

Australian Quality Training Framework

QUALIFICATION OR CERTIFICATE

COURSE APPLICATION



APPLICANT DETAILS

Family Name	Given Name	M/F
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	Postcode	
<input type="text"/>	<input type="text"/>	
Postal Address (if different from above)	Postcode	
<input type="text"/>	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	Telephone (mobile preferred)	Your Unique Student Identifier (USI) number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

COURSE DETAILS *Full information for all courses can be found at www.aitac.edu.au* NVR Standard 4.1

The course(s) I seek training and assessment in are as follows:

CERTIFICATE II in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Driving Operations | <input type="checkbox"/> Warehousing Operations | <input type="checkbox"/> Aviation (Ground Operations & Service) |
|---|---|---|

CERTIFICATE III in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Driving Operations | <input type="checkbox"/> Public Safety (Community Safety) |
| <input type="checkbox"/> Dogging | <input type="checkbox"/> Civil Construction | <input type="checkbox"/> Aviation (Ground Operations & Service) |
| <input type="checkbox"/> Rigging | <input type="checkbox"/> Civil Construction Plant | |
| <input type="checkbox"/> Mobile Crane Operations | <input type="checkbox"/> Warehousing Operations | |

CERTIFICATE IV in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Warehousing Operations | <input type="checkbox"/> WH&S | <input type="checkbox"/> Heavy Vehicle Driving Instruction |
| <input type="checkbox"/> Driving Operations | <input type="checkbox"/> Car Driving Instruction | <input type="checkbox"/> Mobile Crane Operations |

COURSES in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Basic Earthmoving | <input type="checkbox"/> Installation of Swing Stage Scaffolds | <input type="checkbox"/> Safe Use of Swing Stage Scaffolds |
| <input type="checkbox"/> Workplace Spotting for Service Assets | | |

REASON FOR STUDY

Of the following options, which best describes your main reason for undertaking this training/assessment? *(Tick one only)*

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

STUDENT PRIVACY

NVR Standard 5.1 - 5.4, 8.5

Personal information collected in connection with this application will be used for the purposes of assessing the application, and for the purposes of administration of legislation regulated by the relevant authority. Subject to the Occupational Health and Safety Act, AITAC Pty Ltd may disclose personal information to a court or tribunal. If you do not provide the appropriate information, your application may not be accepted or processed. You have the right to access information that a RTO holds about you. We are bound by the Privacy Act, and will never use your information for any other purpose than as stated. You can access our privacy policy at www.aitac.edu.au.

AITAC may utilise photography and/or videography throughout training courses. This may be utilised as evidence of training, assessment and participation, or for training, promotion or demonstration using suitable and appropriate distribution platforms and formats.

☐ I have read and understand this information, and agree to the use of AV material in the manner outlined.

PERSONAL INFORMATION

Access and Equity - NVR Standard 1.7

Are you still attending secondary school? (Y/N) ☐

What is your highest completed school level?

- ☐ Completed Year 12 (VCE/HSC/Form 6)
- ☐ Completed Year 11 (Leaving/Form 5)
- ☐ Completed Year 10 (Intermediate/Form 4)
- ☐ Completed Year 9 or equivalent
- ☐ Completed Year 8 or equivalent
- ☐ Did not attend secondary school

In which year did you complete this school level?

Have you successfully completed any qualifications? (Y/N) ☐

If YES, in what year did you complete?

- ☐ Certificate I
- ☐ Certificate IV
- ☐ Certificate II
- ☐ Diploma
- ☐ Certificate III (Trade)
- ☐ Advanced Diploma
- ☐ Bachelor degree or higher degree

Details: (e.g. motor mechanic, plumber, Bachelor of Arts)

If yes, where was your qualification obtained?

- ☐ Australia
- ☐ Another country

Which best describes your current employment status?

- ☐ Full time employee
- ☐ Part-time employee
- ☐ Self-employed
- ☐ Employer
- No employees

Current employer:

- ☐ Unemployed
Seeking full time employment
- ☐ Unemployed
Seeking part time employment
- ☐ Unemployed
Not seeking employment
- ☐ Unpaid employed
Family business

If unemployed, are you registered as a "jobseeker"? (Y/N) ☐

If YES, you may be eligible for a subsidised training place under a "Government Funded Program". A copy of your ESP Referral Letter MUST be provided to claim the subsidy.

If employed, which best describes your industry of employment?

