

KAL Training (20815) 2025 Enrolment Application Form

| | |
|------------------------------------|---|
| QUALIFICATION NAME AND CODE | Qualifications (Please tick which qualification you wish to enrol in) <input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care <input type="checkbox"/> CHC50221 Diploma of School Age Education and Care <input type="checkbox"/> CHC62015 Advanced Diploma of Community Sector Management <input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support <input type="checkbox"/> CHC43121 Certificate IV in Disability Support <input type="checkbox"/> CHC52021 Diploma of Community Services <input type="checkbox"/> CPC50220 Diploma of Building and Construction (Building) <input type="checkbox"/> CHC43215 Certificate IV in Alcohol and Other Drugs <input type="checkbox"/> CPC40120 Certificate IV in Building and Construction |
| FUNDING TYPE: | <input type="checkbox"/> Skills First (Govt. Funded) <input type="checkbox"/> FFS (Fee For Service) |
| DELIVERY MODE: | <input type="checkbox"/> Classroom (F2F) <input type="checkbox"/> Virtual/Blended <input type="checkbox"/> Traineeship |

| | | |
|--|---|------------------|
| LEARNER DETAILS (Please write in CAPITAL LETTERS) | Enrolment Date: | |
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Hon | Date of Birth (DD/MM/YYYY): | |
| ENTER YOUR FULL NAME: <i>Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want KAL Training to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose</i> | | |
| First Name (Legal Given Name): | Middle Name (Legal Middle Name): | |
| Client Family Name (Legal Family Name): | Gender: (tick one box only) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified | |
| Work Phone: | Home Phone: | |
| Mobile: | | |
| Email Address: | | |
| Email Address (alternative optional) | | |
| ADDRESS: What is the address and postcode of the suburb, locality or town in which you usually live? <i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. If you are from a rural area, use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i> | | |
| Building/Property Name: | Flat/Unit Number: | |
| Street Number and Street Name: | | |
| Suburb, Locality or Town: | State/Territory: | Postcode: |

POSTAL ADDRESS: *If different to the above, please provide details below*

**Building/
Property Name:**

**Flat/
Unit Number:**

**Street Number and
Street Name (or PO Box):**

**Suburb, Locality or
Town:**

**State/
Territory:**

Postcode:

STATISTICAL INFORMATION - VET RELATED INFORMATION

In which country were you born? Australia Other (Please specify) _____

Do you speak a language other than English at home? *(If more than one language, indicate the one that is spoken most often)*

No, English only Yes, Other (Please specify) _____

Are you of Aboriginal or Torres Strait Islander origin? *(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)*

No Yes, Aboriginal Yes, Torres Strait Islander

Do you consider yourself to have a disability, impairment, or long-term condition?

No, go to next question.

If Yes, please indicate the areas of disability, impairment, or long-term condition: *(You may indicate more than one area)*

Hearing/deaf Physical Medical condition Intellectual Other
 Learning Vision Mental Health Condition Acquired brain impairment

SCHOOLING AND PREVIOUS QUALIFICATIONS

What is your highest COMPLETED school level? *(Tick ONE box only)*

Never attended school – Go to next Question

Year 12 Year 11 Year 10 Year 9 or equivalent Year 8 or Lower

Are you still attending secondary school?

Yes No

Have you SUCCESSFULLY completed any of the following qualifications?

No, go to the next question

Yes, please enter **one** of these Prior Educational Achievement Recognition Identifier **any** applicable qualification level

A – Australian

E - Australian equivalent

I – International

Note: *If you have multiple Prior Educational Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use:*

A – Australian

E - Australian equivalent

I – International

A

E

I

008 Bachelor Degree or Higher Degree

410 Advanced Diploma or Associate Degree

420 Diploma or Associate Diploma

511 Certificate IV or Advanced Certificate/Technician

514 Certificate III or Trade Certificate

521 Certificate II

524 Certificate I

990 Certificates other than above

EMPLOYMENT

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

- | | |
|--|---|
| <input type="checkbox"/> 01 Full-time employee | <input type="checkbox"/> 05 Employed – unpaid worker in a family business |
| <input type="checkbox"/> 02 Part-time employee | <input type="checkbox"/> 06 Unemployed – seeking full-time work |
| <input type="checkbox"/> 03 Self-employed – not employing others | <input type="checkbox"/> 07 Unemployed – seeking part-time work |
| <input type="checkbox"/> 04 Self-employed – employing others | <input type="checkbox"/> 08 Not employed – not seeking employment |

