

**Enrolment Form** (Eligibility criteria applies)

**Workplace**

**Classroom**

**Personal Details Confidential Information – Must be completed by Student – Enter your full name**

<b>Q1</b> <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr	<b>Given Names (Legal)</b> _____	<b>Family Name (Surname) (Legal Family Name)</b> _____
<b>Q2 Date of Birth:</b> Day _____ Month _____ Year _____	<b>Q3 Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age in years at time of enrolment:</b> _____ (If under 18, parent/guardian signature required overleaf)

**Usual Residence** What is the address location and postcode of the suburb, locality or town in which you usually live?

Please provide the address (PO Boxes not accepted) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

<b>Q4 Home Address</b>	<b>Q5 Postal Address</b> <i>If different from your home address.</i>
Building Property Name: _____	Building Property Name: _____
Flat/Unit No. Details: _____	Flat/Unit No. Details: _____
Street or Lot Number: (e.g. 205 or Lot 118) _____	Street or Lot Number: (e.g. 205 or Lot 118) _____
Street Name: _____	Street Name: _____
Suburb, Locality or Town: _____	PO box or RDB (Roadside Delivery Box): _____
State/Territory: _____ Post Code _____	Suburb, Locality or Town: _____
Home Phone: _____	State/Territory: _____ Post Code: _____
Mobile Phone: _____	Email Address: _____

**Employment Information Must be completed by Student (Workplace training)**

<b>Company Name:</b> _____	<b>Employer/Manager Name:</b> _____
<b>Address:</b> _____	<b>Work Phone Number:</b> _____
<b>Suburb:</b> _____	<b>Email:</b> _____

**Emergency Contact Details – Must be completed by Student (Classroom-based training)**

<b>Emergency Contact (1) Name:</b> _____	<b>Emergency Contact (2) Name:</b> _____
<b>Relationship:</b> _____	<b>Relationship:</b> _____
<b>Phone Number:</b> _____	<b>Phone Number:</b> _____

**Language and Cultural Diversity – Must be completed by Student**

<b>Q6 Are you an Australian Citizen or Permanent Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Q9 Do you speak a language other than English at home?</b> <input type="checkbox"/> No English only – go to Q10 <input type="checkbox"/> Yes (please specify) _____
<b>Q7 In which country were you born?</b> Please specify _____	<b>Q10 Are you of Aboriginal or Torres Strait Islander origin?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal AND Torres Strait Islander
<b>Q8 How well do you speak English?</b> <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	

**Disability - Must be completed by Student**

<b>Q11 Do you consider that you have a disability, impairment or long-term condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if No - Go to Question 13)
<b>Q12 If yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)</b> Where Vostro cannot meet individual's needs and believes it cannot offer them the best service possible, it will refer the applicant to another training provider.
<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Vision
<input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other: _____

**Schooling & Previous Qualifications Achieved - Must be completed by Student**

**Q13 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     
  Never attended School

**Q14 In which YEAR did you complete that school level?** \_\_\_\_\_

**Q15 Are you still attending secondary school?**  Yes  No

**Previous Qualifications Achieved - Must be completed by Student**

**Q16 Have you SUCCESSFULLY completed any of the following qualifications?**  Yes  No (if No - Go to Question 18)

**Q17 If yes, then tick ANY applicable boxes**

	<u>Australian Education</u>	<u>Australian Equivalent</u>	<u>International</u>
<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate III (or Trade Certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates other than the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q18 Did you obtain your highest qualification outside of Australia and it is higher than the Course level being enrolled in?**  No  Yes

**If yes, please sign the space below, when appropriate:**

I attest that in regard to this qualification, no formal assessment process has taken place in Australia, leading to a statement of equivalence with an AQF qualification.

**Applicant's signature:** \_\_\_\_\_

**Q19.1 Employment Status - Of the following categories, which BEST describes your current employment status? (Tick ONE box only)**

- Full-time employee     
  Part-time employee     
  Casual employee     
  Employer     
  Unemployed – seeking part-time work  
 Self-employed - not employing others     
  Unemployed – seeking full-time work  
 Not employed – not seeking employment     
  Employed – unpaid worker in a family business

**Q19.2 If employed, tick your Occupation Identifier**

- Manager     
  Professional     
  Technician & Trades Worker     
  Community and Personal Services Worker  
 Sales Worker     
  Labourer     
  Clerical and Administrative     
  Machine Operator and Driver  
 Other

**Q19.3 If employed, tick your Industry of Employment**

- Agriculture, Forestry and Fishing     
  Mining     
  Manufacturing  
 Electricity, Gas, Water and Waste Services     
  Construction     
  Wholesale Trade  
 Retail Trade     
  Accommodation and Food Services     
  Transport, Postal and Warehousing  
 Information Media and telecommunications     
  Financial and Insurance Services     
  Rental, Hiring and real Estate Services  
 Professional, Scientific and Technical Services     
  Administrative and Support Services     
  Public Administration and Safety  
 Education and Training     
  Health Care and Social Assistance     
  Arts and recreation Services  
 Other Services

**Q20 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     
  To try a different career     
  For personal interest/self-development  
 To get into another course of study     
  To develop my existing business     
  To start my own business  
 To get a better job or promotion     
  I wanted extra skills for my job     
  It was a requirement of my job     
  Other reasons

**Q21 Victorian Student Number (To be completed by students aged below 25)**

**Enter your Victorian Student Number (VSN)**

\_\_\_\_\_

**If you have not provided a VSN, you will need to complete the questions below. Have you attended any Victorian school since 2009 or done any training with a Vocational Education and Training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?**

No – I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

(No more questions if you answer No above)

Yes – I have attended a Victorian school since 2009. Most recent Victorian school attended is:

\_\_\_\_\_ and/or

Yes – I have participated in training at a TAFE or other training organisation since the beginning of 2011. List below the most recent training organisations with which you have participated in training in Victoria since 2011. (List up to 3 training organisations)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Q22 Unique Student Identifier (USI)**

Do you have USI?  Yes \_\_\_\_\_

- No, I will get later and send to [admin@vostroinstitute.com.au](mailto:admin@vostroinstitute.com.au)  
 No, I authorize Vostro Institute to create the USI on my behalf.  
 (Applicant should fill out and sign the *Privacy Notice to Students*)

**Course Selection (Please visit the [website](#) to see course options)**

(In order to be considered for Government Funding, the course must be a higher qualification than you currently hold. Upskilling is a must, except if applicant is under 20 years of age)

Course Code	Course Name	Preferred Start Date

**Funding Eligibility/Fee Exemption/Concessions Types (To be completed by an authorised delegate of Vostro Institute of Training Australia)**

Is the candidate under 20 years of age?  Yes (If yes upskilling not required)  No  
 Note: If the candidate is currently enrolled as a student in a school, the candidate is not eligible for government subsidised training (excluding SBNA's).

Does this candidate meet the eligibility requirements for funding in the current year?  Yes  No

<input type="checkbox"/> P	Eligible individuals – general non trainee	<input type="checkbox"/> L	Trainees – registered with the VRQA – AAC Delta required
<input type="checkbox"/> S	Fee for Service – full fee paying	<input type="checkbox"/> H,P,V	Concession Fee – Health Care, Pensioner, Veteran Gold Cards Evidence required (copy to be supplied) Yes Concession applies
<input type="checkbox"/> J	Referred Job Seeker Fee Waiver with a referral form and a Concession Card (referral form & copy of concession)	<input type="checkbox"/> K	Referred Job Seeker Fee Waiver with a referral form and <u>not currently holding</u> a Health Care, Pensioner, Veteran's Gold Cards (referral from
<input type="checkbox"/> SCP	Retrenched employees – General (not Apprentice/Trainee)	<input type="checkbox"/> SCL	Retrenched employees – Apprentice/Trainee
<input type="checkbox"/> WTP	Workers in Transition Program – General Non Traineeship – requires authorized referral form. Eligibility letter & Separation Certificate required for files	<input type="checkbox"/> WTL	Workers in Transition Program –Traineeship – requires authorized referral form. Eligibility letter & Separation Certificate required for files
<input type="checkbox"/> AEP	Automotive Supply Chain Training Initiative – General Non Traineeship - requires referral form. Students must be reported with an Eligibility Exemption Indicator "Y"	<input type="checkbox"/> AEL	Automotive Supply Chain Training Initiative – Traineeship - requires referral form. Students must be reported with an Eligibility Exemption Indicator "Y"
<input type="checkbox"/> ASP	Asylum Seekers or Victims of Human Trafficking – Non Traineeships – Requires authorized referral form for files	<input type="checkbox"/> ASL	Asylum Seekers or Victims of Human Trafficking – Traineeship – Requires authorized referral form for files
<input type="checkbox"/> X	Individuals from The Judy Lazarus Transition Centre (JLTC) and young people required to undertake a course of study pursuant to a Community Based Order – Yes Fee Waiver applies	<input type="checkbox"/> Indigenous Status Identifier	Indigenous Completions Initiative – Concession– Need to retain copies of Job Seeker Referral Form

**Vostro Institute of Training Australia Pty Ltd - Terms and Conditions - Must be completed and signed by the Student**

**In signing this document, I declare I have read and agree to the terms outlined below and to those in the privacy statement that follows.**

