

2010 Ascet Tafe Application for Enrolment Form

Information sheet

Please read this Information Sheet before completing the Application Form.

An Application Form is required to be completed as part of the Enrolment Process into any course.

Your application cannot proceed without its completion.

A Language, Literacy and Numeracy test will be conducted as part of the Application Process.

Please check you have the necessary information before completing the Form, including:

- Course code and title
- Study mode (college based, workplace based, distance learning)
- Course specific requirements
- Funding type
- Course availability
- Supporting documentation
- Fee type

Section 1. Course Information

General information and individual brochures on specific Ascet Tafe courses are available on our website www.ascet.edu.au or from an Ascet Tafe consultant.

Apprenticeships and Traineeships are available for selected qualifications. Information on these is available at www.skills.vic.gov.au.

Section 2. Supporting documentation

Supporting documentation may be required in determining course entry requirements, funding eligibility, fees and fee concessions and to support a Credit transfer/RPL request.

Original documents will be returned but a copy of all documentation will be retained.

Overseas Qualifications

Ascet Tafe recognises all qualifications within the Australian Qualifications Framework. Applicants with overseas qualifications may apply to the Overseas Qualifications Unit (OQU) to have them assessed for Australian equivalency. Information on the OQU is available at www.business.vic.gov.au

Section 3. Funding Types

Victorian Training Guarantee (Skills For Victoria, Skills For Growth)

Apprenticeship Traineeship Training Program (ATTP)

Priority Education Training Program (PETP)

Fee For Service

Eligibility for government funded subsidised training will be assessed according to Program specific eligibility requirements.

Section 4. Fee Types

Fees for both Government Funded courses and Fee For Service courses will be assessed and charged on the basis of information supplied by the Applicant.

2010 Ascet Tafe Application Form

Client ID
V.S.N.

PART A: Personal Information

Family Name	
Given Name/s	
Date of Birth	Age as at 1 January 2010
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	

PART B: Address and Contact Information

Residential Address while undertaking training. (Street address only. No PO boxes)	
Postal address (if different from above)	
Private telephone	Mobile telephone
Email	
Employer/Workplace Details	
Business Name	
Address	
Postal address	
Telephone	Facsimile
Mobile telephone	
Contact Person	Position
Email	
Industry (eg Hospitality)	

PART C: Citizenship

Please provide documentation to support citizenship status.

Australian citizen <input type="checkbox"/>	Holder of a permanent visa <input type="checkbox"/>
Holder of a Temporary <input type="checkbox"/>	Holder of a Special Category Visa <input type="checkbox"/>
Protection Visa <input type="checkbox"/>	(sub-class 444)
East Timorese asylum seeker <input type="checkbox"/>	

PART D: Course Information

Course code	Course title		
Delivery mode	Classroom-based <input type="checkbox"/>	Campus Start Date	
	Workplace-based <input type="checkbox"/>		
	Distance-based <input type="checkbox"/>		
Apprenticeship or traineeship		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently an Apprentice or Trainee?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fee Type	Government Funded <input type="checkbox"/>	Fee For Service <input type="checkbox"/>	
Funding Type	Skills for Victoria <input type="checkbox"/>	ATTP <input type="checkbox"/>	PETP <input type="checkbox"/>
Are you applying for Credit Transfer		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Concession Requested		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Concession Type		Veteran's Gold Card <input type="checkbox"/>	Pensioner Concession Card <input type="checkbox"/>
		Commonwealth Health Care Card <input type="checkbox"/>	Other <input type="checkbox"/>
Please provide documentation to support any request for CT, RPL or a concession.			
Eligibility Exemption	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Category Outcome

PART E: Academic record Information

Please provide copies of all academic qualifications previously completed or partially completed.

Are you still attending Secondary school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your highest COMPLETED school level?	(Tick ONE box only)	
Completed year 12	Completed year 11	Completed year 10
Completed year 9 or equivalent	Completed year 8 or lower	Did not go to school
In what year did you complete that school level?		