- ☐ Agriculture & Forestry
- ☐ Construction
- ☐ Electricity, Gas & Water
- ☐ Mining
- ☐ Transport & Warehousing
- ☐ Other

If employed, which best describes your job role?

- ☐ Machinery operator / Driver
- ☐ Labourer
- ☐ Clerical / Administration
- ☐ Professional
- ☐ Technician / Trades worker
- ☐ Other

Do you have a disability, impairment or long-term condition? (Y/N) ☐

If YES, please indicate one or more areas below:

- ☐ Hearing/deaf
- ☐ Acquired brain injury
- ☐ Physical
- ☐ Vision
- ☐ Intellectual
- ☐ Medical condition
- ☐ Learning
- ☐ Other
- ☐ Mental illness
- ☐ Unspecified

Are you of Aboriginal or Torres Strait Islander origin?

- ☐ No
- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Both Aboriginal and Torres Strait Islander

What is your country of birth?

What is your town of birth?

Are you a permanent Australian Resident? (Y/N) ☐

Are you the holder of a Temporary Protection Visa, 444 Visa or referral from ARC or ASRC? (Y/N) ☐

If YES, you must provide the original for the assessor to copy in order to claim your concession.

What language do you speak at home?

- ☐ English
- ☐ Other:

How well do you speak English?

- ☐ Very well
- ☐ Not well
- ☐ Well
- ☐ Not at all

Are you the holder of, or listed as a dependent on a Commonwealth Concession Card? (Y/N) ☐

If YES, what type of Concession Card?

- ☐ Healthcare
- ☐ Pensioner
- ☐ Veteran (Gold)
- ☐ Indigenous Student

Original card must be provided and copied to claim the training concession.

COURSE SUITABILITY

NVR Standard 5.1 - 5.4, VTG PTR

- ☐ I have made my own enquiries and believe that this training course is suitable for my personal and career purposes.
- ☐ I consider that, based on my educational attainment, capabilities, aspirations and interests, this training is appropriate for me.

QUALITY ASSURANCE OF TRAINING AND ASSESSMENT

NVR Standard 2

☐ I understand that I am enrolling in an AQF qualification course, and that I may be contacted by the Training Organisation or Regulator to discuss my training program. I also understand that my future training funding or subsidy options under state or federal programs may be affected.

PROOF OF IDENTITY Two forms of identification are required.

1. The following original/certified document(s) are proof of name and Australian Citizenship/Residency

<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Passport (<2 years expired)	<input type="checkbox"/> Birth Certificate
Document number:	Expiry Date:	
<input type="text"/>	<input type="text"/>	

2. The following original/certified document(s) are proof of date of birth & signature (at least one required)

<input type="checkbox"/> Australian Drivers Licence	<input type="checkbox"/> HRW Licence	<input type="checkbox"/> ASIC or MISC Card
Document number:	Expiry date:	
<input type="text"/>	<input type="text"/>	

RECORD OF TRAINING, QUALIFICATIONS, RCC, RPL, CREDIT TRANSFER NVR Standard 3.5, 5.1

I have previously received Government funding for courses: ☐ YES ☐ NO

If YES: How many courses have you started?

What qualification level(s)?

I provide the following original document(s) for consideration in assisting with this training program:

<input type="checkbox"/> None provided	<input type="checkbox"/> Training record (e.g. Logbook)	<input type="checkbox"/> Assessment Summary
<input type="checkbox"/> Statement of Attainment from previous or related program	<input type="checkbox"/> Other (please specify)	
Details: (e.g plant type)	Issued by:	
<input type="text"/>	<input type="text"/>	

RECOGNITION OF PRIOR LEARNING (RPL) NVR Standard 3.5

Skills and knowledge acquired from other learning or life experiences may be credited toward achievement of this program. For training programs considered as “High Risk”, credit may be granted toward the training component only and summative assessment may still be required. A full “RPL Assessment Service” is offered to all participants. If required, discuss with the trainer/assessor.

☐ Please provide me with full details of formal RPL process ☐ Formal RPL not required.

APPLICANT DECLARATION

I declare that to the best of my knowledge, the information provided in this application, and supporting this application, is true and correct in every particular. I understand that it is my responsibility to provide all relevant information, and that there are severe penalties under law for making a false or misleading declaration, or attempting to fraudulently obtain a Qualification or Licence. I authorise my Registered Training Organisation to check all available records to confirm that information provided is correct, particularly pertaining to my eligibility for any training subsidy or concession. I acknowledge that AITAC must make sure all relevant legal requirements are met, and agree to comply with reasonable directions related to safety, security and federal and state laws.