- I am an Australian citizen, or hold permanent visa, or am a New Zealand citizen or an East Timorese asylum seeker, or a holder of a Temporary Protection Visa, or a holder of referral form from the Asylum Seeker Resource Centre confirming me as a 'Asylum Seeker'; or holder of a referral form from the Australian Red Cross confirming me as a 'Victim of Human Trafficking'
- I am not a prisoner within the meaning of the Corrections Act 1986 who is held at any one of the custodial settings as outlined in the Service Agreement
- I am not a person who is detained under the Mental Health Act 1986; or the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 or the Sentencing Act 1991 at the Thomas Embling Hospital
- I am not a person who is detained (other than on weekend detention) under the Children, Youth and Families Act 2005 or the Sentencing Act 1991 or who is held on remand in one of the youth justice facilities: Malmsbury Juvenile Justice Centre or Parkville Youth Residential Centre
- I am aware that it is my responsibility to provide all relevant and required documentation
- All the information provided within this enrolment form is true and all sections have been completed to the best of my ability. I am aware that providing any false information of failing to disclose any information may result in withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training
- I authorise Vostro Institute of Training Australia Pty Ltd to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for government subsidised training
- I believe, to the best of my acknowledgement and after consultation with Vostro Institute of Training Australia Pty Ltd, that I meet the Victorian Training Guarantee eligibility criteria
- I have read and understood the course brochure which contains course and relevant Vostro Institute of Training Australia Pty Ltd information and I believe I have selected the appropriate course for me
- I have been given, or been directed to the website ( <http://www.vostro.vic.edu.au/> ) for a copy of the Student Information Handbook
- Statement of Fees and Student Agreement was provided to me before enrolment
- I understood the terms and conditions of enrolment, fees and refunds, as explained to me upon enrolment; I was advised that these information are included in the Student Information Handbook which is available at Vostro's website

<input type="checkbox"/>	I have received information about Recognised Prior Learning (RPL), credit transfer options, and support services that I can access
<input type="checkbox"/>	I understand that, in the event of cancellation, transfer or withdrawal from my course of study, I will receive a Statement of Attainment for all units that have been successfully completed and paid for
<input type="checkbox"/>	I understand that there will be no additional charge for resits or reassessments
<input type="checkbox"/>	As a trainee, I am employed in Victoria in either full time or part time capacity under an Award or registered Agreement

**Privacy Statement**

I understand that Vostro Institute of Training Australia Pty Ltd is required to provide the state government, through the Department of Education, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the VET Provider Collection Data Requirements (which are available at <https://www.dewr.gov.au/national-vet-data/national-vet-data-policy>). The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

*The Education and Training Reform Act 2006 requires Vostro Institute of Training Australia Pty Ltd to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.* For further information in relation to how student information may be used or disclosed, please contact Vostro Institute of Training Privacy Officer on 03 9318 6956 or via email at [admin@vostroinstitute.com.au](mailto:admin@vostroinstitute.com.au).

**I acknowledge and agree to the terms described in this privacy statement, as well as the terms and conditions listed above.**

**I acknowledge and agree to pay the Enrolment Fee \$ \_\_\_\_\_**

**I understand that, if there is an enrolment fee involved, I will receive the invoice and I need to pay at least 25% of the Enrolment Fee before the class starts. Failure to do so would give Vostro the option not to accept me in class.**

**Refunds:** Vostro will refund tuition and/or other fees invoiced in accordance with Vostro Refund Policy.

For full details of applicable refunds, please request a copy of Vostro's Refund Policy.

_____	_____	_____
<b>Participant's/Student's Name</b>	<b>Participant's/Student's Signature</b>	<b>Date</b>
_____	_____	_____
<b>Parent's/Guardian's Name</b> (if participant is under 18 years of age)	<b>Parent's/Guardian's Signature</b>	<b>Date</b>

Employer Representative's Name	Employer Representative's Signature	Date

**This enrolment form should be completed with "Victorian Training Guarantee Evidence of Student Eligibility and Student Declaration" form.**

**Vostro use only – Final eligibility check to be completed by Senior Staff**

**Tuition Fee waivers/exemptions. Additional Eligibility Check:**  Yes  No

**SVTS**  Yes  No

**Are copies of evidence attached**  Yes  No

**Is the applicant eligible for VET Funding**  Yes  No

**Eligibility Exemption – Granted – need to apply to Commission**  Yes  No

_____	_____	_____
<b>Senior Staff's Name</b>	<b>Senior Staff's Signature</b>	<b>Date</b>
_____	_____	_____