Have you successfully completed any of the following qualifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please tick ANY applicable boxes		
Bachelor Degree or Higher Degree	<input type="checkbox"/>	Advanced Diploma or Associate Degree
Diploma (or Associate Diploma)	<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)
Certificate III (or Trade Certificate)	<input type="checkbox"/>	Certificate II
Certificate I	<input type="checkbox"/>	Certificates other than the above

Please list ALL Australian and overseas academic qualifications previously completed or attempted. List your highest completed qualification first. Evidence is required for all those listed.

Qualification	Name of Institution & Country if outside Australia	Date commenced	Date completed	Successfully Completed (Yes/No)	Govt. Funded (Yes/No)
Please attach list if needed					

PART F: STATISTICAL DATA

Ascet Tafe is required to provide Statistical data to the Victorian Government for all government funded and domestic fee for service clients as part of the enrolment process.

Language and Cultural Diversity

In which country were you born?	Australia <input type="checkbox"/>
	Other-please specify <input type="checkbox"/>
Do you speak a language other than English at Home	No, English only <input type="checkbox"/>
	Yes, Other-Please specify <input type="checkbox"/>
How well do you speak English?	Very well <input type="checkbox"/>
	Well <input type="checkbox"/>
	Not well <input type="checkbox"/>
	Not at all <input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander origin?	No <input type="checkbox"/>
	Yes, Aboriginal <input type="checkbox"/>
	Yes, Torres Strait Islander <input type="checkbox"/>

Disability

Do you consider yourself to have a disability impairment or long-term condition?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
If YES, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)	
Hearing/Deaf	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Physical	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>
Medical condition	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>
Acquired brain impairment	<input type="checkbox"/>
Other	<input type="checkbox"/>

Employment

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

Full time employee	<input type="checkbox"/>	Part time employee	<input type="checkbox"/>
Self employed-not employing others	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Employed-unpaid worker in a Family Business	<input type="checkbox"/>	Unemployed-seeking Full-time Work	<input type="checkbox"/>
Unemployed-seeking Part-time Work	<input type="checkbox"/>	Not employed-Not Seeking Employment	<input type="checkbox"/>

Study Reason

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

To get a job	<input type="checkbox"/>	To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>	To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>	It was a requirement of my job	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>	To get into another course of study	<input type="checkbox"/>
For personal interest or personal development	<input type="checkbox"/>	Other reasons	<input type="checkbox"/>

PART G: Retrenched Workers

Victorian Training Guarantee funding is available for eligible Retrenched Workers aged over 25 seeking a qualification higher than the highest qualification held.

If applying for this funding category, please provide documentation to confirm eligibility.

Retrenched on or since 1 January 2000	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Registered with an Employment Services Provider	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hold a Certificate of Separation from your employer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

PART H: How did you hear about this program?

Job network referral	<input type="checkbox"/>	Ascet Tafe website	<input type="checkbox"/>
Newspaper	<input type="checkbox"/> (specify)	Radio	<input type="checkbox"/>
Search Engine	<input type="checkbox"/> (specify)	Friend/family	<input type="checkbox"/>
Career One website	<input type="checkbox"/>	Skills Store	<input type="checkbox"/>
Skills For Growth broker	<input type="checkbox"/>	Other	<input type="checkbox"/>

PART I: Applicant Declaration

I, _____ declare that:

I have read and understood the information provided to me by Ascet Tafe prior to completing this Application form.

The information supplied regarding my application is correct and complete.

It is my responsibility to provide all relevant and required documentary evidence in support of my application.

I authorise Ascet Tafe to provide information to government or other relevant institutions, in the processing of, or in conjunction with my application.

Signature _____

Date _____

Administration Use Only

AVETMISS Funding Source Identifier

L <input type="checkbox"/>	LCP <input type="checkbox"/>	LSG <input type="checkbox"/>	P <input type="checkbox"/>	PSG <input type="checkbox"/>
RWP <input type="checkbox"/>	RWL <input type="checkbox"/>	S <input type="checkbox"/>	YRP <input type="checkbox"/>	YRL <input type="checkbox"/>

AVETMISS Fee Exemption/Concession Type Identifier

H <input type="checkbox"/>	J <input type="checkbox"/>	K <input type="checkbox"/>	M <input type="checkbox"/>
O <input type="checkbox"/>	P <input type="checkbox"/>	V <input type="checkbox"/>	Z <input type="checkbox"/>

LLN test completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Training Commencement Date _____

Application approved
Signature

Date
