

Enrolment Form

Office use or	ıly:
Z30 –MOU	
Profile/HESG	
Fee for Service	

Date	Fee for Service
Student Personal Details	
Surname First Name Other	
How did you hear about us?	
Mr Miss Mrs Other (specify):	
Gender Male Female Date of birth / /	
Home Ph: Work Ph: Mobile:	
E-mail:	
Emergency Contact: Full Name: Emergency Contact No:	
Relationship to Student:	
Usual Residential Po	ostcode
(if different to	estcode
above): If you were not born in Australia please indicate which of the following apply to you:	(please select)
 □ Australian Citizen or Eligible Resident □ Overseas Resident □ None of the above (please consult our staff regarding your enrolment) Are you of Aboriginal origin? □ Yes □ No 	
Are you of Torres Straight Islander Origin? Yes No Country of Birth: School level completed	
Year completed Where Completed (e.g.: country) Are you still attending secondary school? Yes No Statistical Data: The following information is a requirement of the statistical data collection guidelines that NCLC is rec	quired to adhere to
Employment Status	quired to adriere to.
□ Employed - Unpaid worker in a family business □ Self Employed - not employing of Unemployed - Seeking full time □ Full Time Employee □ Unemployed - Seeking part time □ Part Time Employee	work
Language Spoken at Home:	
How well do you speak English? □ Very Well □ Well □ Not Well	□ Not at all
Prior Education (in Australia only)	
□ Certificate I □ Diploma □ Certificate II □ Advanced Diploma or Associate □ Certificate III □ Bachelor Degree or Higher □ Certificate IV □ Miscellaneous Education	e Degree
Do you require special assistance because of a disability? Yes \square No \square (if "Yes	es" please indicate below)
 □ Acquired Brain Impairment □ Hearing □ Intellectual □ Learning □ Mental illness □ Physical □ Vision □ Unspecified □ Other (please indicate) 	Medical Condition e below)

Course Details				
Name of Course	Course Code / Date	Total Fees	Amount Paid (Fee/Deposit)	
50% Deposit required for courses with fees over \$500.00. (unless alternative arrangements are made)				
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
Annual Registration Fee: \$10.00 *Family of 3 or more \$25.00	·	\$	\$	
Annual Membership Fee: \$ 2.00 *Family of 3 or more \$ 5.00				
*Family – all persons <u>must</u> reside at the same address T o	otal Fee Paid at time	of Enrolment	\$	
Pension/Health Care Card No.				
Method of Payment				
□ Cash □ Credit Card □ Cheque	□ Pur	chase Order		
Credit Card Payment Details				
Card No:				
Total Amount: Expiry Da	te: /			
Name on Card:				
Cardholders Signature:				
Payment plans are available (conditions apply.) (<i>Tick if interested</i>)				
Would you like a Tax Receipt mailed to you (Tick if required)				

Accredited Program Information

All students enrolling in Accredited Programs are entitled to consider applying for Recognition of Prior Learning (RPL). This is learning in both formal and informal settings that students feel has given them skills to gain credits in their chosen field of study. If you think this applies to you please ask at our office for an RPL Application form. By reading the application form students are not compelled to apply for RPL.

Students are entitled, at no additional cost, to a formal Statement of Attainment on withdrawal, cancellation or transfer, prior to completing the qualification, provided the student has paid in full for the tuition related to the units of competency to be shown on the Statement of Attainment.

If NCLC cancels a course, a full refund of money paid, will be given to enrolled student's. If a student withdraws prior to the commencement of the course a refund of fees paid less an Administration charge of \$50.00. If a student withdraws before the end of a course they are responsible to pay fees up until the date of withdrawal. All refunds will be paid by cheque.

Re-assessment fees are not charged within NCLC courses provided the re-assessment is undertaken prior to the scheduled course end date which must be within 120 days from the Unit commencement date.

Note: Please see the NCLC course guide or Student Handbook for refund information for non-accredited / pre-accredited and fee-for-service programs

Office Use Only: Victori	ian Student Number					
1. Does the student have a	Victorian Student Number	· (VSN)?				
Yes – please specify						
Yes – but the VSN is a	unknown					
☐ No – the student has i	never been issued a VSN					
2. Full information recorded	d on VETtrak	es 🗆 No E	ntered by			
			Date		/	
Enrolment Confirmation	n				_ ′	
I verify that all details provid truly disclosed my highest e	ded on this enrolment form	are accurate at the time	of enrolment ar	nd that I have	Yes □ No	
I give consent to be placed about courses, promotional	on Narre Community Lear		listing to receive	e information	Yes □ No	
Student Signature:			Date	/	_ /	
Guardians Signature: (Youth Students only)			Date	/	_ /	
Privacy Statement						
I understand that:						
Development, with student Information is required to are available at http://www.use the information provious reporting and/or research consultants, advisers, other training organisation that Research survey or a Department of purposes inclination on the Victor of th	be provided in accordaryw.education.vic.gov.au/ded to it for planning, adder government agencies, at may be contacted and partment-endorsed projecting Reform Act 2006 reluding the allocation to	training/providers/rto training/providers/rto ministration, policy de d other lawful purposes professional bodies an requested to participate ct or audit or review.	VET Student St. D/Pages/datace velopment, pro s, the Departme d/or other org te in a National	atistical Collection (bollection.aspx). The ogram evaluation, reent may also disclos anisations. I have be Centre for Vocation as my personal info	Guidelines (which Department may esource allocation, e information to its een advised by the hal Education	;
For more information in re Manager on phone 9704 7			d or disclosed _l	please contact the N	ICLC Compliance	
I acknowledge and agree t	to the terms described in	this privacy statemen	t: 🗆			
Student Signature:			Date	/	_ /	
** Written approval by a pare	ent or guardian of a student ur	nder the age of 18 years to VRQA minimum standards		be obtained at enrolme	nt as specified in the	
(Parent guar to commence studies in	rdian name)	give permission for		(Student nam	ne)	
At the Narre Community	Learning Centre Inc.		(Course code and name)			
Parent / Guardian Signa	ature:			Date:	_	
Statuary declaration for	r informal relative Care	ers completed	□ Yes	□ No		

VICTORIAN TRAINING GUARANTEE 2014 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A - To be completed by an authorised delegate of the RTO

Evidence of citizenship/residency and age

Lviderice	OI CILIZETIS	inp/residen	icy and age	
I confirm th	at in relation	to		(Student's full name)
				(Student's full harne)
I have sigh	ted one of the	e following or	riginal, or a cer	rtified photocopy of the original, documents:
☐ an Aust	tralian Birth C	ertificate (no	t Birth Extract)	☐ a current Australian Passport
☐ a curre	nt New Zeala	nd Passport		☐ a naturalisation certificate
□ a curre	nt <i>green</i> Med	icare Card		\square a signed declaration by a relevant referee
☐ formal or residence	documentatio	n issued by t	he Australian [Department of Immigration and Citizenship confirming permanent
and if the s		is relevant to	their eligibility	y and the document produced from the list above does not include a
□а	current drive	ers licence, or	r □ a current l	learner permit, or \square a Proof of Age card, or \square a 'Keypass' card
Section B	- To be com	npleted by th	he student	
Education	n history			
Q1. The hig	ghest qualifica	ation I <i>curren</i>	ntly hold is:	
(Include full ti	tle of qualification	n, eg. Certificate	III in Aged Care)	
enrolled to		is year? Inclu	ıde training you	enrol in now, how many other government subsidised courses have you u have enrolled in to undertake at this and other
0	1	2	3	4+ (circle number)
	cluding the co g training in a			enrol in now, how many other government subsidised courses are you
0	1	2	3	4+ (circle number)
				sed courses have you started (commenced) that are at the same level this question if you are seeking to enrol in a course on the Foundation
0	1	2	3	4+ (circle number)

VICTORIAN TRAINING GUARANTEE 2014 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section B - continued

Student declaration
I, in seeking to enrol in
(Student's full name), in seeking to enrol in
(Include full title of qualification/s in which you are seeking to enrol)
declare the following to be true and accurate statements:
a. I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. <i>(circle appropriate response)</i>
b. I AM / AM NOT enrolled in the Commonwealth Government's <i>Skills for Education and Employment</i> program. (circle appropriate response):
c. I understand that my enrolment in the above qualification/s is being subsidised by the Victorian and Commonwealth Governments under the Victorian Training Guarantee. I understand that enrolling in the above qualification/s may affect my future training options and eligibility for further government subsidised training under the Victorian Training Guarantee.
Signed: Date:
Section C - To be completed by an authorised delegate of the RTO
Number of courses student is currently eligible for: \Box 1 \Box 2
RTO declaration
Based on discussion with the student, the above evidence I have sighted 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 Victorian Training Guarantee eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Victorian Training Guarantee for the following qualification/s:
(Include full title of qualification/s in which the student is seeking to enrol)
Authorised RTO delegate:
Name:
Position:
Signed: Date: