



1
COURSE
INFORMATION

Course Name ▶

Course Code ▶

2
MODE OF
DELIVERY

Mode of Delivery ▶

Face-to-Face

Blended

Distance Learning

Work based

3
PERSONAL
DETAILS

Title ▶

Mr. Mrs. Miss Other

Surname ▶

Given Name(s) ▶

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 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.

Gender ▶

Male

Female

Indeterminate/Intersex/Unspecified

Date of Birth ▶

/

/

4
ADDRESS
DETAILS

Building/Property
Name ▶

Street Number ▶

Flat/Unit Number ▶

Street Name ▶

Suburb ▶

Post Code ▶

Postal Address ▶
(if different from above)



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CONTACT DETAILS
(Please tick preferred contact method – Email* or Mobile*)

Mobile ▶

Home Phone ▶ Work Phone ▶

Email ▶

Alternative Email ▶

6

EMERGENCY CONTACT

Name ▶

Telephone ▶ Relationship ▶

7

SCHOOLING

Still in School ▶ Yes No

Highest School Level ▶ Completed Year 12 Completed Year 11
 Completed Year 10 Completed Year 9 or Equivalent
 Completed Year 8 or Lower Never Attended School

Year Completed ▶ Where Completed ▶

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PREVIOUS QUALIFICATIONS

Have you **SUCCESSFULLY** completed any of the qualification levels listed below ▶ Yes (If Yes, please select the qualification level below)
 No (If No, please go to Part 9)

Prior Education ▶

A	E	I	Qualification Level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or Higher Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Diploma or Associate Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diploma (or Associate Diploma)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate IV (or Advanced Certificate/Technician)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate III (or Trade Certificate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificates other than listed above

A = Australian E = Australian Equivalent I = International

Please provide certified documents for the courses that you completed.

Year Completed ▶



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LANGUAGE AND CULTURAL DIVERSITY

- Country of Birth ► Australia Other - please specify
- Language Spoken at Home ► English Other - please specify
- How well do you speak English ► Very Well Well Not Well Not at all
- Are you of Aboriginal or Torres Strait Islander origin ► No Yes, Aboriginal Yes, Torres Strait Islander Yes, Both
- Place or Town of Birth ►

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DISABILITY

- Do you consider yourself to have a disability, impairment or long-term condition? ► Yes (If Yes, please indicate the areas of condition below) No (If No, please go to Part 11)
- Areas of Condition ► Hearing/Deaf Physical Intellectual Acquired Brain Impairment Mental Illness Vision Medical Condition Learning Other

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RESIDENTIAL STATUS

- What is your current Australian residential status?** (Please tick one box only) ► Australian citizen Holder of a Permanent Resident Visa of Australia New Zealand Citizen Other Visa type (please specify)

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STUDY REASON

- Study Reason ► To develop my existing business To try for a different career Skills for community/voluntary work I wanted extra skills for my job To get better job or promotion Requirement of my job To get into another course To Start my own business Personal Interest & Self-development To get a job Other reason

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RPL / CREDIT TRANSFER

- Are you seeking Recognition of Prior Learning or Credit Transfer? ► No Yes
- If 'Yes', please contact Admissions Department for further details about the Recognition of Prior Learning (RPL) / Credit Transfer (CT) process.



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EMPLOYMENT

Current Employment Status ►

- | | |
|--|--|
| <input type="checkbox"/> Full-Time Employee | <input type="checkbox"/> Part-Time Employee |
| <input type="checkbox"/> Self-Employed (Employing Others) | <input type="checkbox"/> Self-employed (Not Employing Others) |
| <input type="checkbox"/> Unemployed (Seeking Part-Time Work) | <input type="checkbox"/> Not employed (Not Seeking Work) |
| <input type="checkbox"/> Unemployed (Seeking Full-Time Work) | <input type="checkbox"/> Employed (Unpaid worker in a family business) |

Current/Recent Occupation ►

- | | |
|--|---|
| <input type="checkbox"/> Managers | <input type="checkbox"/> Professionals |
| <input type="checkbox"/> Technicians & Trade Workers | <input type="checkbox"/> Community & Personal Service |
| <input type="checkbox"/> Clerical & Administrative Workers | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Machinery Operators and Drivers | <input type="checkbox"/> Labourers |
| <input type="checkbox"/> Other | |

Current/Recent Industry ►

- | | |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry & Fishing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Electricity, Gas, Water, Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Accommodation & Food Services |
| <input type="checkbox"/> Transport, Postal & Warehousing | <input type="checkbox"/> Information, Telecommunication |
| <input type="checkbox"/> Financial and Insurance Services | <input type="checkbox"/> Rental, Hiring & Real Estate Services |
| <input type="checkbox"/> Professional, Scientific & Technical | <input type="checkbox"/> Administrative and Support Services |
| <input type="checkbox"/> Public Administration & Safety | <input type="checkbox"/> Education and Training |
| <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> Arts & Recreation Services |
| <input type="checkbox"/> Other Services | |

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**TRANSFERRING
LEARNING**

Are you transferring from another education provider in Australia? ►

- No Yes

Are you currently enrolled in another institute? ►

- No Yes (If 'Yes', then please provide the name of institute below)

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USI

Enter your Unique Student Identifier (USI) ►

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From 1 January 2015, we KAL Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI, you can apply for it directly <https://www.usi.gov.au/> on a computer or mobile device. If you want KAL to create USI on your behalf, please contact the Admissions Department.



