



# Enrolment Form

Office use only:

- Z30 –MOU
- Profile/HESG
- Fee for Service

Date \_\_\_\_\_

## Student Personal Details

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Other \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Mr  Miss  Mrs  Ms  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 Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_ Postcode \_\_\_\_\_

## 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 Strait Islander Origin?  Yes  No

Country of Birth: \_\_\_\_\_ School level completed \_\_\_\_\_  
(e.g.: year 10)

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 required to adhere to.

## Employment Status

- Employed - Unpaid worker in a family business  Self Employed - not employing others
- Employer  Unemployed - Seeking full time work
- Full Time Employee  Unemployed - Seeking part time work
- Part Time Employee

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 Degree
- Certificate III  Bachelor Degree or Higher
- Certificate IV  Miscellaneous Education

Do you require special assistance because of a disability? Yes  No  (if "Yes" please indicate below)

- Acquired Brain Impairment  Hearing  Intellectual  Learning  Medical Condition
- Mental illness  Physical  Vision  Unspecified  Other (please indicate 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			<b>Total Fee Paid at time of Enrolment</b> \$

Pension/Health Care Card No. \_\_\_\_\_

**Method of Payment**

Cash       Credit Card       Cheque       Purchase Order

**Credit Card Payment Details**

Card No:

Total Amount: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Payment plans are available (conditions apply.) (Tick if interested)

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



**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**

I confirm that in relation to \_\_\_\_\_  
(Student's full name)

I have sighted **one** of the following original, or a certified photocopy of the original, documents:

- |   |   |
|---|---|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract)  | <input type="checkbox"/> a current Australian Passport              |
| <input type="checkbox"/> a current New Zealand Passport   | <input type="checkbox"/> a naturalisation certificate               |
| <input type="checkbox"/> a current <i>green</i> Medicare Card   | <input type="checkbox"/> a signed declaration by a relevant referee |
| <input type="checkbox"/> formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence |   |

**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:

- a current drivers licence, or  a current learner permit, or  a Proof of Age card, or  a 'Keypass' card

*Section B - To be completed by the student*

**Education history**

Q1. The highest qualification I *currently* hold is:

\_\_\_\_\_  
(Include full title of qualification, eg. Certificate III in Aged Care)

Q2. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

0            1            2            3            4+ (circle number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?

0            1            2            3            4+ (circle number)

Q4. In your lifetime, how many government subsidised courses have you started (commenced) that are at the same level as the one you are applying for now? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

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)*

\_\_\_\_\_  
*(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. *(circle appropriate response)*

b. I AM / AM NOT enrolled in the Commonwealth Government's *Skills for Education and Employment* 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:**     1     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: \_\_\_\_\_