

Enrolment Application Form

1 COURSE INFORMATION

Course Name ▶

Course Code ▶

2 MODE OF DELIVERY

Mode of Delivery ▶

☐ Face-to-Face

☐ Blended

☐ Distance Learning

☐ Work based

☐ Online

3 PERSONAL DETAILS

Title ▶

☐ Mr.

☐ Mrs.

☐ Miss

☐ Other

Surname ▶

Given Name(s) ▶

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 Saddle On 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.

Gender ▶

☐ Male

☐ Female

☐ Indeterminate/Intersex/Unspecified

Date of Birth ▶

/

/

4 ADDRESS DETAILS

Building/Property
Name ▶

Street Number ▶

Flat/Unit Number ▶

Street Name ▶

Suburb ▶

Post Code ▶

Postal Address ▶
(if different from above)

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CONTACT DETAILS
(Please tick preferred contact method – Email* or Mobile*)

☐ Mobile ▶

Home Phone ▶ Work Phone ▶

☐ Email ▶

Alternative Email ▶

6

EMERGENCY CONTACT

Name ▶

Telephone ▶ Relationship ▶

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SCHOOLING

Still in School ▶ ☐ Yes ☐ No

Highest School Level ▶ ☐ Completed Year 12 ☐ Completed Year 11
☐ Completed Year 10 ☐ Completed Year 9 or Equivalent
☐ Completed Year 8 or Lower ☐ Never Attended School

Year Completed ▶

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PREVIOUS QUALIFICATIONS

Have you **SUCCESSFULLY** completed any of the qualification levels listed below ▶ ☐ Yes (If Yes, please select the qualification level below)
☐ No (If No, please go to Part 9)

Prior Education ▶

A	E	I	Qualification Level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or Higher Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or Associate Diploma)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than listed above

A = Australian E = Australian Equivalent I = International

Please provide certified documents for the courses that you completed.

Year Completed ▶

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LANGUAGE AND CULTURAL DIVERSITY

Country of Birth ►

☐ Australia ☐ Other - please specify

Language Spoken at Home ►

☐ English ☐ Other - please specify

How well do you speak English ►

☐ Very Well ☐ Well ☐ Not Well ☐ Not at all

Are you of Aboriginal or Torres Strait Islander origin ►

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Both

Place or Town of Birth ►

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DISABILITY

Do you consider yourself to have a disability, impairment or long-term condition? ►

☐ Yes (If Yes, please indicate the areas of condition below)

☐ No (If No, please go to Part 11)

Areas of Condition ►

☐ Hearing/Deaf

☐ Physical

☐ Intellectual

☐ Acquired Brain Impairment

☐ Mental Illness

☐ Vision

☐ Medical Condition

☐ Learning

☐ Other

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EMPLOYMENT

Current Employment Status ►

- | | |
|--|--|
| <input type="checkbox"/> Full-Time Employee | <input type="checkbox"/> Part-Time Employee |
| <input type="checkbox"/> Self-Employed (Employing Others) | <input type="checkbox"/> Self-employed (Not Employing Others) |
| <input type="checkbox"/> Unemployed (Seeking Part-Time Work) | <input type="checkbox"/> Not employed (Not Seeking Work) |
| <input type="checkbox"/> Unemployed (Seeking Full-Time Work) | <input type="checkbox"/> Employed (Unpaid worker in a family business) |

Current/Recent Occupation ►

- | | |
|--|---|
| <input type="checkbox"/> Managers | <input type="checkbox"/> Professionals |
| <input type="checkbox"/> Technicians & Trade Workers | <input type="checkbox"/> Community & Personal Service |
| <input type="checkbox"/> Clerical & Administrative Workers | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Machinery Operators and Drivers | <input type="checkbox"/> Labourers |
| <input type="checkbox"/> Other | |

Current/Recent Industry ►

- | | |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry & Fishing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Electricity, Gas, Water, Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Accommodation & Food Services |
| <input type="checkbox"/> Transport, Postal & Warehousing | <input type="checkbox"/> Information, Telecommunication |
| <input type="checkbox"/> Financial and Insurance Services | <input type="checkbox"/> Rental, Hiring & Real Estate Services |
| <input type="checkbox"/> Professional, Scientific & Technical | <input type="checkbox"/> Administrative and Support Services |
| <input type="checkbox"/> Public Administration & Safety | <input type="checkbox"/> Education and Training |
| <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> Arts & Recreation Services |
| <input type="checkbox"/> Other Services | |

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STUDY REASON

Study Reason ►

- | | |
|---|---|
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To try for a different career |
| <input type="checkbox"/> Skills for community/voluntary work | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To get better job or promotion | <input type="checkbox"/> Requirement of my job |
| <input type="checkbox"/> To get into another course | <input type="checkbox"/> To Start my own business |
| <input type="checkbox"/> Personal Interest & Self-development | <input type="checkbox"/> To get a job |
| <input type="checkbox"/> Other reason | |

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RPL / CREDIT TRANSFER

Are you seeking Recognition of Prior Learning or Credit Transfer? ►

- ☐ No ☐ Yes

If 'Yes', please contact Admissions Department for further details about the Recognition of Prior Learning (RPL) / Credit Transfer (CT) process.

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TRANSFERRING
LEARNING

Are you transferring from another education provider in Australia? ►

☐ No ☐ Yes

Are you currently enrolled in another institute? ►

☐ No ☐ Yes (If 'Yes', then please provide the name of institute below)

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USI

Enter your Unique Student Identifier (USI) ►

From 1 January 2015, we Saddle On 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). If you have not yet obtained a USI, you can apply for it directly <https://www.usi.gov.au/> on a computer or mobile device. If you want Saddle On to create USI on your behalf, please contact the Admissions Department.

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VSN

Enter your Victorian Student Number (VSN) ►

Victorian State Education ►

Have you attended any Victorian school since 2009 or done any training with a VET registered training organisation or an Adult and Community Education provider in Victoria since 2011?

- ☐ Yes, I have attended a Victorian school since 2009 (List most recent Victorian school attended):
- ☐ No, I have not attended a Victorian school since 2009 or TAFE or other VET training provider since beginning of 2011.
- ☐ Yes, I have participated in training at a TAFE or other training organisation in Victoria since the beginning of 2011 (List the most recent training organisations)

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DOCUMENTATION

Please provide the following documentation if you believe you are eligible to access Skills First Program(SFP), Victorian Government Funding (VTG). You must provide original copies or certified copies.

Australian Citizen Permanent Resident New Zealand Citizen	ID Documents	Concessional (if Applicable)
<ul style="list-style-type: none"> • Green Medicare Card • Australian Birth Certificate • New Zealand Passport • New Zealand Certificate of Status • Permanent Residency Visa • Special Category Visa • Temporary Residence on a pathway to permanent residency – Official letter 	<ul style="list-style-type: none"> • Driver's License (Front and Back) • Rates/Utility Bills • Vehicle Registration Certificate • Official Mail from a Bank or ATO or Centrelink 	<ul style="list-style-type: none"> • Health Care Card • Pensioner Card • Official Form Confirming a person is a dependent/partner of concession cardholder and is named on the card • Aboriginal or Torres Strait Islander • Has a disability; and • Adult Prisoner (HLS)

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CONCESSION

Do you have a valid Concession Card ►

☐ No ☐ Yes (If yes, please specify concession type below)

Concession Type ►

- ☐ Health Care Card
☐ Pensioner Card
☐ Official Form
☐ Aboriginal or Torres Strait Islander
☐ Has a Disability
☐ Adult Prisoner (HLS)

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FEE PAYMENT

Payment Method ► ☐ Cash ☐ Direct Deposit ☐ EFTPOS ☐ Credit Card

Bank Details ►

Bank	
BSB	
Account Number	
Account Name	Saddle On

(Please put your full name in description of direct deposit payment)

Credit Card ►

I give permission for fee to be charged to my Credit Card for the selected course.

☐ Visa Card ☐ Master Card Card Expiry Date

Card Number

Card Identification Number (last 3 digits located on back)

Amount to be charged \$

Card Holder's Name

Card Holder's Signature

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POLICIES & PROCEDURES

Information ►

Refer to Saddle On's policies and procedures which can be access through the Saddle On website: www.saddleon.com.au

- Refund Policy Procedure
- Complaints and Appeals Policy and Procedure
- Code of Conduct
- Financial Management Policy and Procedure
- Access and Equity Policy and Procedure
- Recognition of Prior Learning (RPL) and Course Credit Transfer (CT) Policy and Procedure
- Qualification issuance Policy and Procedure
- Privacy Policy and Procedure

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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 THE TRAINING PROVIDER – **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 <i>Referral to Government Subsidised Training - Asylum Seekers'</i> form from the Asylum Seeker Resource Centre or the Australian Red Cross | |

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 2.8 of the Eligibility Guidelines*] OR

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 Eligibility Guidelines [*where verified through the DVS*]; OR
- ☐ 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"/> Not applicable |
| <input type="checkbox"/> current learner permit | <input type="checkbox"/> Proof of Age card | |

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?

*(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')*

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+ (circle number)

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+ (circle number)

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? *If you are applying for a qualification on the Foundation Skills List, tick 'not applicable'.*

0 1 2 3 4+ (circle number) ☐ not applicable

SECTION B2 – EDUCATION HISTORY (ENROLMENT IN A SKILL SET)

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 How many other **Skills First funded** skill sets have you enrolled in that have started, or will start in the **same calendar year** as the skill set you are applying for now? (**Don't** include the skill set you are applying for now. **Do** include other skill sets at this and other training providers you've enrolled in, but haven't started yet).

0 1 2 3 4+ (circle number)

Q2 Not including the skill set/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+ (circle number)

Q3 Please tick any of these boxes if you are doing, or will start, one of the skill sets on this list:

☐ Infection Control Skill Set ☐ Construction Industry Skill Set ☐ Course in identifying and responding to family violence risk

SECTION B3 – 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/s or skill set/s):

Declare the following to be true and accurate statements:

- I **AM / AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school.
(circle the appropriate response)
- I **AM / AM NOT** enrolled in the Commonwealth Government's Skills for Education and Employment program.
(circle the appropriate response)
- I understand that my enrolment in the above qualification/s and/or skill set/s may be subsidised by the Victorian and Commonwealth Government under the *Skills First* Program. I understand how my enrolment will affect my future training options and eligibility for further training under the *Skills First* 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:

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SECTION C – TRAINING PROVIDER DECLARATION

TO BE COMPLETED BY THE TRAINING PROVIDER – **DON'T LEAVE ANY SECTIONS BLANK**

Number of qualifications student is currently eligible for: ☐ 0 ☐ 1 ☐ 2

Number of skill sets student is currently eligible for: ☐ 0 ☐ 1 ☐ 2

Eligibility exemption granted: ☐ YES ☐ 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

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

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

A student's USI may be used for specific VET purposes including the verification of student data provided by Saddle On; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

Saddle On 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>.

VET Data Use Statement

Under the Data Provision Requirements 2012, Saddle On is required by law 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 Saddle On for statistical, administrative, regulatory and research purposes. Saddle On 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, 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 NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

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).

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 Saddle On's Privacy Officer in the first instance by phone +61 470 557 597 or email info@saddleon.com.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>.

Saddle On Enrolment Declaration

- ☐ The information herein provided is to the best of my knowledge true, correct and complete at the time of my enrolment.
- ☐ I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- ☐ I confirm that I have conducted a pre-training review in which I have discussed all my training options including RPL and CT with Saddle On and that the elected course/s is the appropriate training option for me.
- ☐ I confirm and accept Saddle On's recommended learning pathway as my training program.
- ☐ I have read and understood Saddle On's Personal Information & Privacy Policy Procedure.
- ☐ I have been provided with information about/and access to Saddle On's Student Handbook, course training plan and schedule, assessment due dates and a current Statement of Fees.
- ☐ I have been informed of my rights and obligations as a student with Saddle On and agree to abide by all rules and regulations of Saddle On. I confirm that all arrangements are made to pay outstanding fees and charges applicable to this training program and that Saddle On can withhold my academic results until my debt is fully paid and any property belonging to Saddle On has been returned.
- ☐ I authorise Saddle On, in the event of illness or accident during any organized activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- ☐ (Optional) I hereby give my permission to Saddle On to use my (Name, Testimonial, Image / Photograph) in publications and advertisements produced by or for Saddle On. I understand that:
- These may be used for publication in film, photographs, in printed materials, electronically and on the internet.
 - The above permission will apply for three years from the date of signing this form.
 - I will not receive any compensation or payment for the above.
 - Once my personal information has been published on the internet, Saddle On has no control over its subsequent use and disclosure.
- ☐ A student's USI may be used for specific VET purposes including the verification of student data provided by Saddle On, the administration and audit of VET providers and program; education-related policy and research purposes, and to assist in determining eligibility for training subsidies.
- ☐ I agree to the Fee Refund Policy and Procedure.
- ☐ I have read and understood the complaints and appeals processes, my rights as a student, the Privacy Statement and my right to access Australian Consumer Protection law.
- ☐ I have completed the language literacy and numeracy indicator tool or been given the opportunity to.
- ☐ I have also been provided with course information, duration of my course and I understand how to access support services and information I understand that access to academic records is provided free of charge.
- ☐ I acknowledge that providing false, misleading or inaccurate information may affect the acceptance of this application and/or the continued provision of training and assessment services.
- ☐ I have read and understood Saddle On's Statement of Fees.
- ☐ I acknowledge that all fees are payable in full on course commencement or the commencement of the term that fees are due.
- ☐ 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.

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Please consider the qualification, the job role, and required level of language, literacy and numeracy that the vocation and industry requires.

Additional Language, Literacy, and Numeracy assistance required to achieve workplace competency?

☐ Yes ☐ No

Review deems proposed assessment instruments, learning material and strategies as appropriate.

☐ Yes ☐ No

Review deems proposed assessment instruments, learning material and strategies require adjustment. Additional language, literacy or numeracy support will be required.

☐ Yes ☐ No

What is applicant's capacity to benefit?

☐ Poor ☐ Fair ☐ Good ☐ Very Good Excellent

Review identified current competence (list below) (if Mutual Recognition, attach Record of Results)

☐ Yes ☐ No

Based on the information provided in the Pre-training review I believe the course selected is suitable for the learner.

☐ Yes ☐ No

- ☐ I have assessed this applicant;
- ☐ I find that the applicant is competent in language, literacy and numeracy.
- ☐ I find that the applicant is not competent in language, literacy and numeracy.

Comments if any:

Document Checklist

- Proof of Australian citizenship/residency status or New Zealand citizenship
- Photo identification
- Proof of residential address
- Proof of age, if no Australian Driving License
- Enrolment Application Form filled and signed

For Saddle On Official

Date Received:

Date Approved:

Approved by:

Signature: