorian Department of Justice website:

 www.justice.vic.gov.au/home/justice+system/legal+assistance/statutory+declarations

4. AUTHENTICATION OF DOCUMENTATION - AGREEMENT

This Agreement authorises the release of Documentation information (Testamur / Statement of Attainment / Qualification) to Westvic Staffing Solutions. In accordance with the Standards for Registered Training Organisations 2015 and AQTF (Standards and Conditions) Westvic Staffing Solutions is expected to take appropriate steps to authenticate Documentation information with the issuing provider / organisation. This process may include contacting the provider/organisation named on the student's Documentation to confirm that the document is genuine and retaining evidence of the authentication process in the Student File.

Details collected will only be used for the purposes which they have been provided, and will not be disclosed to another person / organisation without prior consent of the student – where required by law.

Declaration:

As the student identified in this RECOGNITION OF PREVIOUS LEARNING - APPLICATION I acknowledge that I have provided Westvic Staffing Solutions with the following in relation to my previous learning Documentation information:

- Original Documentation or;
- A certified* copy of the original (see below)

I authorise and consent to any provider / organisation which I have completed training with to provide Westvic Staffing Solutions with any requested details in relation to my Documentation information which have been issued to me.

I understand and agree that:

- the release of the requested information is for the purpose of authenticating my Documentation information
- the information will be treated in confidence and not passed onto any third party, unless formally authorised in writing by myself

I authorise and consent to a copy of this Agreement being sufficient evidence of my authority and consent to provide the Documentation information requested.

| approved witnesses is available at the Victorian Department of Justice website: www.justice.vic.gov.au/home/justice+system/legal+assistance/statutory+declarations | | | | | | | |
|---|-------|--|--|--|--|--|--|
| | | | | | | | |
| Signed: | Date: | | | | | | |



27. STUDENT LLN SELF-ASSESSMENT

Student LLN Self-Assessment

Please click on the appropriate box based on your own assessment of each Task Item listed.

The Student LLN Self-Assessment is used to assist students to evaluate their own basic reading, writing and numeracy skills, as they apply to daily tasks.

Please consider the following items and tick the appropriate response;

YES you can confidently complete this task without the need for assistance
 SOMETIMES you have some difficulty with the task or often require assistance
 NO you have significant struggles with the task / always require assistance
 NOT SURE you do not perform this task or are not sure what is refers to

| Student Task items: | Student Evaluation of item | | | | | |
|--|----------------------------|------|-------------|------------|--|--|
| I can understand signs | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can fill in a time sheet | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can count and check change when shopping | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can send a text message | □ YES | □ № | ☐ SOMETIMES | □ NOT SURE | | |
| I can use the internet to get information like phone numbers | □ YES | □ NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can fill in a leave application form | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can read a staff memo or personal letter | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can use a computer to send emails | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can use a calculator for + – x ÷ | □ YES | □ № | ☐ SOMETIMES | □ NOT SURE | | |
| I can read a newspaper | □ YES | □NO | □ SOMETIMES | □ NOT SURE | | |
| I can read a work roster | □ YES | □NO | □ SOMETIMES | □ NOT SURE | | |
| I can follow instructions for mixing a solution or follow a recipe | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can read a Google map or street directory | □ YES | □ № | □ SOMETIMES | □ NOT SURE | | |
| I can read / understand a Material Safety Data Sheet (MSDS) | □ YES | □ № | ☐ SOMETIMES | □ NOT SURE | | |
| I can read and understand a Safe Operating Procedure (SOP) | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can use an equipment manual or service manual | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can complete a log book | □ YES | □NO | ☐ SOMETIMES | □ NOT SURE | | |
| I can write an incident report | ☐ YES | □NO | SOMETIMES | □ NOT SURE | | |

Source: Department of Industry, developed by Precision Consultancy - adapted



| 28. FUNDING SOURCE IDENTIFIER | | OFFICE USE ONLY |
|---|------------------------|------------------------------|
| Program (please indicate the appropriate Funding Source Identifier) | Non-Apprentice/Trainee | Apprentice/Trainee |
| General training delivery | □ P | |
| Fee for Service | □S | □S |
| Asylum Seeker VET Program | □ ASP | □ ASL |
| Automotive Supply Chain Training Initiative | □ AEP | ☐ AEL |
| Retrenched employees | □ SCP | □ SCL |
| Back to Work Scheme | □ BWP | □ BWL |
| Other Funding Source (please specify based on the current AVETMISS guidelines) | | |
| 29. ADMINISTRATION CHECKS | | OFFICE USE ONLY |
| INTERNAL CHECKING | | |
| WSS - Administration check for previous qualifications | ☐ SMS record | ☐ DELTA record |
| WSS – USI validity confirmation | ☐ Yes | □ No |
| | | |
| ELIGIBILITY AND EXEMPTION CONFIRMATION (Please indicate the appropriate Eligibility Exemption Indicator) | Code (as applicable) | Concession/Waiver |
| VCE Scholarship | □G | No |
| Health Care Card | □н | Yes Concession |
| Job Seeker concession card holder (student is covered by a current, relevant Pensioner Concession Card, Health Care Card or Veteran's Gold Card) | | No (not from the department) |
| Job Seeker NOT currently holding a relevant Pensioner Concession Card, Health Care Card or Veteran's Gold Card | □к | No |
| Prisoner | □м | No |
| Other *Except for Indigenous students without concession cards and Single and Teenage Parents without concession cards where, Fee Exemption/Concession Identifier 'O' must be used. | □ 0 | No* |
| Pensioner Concession Card | □ P | Yes Concession |
| Veteran Gold Card | □ V | Yes Concession |
| Individuals who are required to undertake the course pursuant to a community based order made under the Children, Youth & Families Act 2005 or individuals held in the Judy Lazarus Transition Centre | □ X | Yes Waiver |
| Fee Waiver for student with a letter from DET providing them with a Fee Exemption | □ Y | Yes Waiver |
| None | □ z | No |
| Concession/ Eligibility and Exemption verified? | □ Yes □ No | Initial: Date: |