NVR Standard 3.6

Applicant’s signature:	Date:
<input type="text"/>	<input type="text"/>
Witnessed by: (must be 18 years or older)	
Witness name:	Witness signature:
<input type="text"/>	<input type="text"/>

Section B - To be completed by the student

Education history

Q1. The highest qualification I have *completed* OR *will have completed at the time the training that I am seeking to enrol in is scheduled to start* 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 funded 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 funded courses are you undertaking training in at the moment?

0 1 2 3 4+ (circle number)

Q4. In your lifetime, how many government funded 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)

Q5. **(FOR TAFE/DUAL SECTOR ENROLMENT ONLY)** If you are seeking to enrol in a course on the 'Free TAFE for Priority Courses List' at a TAFE or Dual Sector University, have you previously commenced a course on the 'Free TAFE for Priority Courses List' and received a fee waiver/exemption for that course?

YES NO (circle answer)

Q6 **(FOR TAFE/DUAL SECTOR ENROLMENT ONLY)** If your response to question 5 is 'YES', are you seeking to recommence the same course for which you previously received a fee/waiver exemption?

YES NO (circle answer)

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:

- I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. (circle appropriate response)
- I AM / AM NOT enrolled in the Commonwealth Government's *Skills for Education and Employment* program. (circle appropriate response):
- I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments under the *Skills First* Program. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised training under the *Skills First* Program.
- I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed: _____ Date: _____

FORMAL EMPLOYER AGREEMENT (for traineeships and on-site workplace training only)

NVR Standard 1.5

Permission for on-site training and/or assessment in accordance with the nominated training plan is granted?

☐ YES ☐ NO

Nominated workplace supervisor/trainers and appropriate licence details are shown below:

Name(s)

Role

Licence details

☐ I understand that I may be contacted by the training organisation or Regulator to discuss the training and assessment methods used during this program. This may take the form of a short survey.

Employer signature:

Date:

TRAINER/ASSESSOR USE ONLY

☐ Identification sighted

☐ Name and DOB verified

☐ 18 years or older (HRW only)

☐ I have checked the PTR (if applicable) of the student, and consider the training course to be suitable for his/her purposes; I have checked the following:

☐ LLN capability

☐ Reason for study

☐ General communication skills

☐ Application form

Application enrolment is:

☐ Acceptable

☐ Not acceptable

Please note:

- If enrolled in a traineeship, please inform administration immediately if the trainee withdraws from the program.
- If claiming a concession, copies or photos of relevant documents must be provided and passed to administration.

Trainer/assessor signature

Note reason for non-acceptance and forward to administration

OFFICE USE ONLY

Eligibility criteria:

☐ Citizen/resident

☐ Concession*

☐ Upskilling

☐ Indigenous

☐ Job Seeker*

☐ Under 20 years

*Copies of all relevant documents and evidence re eligibility attached

Eligibility/funding source decision:

☐ Fee for service

☐ Subsidy eligible

☐ Concession

Authorised officer signature:

Date:

☐ Enrolment confirmed

PROGRAM EVALUATION FEEDBACK

NVR Standard 2.1, 6.1, 6.2, 6.3

To help us improve this training/assessment program, please provide us with feedback about this service. Circle the number which most closely corresponds to your view.

WERE THE EXPECTED LEARNING OUTCOMES ACHIEVED?							
NOT AT ALL	1	2	3	4	5	6	VERY MUCH SO
WAS THE TRAINER EASY TO UNDERSTAND?							
HARD TO UNDERSTAND	1	2	3	4	5	6	VERY CLEAR
HOW WELL WAS THE PROGRAM PRESENTED?							
NOT WELL AT ALL	1	2	3	4	5	6	VERY WELL
WERE COMMENTS AND INFORMATION FROM THE TRAINER HELPFUL?							
NOT HELPFUL AT ALL	1	2	3	4	5	6	VERY HELPFUL
HOW SUITABLE WAS THE VENUE?							
NOT SUITABLE AT ALL	1	2	3	4	5	6	VERY SUITABLE
WERE THE WORKBOOKS AND HANDOUTS EASY TO FOLLOW?							
NOT EASY AT ALL	1	2	3	4	5	6	VERY EASY

Do you wish to make any further comments, appeal a decision or lodge a complaint? *Improvement suggestions are greatly appreciated.*

After completion of your training, you will be sent a link to a short online survey. Please complete the survey to help us improve our service to you.