Of the following categories, which BEST describes your current or recent occupation? (Tick **ONE** box only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Never employed, go to next question | | |
| <input type="checkbox"/> 1 Managers | <input type="checkbox"/> 2 Professionals | <input type="checkbox"/> 3 Technicians and Trade Workers |
| <input type="checkbox"/> 4 Community and Personal Service Workers | <input type="checkbox"/> 5 Clerical and Administrative Workers | |
| <input type="checkbox"/> 6 Sales Workers | <input type="checkbox"/> 7 Machinery Operators and Drivers | |
| <input type="checkbox"/> 8 Labourers | <input type="checkbox"/> 9 Other | |

Which of the following classifications BEST describes the Industry of your current or previous Employer?

(Tick **ONE** box only)

- | | | |
|---|--|--|
| <input type="checkbox"/> A - Agriculture, Forestry and Fishing | <input type="checkbox"/> H - Accommodation and Food Services | <input type="checkbox"/> N - Administrative and Support Services |
| <input type="checkbox"/> B - Mining | <input type="checkbox"/> I - Transport, Postal and Warehousing | <input type="checkbox"/> O - Public Administration and Safety |
| <input type="checkbox"/> C - Manufacturing | <input type="checkbox"/> J - Information Media and Telecommunications | <input type="checkbox"/> P - Education and Training |
| <input type="checkbox"/> D - Electricity, Gas, Water and Waste Services | <input type="checkbox"/> K - Financial and Insurance Services | <input type="checkbox"/> Q - Health Care and Social Assistance |
| <input type="checkbox"/> E - Construction | <input type="checkbox"/> L - Rental, Hiring and Real Estate Services | <input type="checkbox"/> R - Arts and Recreation Services |
| <input type="checkbox"/> F - Wholesale Trade | <input type="checkbox"/> M - Professional, Scientific and Technical Services | <input type="checkbox"/> S - Other Services |
| <input type="checkbox"/> G - Retail Trade | | |

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this program? (Tick **ONE** box only)

- | | | |
|--|--|---|
| <input type="checkbox"/> 01 - To get a job | <input type="checkbox"/> 02 - To develop my existing business | <input type="checkbox"/> 03 - To start my own business |
| <input type="checkbox"/> 04 - To try for a different career | <input type="checkbox"/> 05 - To get a better job or promotion | <input type="checkbox"/> 06 - It was a requirement of my job |
| <input type="checkbox"/> 07 - I wanted extra skills for my job | <input type="checkbox"/> 08 - To get into another program of study | <input type="checkbox"/> 12 - For personal interest or self-development |
| <input type="checkbox"/> 11 - Other reasons | <input type="checkbox"/> 13 - To get skills for community/voluntary work | |

VICTORIAN STUDENT NUMBER (VSN)

To be completed by all students aged up to 24 years.

Since 2009 in schools and since 2011 for vocational education and training (VET) organisations and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Students must report their VSN on all subsequent enrolments at a Victorian school or training organisation. In particular, all students who are currently enrolled in either a VET provider or a Victorian school (including those already participating in a VET in schools' program) should obtain their VSN from their current education or training organisation and report their VSN on this enrolment form.

Students who are enrolling for the first time since the VSN was introduced will get a new VSN.

VICTORIAN STUDENT NUMBER (VSN)

Enter your VSN:

No more VSN Questions if you provided your VSN

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

If you do not know your VSN (and are aged up to 24 years)

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.

Go to next question

Yes, I have attended a Victorian school since 2009

Most recent Victorian school attended _____
and/or

Yes, I have participated in training at a TAFE or other training organisation since the beginning of 2011
List 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.

UNIQUE STUDENT IDENTIFIER (USI)

Unique Student Identifier (USI) if known:

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

From 1 January 2015, KAL Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI, you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

If you want KAL Training to create a USI on your behalf, please advise the Administration Team.

Eligible for a Concession? Do you hold a current and valid concession card (Please provide a copy)

- Health Care Card Pensioner Concession Card Veteran Gold Card
- Asylum Seeker NOT currently holding a relevant Pensioner Concession Card, Health Care Card or Veteran's Gold Card
- Indigenous Student without a concession card

Digital concession card (Digital Declaration form needs to be attached) attached Yes No

COMMENCING PROGRAM COHORT IDENTIFIER

Would you describe yourself as belonging to any of the following cohorts? (You can select up to 3 cohorts)

| | |
|--|--|
| <input type="checkbox"/> AS - Asylum seeker | <i>For participants in the Asylum Seeker VET Program, participants referred to training via the Asylum Seeker Resource Centre or the Australian Red Cross Victims of Human Trafficking Program and they present a 'Referral to Government Subsidised Training Asylum Seekers' form; hold, or are a dependant of an individual who holds, a valid humanitarian, protection or refugee visa; hold a bridging visa and have lodged an application for a humanitarian, protection or refugee visa; or hold a bridging visa and have lodged an application under section 417 or section 48B of the Migration Act 1958 (Cth) which is yet to be determined; and have study and if relevant, work rights.</i> |
| <input type="checkbox"/> FS - Learner facing financial stress | <i>Learner Facing Financial stress – having difficulty meeting basic financial commitments due to a shortage of money, particularly in cases of insecure housing and/or food.</i> |
| <input type="checkbox"/> HS - Head start apprentice/trainee | <i>Head Start Apprentice/Trainee - for Skills First enrolments as part of the Head Start program for apprentices and trainees within a school setting (not to be used for SBAT).</i> |
| <input type="checkbox"/> JV - Jobs Victoria Employment Network client | <i>Jobs Victoria Employment Services - for Skills First enrolments by individuals who are clients of a Jobs Victoria Employment Services provider.</i> |
| <input type="checkbox"/> LN - A learner with literacy, numeracy and digital literacy needs | <i>A learner with Literacy, Numeracy, or Digital Literacy needs.</i> |
| <input type="checkbox"/> RW - Retrenched worker | <i>A person who is retrenched or made redundant due to a specific role no longer being required due to operational changes within a business</i> |
| <input type="checkbox"/> RC - Reconnect program student | <i>Reconnect - for Skills First enrolments by individuals who are referred to the training provider through the Reconnect Program.</i> |
| <input type="checkbox"/> VT - Veteran | <i>A person who has served, or is serving, as a member of the Australian Defense Force, or as a member of the Reserves, with at least one day of continuous full-time service</i> |
| <input type="checkbox"/> WR -Woman returning to work | <i>Women who are engaging in training with the intention of gaining employment after a career break.</i> |
| <input type="checkbox"/> NNNNNN - No specific cohort | |

Employer Details for Traineeship and Existing Workers

| | | | |
|-------------------------------|--|-------------------------|--|
| Company Name: | | Employer ABN: _ _ _ _ _ | |
| Employer Representative Name: | | | |
| Student's Supervisor Name: | | Phone Number: | |
| Address: | | Email: | |

Emergency Contact / Next of Kin details

| | |
|---------|--------------------------|
| Name: | Relationship to you: |
| Mobile: | Telephone (day contact): |

VICTORIAN GOVERNMENT VET STUDENT ENROLMENT PRIVACY NOTICE

The Victorian Government, through the Department of Jobs, Skills, Industry and Region (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Collection of your Data

KAL Training is required to provide the Department with student and training activity data. This includes personal information collected in the KAL Training enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). KAL Training provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at DJSIR website.

Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate. The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. This includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the Education and Training Reform Act 2006 (Vic). The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria.

Please note you may opt out of the NCVER survey at the time of being contacted.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enroll in VET and/or to obtain a Victorian Government VET subsidy.

Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact KAL Training's Privacy Officer in the first instance by phone 1800 244 438 or email info@kaltraining.com.au

Further Information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to [Privacy | Department of Jobs, Skills, Industry and Regions website](#).

For further information about Unique Student Identifiers, including access, correction and complaints, go to [Privacy Notice for students | Unique Student Identifier website](#).

I acknowledge that I have read and understood the Victorian Government's VET Student Enrolment Privacy Notice

Student Signature:

Date:

KAL TRAINING STUDENT ENROLMENT PRIVACY NOTICE

Privacy

Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). For more information about the Privacy and Data Protection Act 2014 (Vic) and about the Information Privacy Principles, please go to Office of the Victorian Information Commissioner website.

Why we collect your personal information

As a registered training organisation (RTO) we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you and otherwise, as needed, to comply with our obligations as an RTO.

Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enroll in VET and/or to obtain a Victorian Government VET subsidy.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector. We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How NCVER and other bodies handle your personal information

NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

NCVER is authorised to disclose information to the Australian Government Department of Employment and Workplace Relations (DEWR), Commonwealth authorities, state and territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DEWR is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how DEWR will handle your personal information, please refer to the DEWR VET Privacy Notice at <https://www.dewr.gov.au/national-vet-data/vet-privacy-notice>

Contact information

At any time, you may contact KAL Training Administration to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

For contact information and policy details visit <https://www.kaltraining.com.au>

I acknowledge that I have read and understood the above KAL Training Student Enrolment Privacy Notice.

Student Signature:

Date:

Skills First Funding Eligibility Information

| | | |
|---|--|---|
| <p>If you are applying for Skills First Program funding, as part of determining eligibility you will need to provide original or certified copies of documents listed in column 1 and 2</p> | <p>1. Evidence of Citizenship</p> <ul style="list-style-type: none"> ▪ Current green Medicare Card ▪ Current Australian or New Zealand Passport ▪ Australian or New Zealand Birth Certificate ▪ New Zealand Citizenship Certificate ▪ Australian Certificate of Registration by Descent ▪ Permanent Residency evidence ▪ Asylum Seeker VET Program <p>If you do not have any of the above, please speak to your Enrolment Officer about a Proxy declaration.</p> | <p>2. Evidence of Victorian residency</p> <ul style="list-style-type: none"> ▪ Driver License (front and back) ▪ Rates/Utility Bills ▪ Vehicle Registration Certificate ▪ Official Mail from a Bank or ATO or Centrelink |
|---|--|---|

Fee for Service (FFS) Students only

Speak to your Enrolment Officer or RTO Administration regarding a Payment Plan

Payment method

Cash Direct Deposit EFTPOS Credit Card

Bank Details

| | |
|----------------|-------------------------|
| Bank | National Australia Bank |
| BSB | 083363 |
| Account Number | 460873507 |
| Account Name | KAL Training |

(Please put your full name in description of any direct deposit payment)

KAL Training Policies and Procedures

Refer to KAL Training's policies and procedures which can be access through the KAL Training website: www.kaltraining.com.au

- Student Handbook
- Fee Refund Policy and Procedure
- Complaints and Appeals Policy and Procedure
- Code of Conduct
- Fees and Charges Policy and Procedure
- Access and Equity Policy and Procedure
- Recognition of Prior Learning
- Course Credit Policy & Procedure
- Qualification Issuing Policy and Procedure
- Privacy Policy and Procedure

Section A – evidence of citizenship/residency

To be completed by an authorised delegate of the training provider – **do not leave any section blank.**

I confirm that for:
(student's full name)

I have sighted ONE of the following:

- | | |
|--|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> New Zealand Birth Certificate |
| <input type="checkbox"/> Current Australian Passport | <input type="checkbox"/> New Zealand Citizenship Certificate |
| <input type="checkbox"/> Current New Zealand Passport | <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per Clauses 2.14 – 2.18 of the Guidelines About Eligibility |
| <input type="checkbox"/> Australian Citizenship Certificate | <input type="checkbox"/> Confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student's foreign passport or ImmiCard |
| <input type="checkbox"/> Current green Medicare card | <input type="checkbox"/> Confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program. |
| <input type="checkbox"/> Australian Certificate of Registration by Descent | |

By either:

- viewing an original; or
- viewing a certified copy; or
- verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.5(c) of the Guidelines About Eligibility]; or
- viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device [in accordance with Clause 2.5(d) of the Guidelines About Eligibility]; or
- relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Guidelines About Eligibility]; or
- verifying through VEVO, and viewing supporting evidence, if required [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility].

And I have retained ONE of the following:

- a copy of the original or certified copy; OR
- the certified copy; OR
- evidence as set out in Clause 2.5(c) of the Guidelines About Eligibility [where verified through the DVS]; OR
- declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility];
- evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; or
- declaration of sighting a document where a student has objected to their document being retained [as set out in clause 2.6 of the Guidelines About Eligibility].

Section B – student declaration

To be completed by the student – **don't leave any question blank unless you are asked to skip a question or go to the declaration. Please ask your training provider for help if you don't understand a question.**

Q1 Write the name of the course/s you're applying for

Q2 Are you doing, or have you done any other Skills First training in 2025? Tick your response.

- No
- Yes - write the course name(s) below. Include training you haven't started yet.

Q3 Are you enrolled in a school, including government, non-government, independent, Catholic or home school?

- No
- Yes

Q4 Are you enrolled in the Commonwealth Government's Skills for Education and Employment program?

- No
- Yes

Student declaration – read and complete the declaration below.

- I understand that my enrolment may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may affect my eligibility for more Skills First training.
- I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.
- I declare the information in this form is true and accurate.

| | |
|-------------------|--|
| Name: | |
| Signature: | |
| Date: | |

Section C – training provider declaration

To be completed by the training provider – **do not leave any sections blank**

Program(s) the student is seeking to enrol in **(include program code and name):**

| |
|--|
| |
|--|

Based on:

- the evidence I have sighted and retained in Section A;
- the information the student has provided, including in Section B; and
- any additional information I acquired and recorded in the 'notes' section below;

I confirm the student is eligible for Skills First funding for the program/s listed above because they:

- are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker VET Program;
- are not enrolled in a school (except if they are doing a School Based Apprenticeship or Traineeship);
- will not be:
 - commencing more than 2 Skills First AQF qualifications in the same year
 - commencing more than 2 Skills First Skills Sets in the same year
 - doing more than 2 Skills First programs at the same time; and
- (if applicable) are enrolling in a Foundation Skills Program, and they:
 - do not currently hold a qualification at AQF level 5 (Diploma) or higher,
 - are not enrolled in the Commonwealth Government's 'Skills for Education and Employment' (SEE) program.

Authorised training provider declaration

By signing this declaration, I acknowledge that:

- I am responsible for ensuring that all parts of this form are complete.
- I have reviewed Sections A and B and have confirmed they have been completed in full.

| | |
|-------------------|--|
| Name: | |
| Position: | |
| Signature: | |
| Date: | |

Notes

Record additional details or eligibility information, including information you used to verify the student's eligibility that is not captured in Sections A or B. **If there are no notes, write N/A**

| |
|--|
| |
|--|

KAL Training Enrolment Declaration

- The information herein provided is to the best of my knowledge true, correct and complete at the time of my enrolment.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above. I also give my consent for KAL Training to use The Document Verification Service (DVS), a national online system that allows organisations to compare an individual's identifying information with a government record, to verify my Identification Documents.
- I confirm that I am aware that I will be required to undertake pre-training review which includes a Language literacy and Numeracy (LLN) assessment, review of possible RPL and CT with KAL Training, and that the elected course/s is the appropriate training option for me.
- I have been provided with access to the Student Handbook and course information (ie. duration, mode of delivery etc) via the KAL Training website.
- I have been informed of my rights and obligations as a Student with KAL Training and agree to abide by all rules and regulations of KAL Training. I confirm that all arrangements are made to pay outstanding fees and charges applicable to this training program and that KAL Training can withhold my academic results until my debt is fully paid and any property belonging to KAL Training has been returned.
- I authorise KAL Training, in the event of illness or accident during any organised activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- I agree to the terms and conditions in the Fee Refund Policy and Procedure (KAL Training website) and have been provided a general Statement of Fees.
- I have read and understood the Complaints and Appeals processes (KAL Training website) and understand my rights as a Student and my right to access Australian Consumer Protection Law.
- I acknowledge that providing false, misleading or inaccurate information may affect the acceptance of this application and/or the continued provision of training and assessment services.

(Optional) I hereby give my permission to KAL Training to use my (Name, Testimonial, Image / Photograph) in publications and advertisements produced by or for KAL Training.

I understand that:

- These may be used for publication in film, photographs, in printed materials, electronically and on the internet.
- The above permission will apply for three years from the date of signing this form.
- I will not receive any compensation or payment for the above.
- I can withdraw this consent at any time by contacting the RTO Administration Team.
- Once my personal information has been published on the internet, KAL Training has no control over its subsequent use and disclosure.

Student Signature:

Date: