



Rochdale Institute

Office Use Only

Commencement date

Qualification code _____

Completion date

VETtrak No _____

Registration No _____

Enrolment Form – Victoria Only

Apprentice/ Trainee Details

Surname Given Names

Residential Address

Suburb

Date of Birth Male Female

Contact Numbers

Phone (H) Phone (W) Fax (W)

Mobile Email

Victorian Student No **If you have not provided a VSN, is this because:**

I am new to the Victorian Education System. I have never attended a school, TAFE or other VET training provider

Leave both the VSN and the above tick box blank if you HAVE previously attended a Victorian school, TAFE or vocational education and training provider

Language & cultural diversity

Australian Citizen or Permanent resident (Tick If Applicable)

In which country were you born? Australia Other:

Are you Aboriginal or Torres Strait Islander origin? NO YES Aboriginal YES Torres Strait Islander

Do you speak any other language at home No, English Only Other:

How well do you speak English? Very Well Well Not Well Not at all

Disability

Do you consider yourself to have a disability, impairment or long term condition? YES NO

If yes please indicate the areas of disability, impairment or long term condition: (Please tick where applicable)

Hearing/ Deaf Physical Intellectual Learning Mental Illness

Acquired Brain Impairment Vision Medical Condition Other:.....



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Schooling

Are you still attending secondary school? YES NO

What is your highest COMPLETED school level?

Completed Year 12 Completed Year 11 Completed Year 10

Completed Year 9 or Equivalent Completed Year 8 or Lower

In which year did you complete that school level?

Previous qualification achieved

Have you SUCCESSFULLY Completed any of the following qualifications? Yes No

If yes, tick ANY applicable boxes:

Bachelor Degree or Higher Degree Advanced Diploma or Associate Degree Diploma or Associate Diploma

Certificate IV or Advance Certificate/Technician Certificate III or Trade Certificate Certificate II

Certificate I Certificates other than above

Title and Level of Qualification

Employment

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

Full-time employee Part-time employee Self employed – not employing others

Employer Employed – unpaid worker in a family business Unemployed – Seeking full time work

Unemployed - Seeking part time work Not employed – Not seeking employments

Date Employment Commenced hours (per week)

Study reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship? (Tick one box only)

Personal interest/self development To start my own business To try for a different career

To get a job To develop my existing business I wanted extra skills for my job

To get into another course of study To get a better job or promotion It was a requirement for my job

Other

Jobseeker Information

Are you registered with an ESP? Yes No

Are you a participant in Commonwealth Governments Developmental Employment Program or Access Program? Yes No

Trainees must provide original copy of Job Seeker Referral Form with this application



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Government Subsidised Training Eligibility

Citizenship/residency status – PLEASE TICK ONE BOX

- | | | | |
|---------------------------------------------------|--------------------------|-----------------------------------------|--------------------------|
| Australian Citizen | <input type="checkbox"/> | Holder of a permanent Visa of Australia | <input type="checkbox"/> |
| Holder of a special category Visa (sub class 444) | <input type="checkbox"/> | Temporary protection Visa | <input type="checkbox"/> |
| East Timorese Asylum Seeker | <input type="checkbox"/> | New Zealand Citizen | <input type="checkbox"/> |
| Victim of Human Trafficking | <input type="checkbox"/> | | |

Skills for Growth

Do you have a Skills for Growth Referral Form? Yes (attach document to application) No

I have:

- Attached copy of my Birth Certificate or Passport
- Attached copy of my Drivers Licence, Proof of Age Card or other Proof of Victorian Residency document

Privacy Statement

I understand that:

Rochdale Institute is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. Students/trainees may receive a survey from NCVER.

The Education and Training Reform Act 2006 requires Rochdale Institute to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

For more information in relation to how student information may be used or disclosed please contact Rochdale Institute's Privacy Officer on phone 03 9687 3096 or email info@rochdaleinstitute.com.au.

I hereby consent that the above information may be used for the purpose of research, statistical analysis, program evaluation and internal management by the relevant State Training Authority, Australian Apprenticeship Centre and Registered Training Organisation.

The information provided by me in this enrolment form is true, accurate & complete to the best of my knowledge and belief.

I understand that giving false or misleading information and/or failing to disclose any information relevant to my application may result in the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidized training, and/or cancellation of enrolment at the discretion of my Registered Training Organisation.

Trainee's Signature.....Date:..../.../....



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Qualifications: The following qualifications are equivalent to certificate II.							
Victorian Certificate of Applied Learning		<input type="checkbox"/>	Victorian Certificate of Education and its predecessor qualifications			<input type="checkbox"/>	
International Baccalaureate Diploma		<input type="checkbox"/>	Senior secondary school certificates from other Australian jurisdictions			<input type="checkbox"/>	
Type of Training		Classroom Based	<input type="checkbox"/>	Workplace Based	<input type="checkbox"/>	Flexible/Distance/Online	<input type="checkbox"/>
Funding Source (Please tick one)		Fee for Service (S)	<input type="checkbox"/>	New Worker or Funded Existing Worker Traineeship (L)	<input type="checkbox"/>	Skills for Growth – (Traineeship) (LSG)	<input type="checkbox"/>
Asylum seeker or victim of Human Trafficking General (non-traineeship) VTG enrolment (ASP)	<input type="checkbox"/>	Asylum seeker or victim of Human Trafficking Trainee VTG enrolment (ASL)	<input type="checkbox"/>	Skills for Victoria VTG - Government Funded (non-traineeship) (P)	<input type="checkbox"/>	Skills for Growth – Government Funded (non-traineeship) (PSG)	<input type="checkbox"/>
Fee for Service – Existing Worker (S)	<input type="checkbox"/>	Skills for Growth – Fee for Service (SSG)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Eligible for concession		Yes <input type="checkbox"/> (Evidence such as health care concession card provided & copy on file)					No <input type="checkbox"/>
Eligible for Job Seeker Fee Waiver		Is qualification cert I to IV level? Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Copy of original Job Seeker Referral Form taken and placed in file? Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Original to be returned to student					
		Copy of Job Seeker's Referral Form sent back to referral agency? Yes <input type="checkbox"/> No <input type="checkbox"/>					

OFFICE/BDM USE ONLY – Funding Eligibility				
Is applicant eligible for funding through <i>Skills for Victoria</i> ?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Is applicant a new worker trainee?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Is applicant an existing worker trainee?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Eligibility Assessed by			Date	



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Employer Details

Business Name ABN:

Address

Suburb State Postcode

Telephone Number Fax Number:

Contact Person Email:

Finance Contact Email:

I hereby authorise all eligible staff completing an enrolment form to participate in a traineeship through Rochdale Institute

Employers Signature.....Date:...../...../.....

This section is to be completed by Rochdale Institute

Title and level of Qualification

Nominal Duration

Fee for service Funded To be confirmed

Rochdale Institute Representative

I confirm that the applicant has been informed of the eligibility requirements for government subsidized training under the Victorian Training Guarantee, and that the applicant is aware of the consequences arising from a false, misleading or an incomplete declaration.

Signature.....Date:...../...../.....

Additional Information

.....

.....

AAC Details

AAC Representative

Address State Postcode

Telephone No. Fax