17 VSN

Enter your Victorian Student Number (VSN) ►

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Victorian State Education ►

Have you attended any Victorian school since 2009 or done any training with a VET registered training organisation or an Adult and Community Education provider in Victoria since 2011?

- Yes, I have attended a Victorian school since 2009 (List most recent Victorian school attended):
- No, I have not attended a Victorian school since 2009 or TAFE or other VET training provider since beginning of 2011.
- Yes, I have participated in training at a TAFE or other training organisation in Victoria since the beginning of 2011 (List the most recent training organisations)

18 DOCUMENTATION

Please provide the following documentation if you believe you are eligible to access Skills First Program(SFP), Victorian Government Funding (VTG). You must provide original copies or certified copies.

Australian Citizen Permanent Resident New Zealand Citizen	ID Documents	Concessional (if Applicable)
<ul style="list-style-type: none"> • Green Medicare Card • Australian Birth Certificate • New Zealand Passport • New Zealand Certificate of Status • Permanent Residency Visa • Special Category Visa • Temporary Residence on a pathway to permanent residency – Official letter 	<ul style="list-style-type: none"> • Driver's License (Front and Back) • Rates/Utility Bills • Vehicle Registration Certificate • Official Mail from a Bank or ATO or Centrelink 	<ul style="list-style-type: none"> • Health Care Card • Pensioner Card • Official Form Confirming a person is a dependent/partner of concession cardholder and is named on the card • Aboriginal or Torres Strait Islander • Has a disability; and • Adult Prisoner (HLS)

19 CONCESSION

Do you have a valid Concession Card ►

- No Yes (If yes, please specify concession type below)

Concession Type ►

- Health Care Card
- Pensioner Card
- Official Form
- Aboriginal or Torres Strait Islander
- Has a Disability
- Adult Prisoner (HLS)



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FEE PAYMENT

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 direct deposit payment)

Credit Card ►

I give permission for fee to be charged to my Credit Card for the selected course.

Visa Card Master Card Card Expiry Date

Card Number

Card Identification Number (last 3 digits located on back)

Amount to be charged

\$

Card Holder's Name

Card Holder's Signature

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POLICIES & PROCEDURES

Information ►

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

- 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



SKILLS FIRST PROGRAM

EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A (To be completed by an authorised delegate of the Training Provider)

Evidence of citizenship/residency and age

I confirm that in relation to

(Student's full name)

I have sighted: an original; or a certified copy; or I have verified through use of a document verification service (where it is possible to do so) one of the following:

- | | |
|--|---|
| <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 <u>green</u> Medicare Card | <input type="checkbox"/> an Australian citizenship by descent extract |
| <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 – 2.20 of these Guidelines | |
| <input type="checkbox"/> formal documentation issued by the <i>Australian Department of Immigration and Border Protection</i> confirming permanent residence | |

OR if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 17 of Schedule 1 of the VET Funding Contract, I have sighted:

- a Referral Letter from the Asylum Seeker Resource Centre or the Australian Red Cross, or
- for TAFE Institutes and Learn Locals organisations only, an electronic or printed record demonstrating that the student holds a current valid Bridging Visa Class E (BVE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV) as verified via the Commonwealth's Visa Entitlement Verification Online (VEVO).

AND I have retained:

- a copy of the original or certified copy, or
- the certified copy, or
- secure login access to the administrative function of a document verification service whereby a record can be viewed or extracted that confirms that the individual's name and date of birth were verified to match a valid document number;

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, I have also sighted and retained a copy of:

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

NB: The Training Provider must retain a copy of all documentation used in Section A, as per Section 2 of these Guidelines.



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)

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:



Section C - To be completed by an authorised delegate of the Training Provider

Number of courses student is currently eligible for: 1 2

Training Provider declaration

Based on discussion with the student, the above evidence I have sighted (and retained a copy of) 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 Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skill First Program for the following qualification/s.

I have also sighted and retained (where applicable) relevant evidence required to grant an exemption from eligibility requirements or other limitations pursuant to any initiatives in Part C of Schedule 1 of the VET Funding Contract and as specified in Section 3.2 of the Guidelines About Determining Student Eligibility and Supporting Evidence:

(Include full title of qualification/s in which the student is seeking to enrol)

Authorised Training Provider delegate:

Name:

Position:

Signed:

Date:

Notes: Use this section to record additional, relevant eligibility information, including information used by the Training Provider to verify the individual's eligibility that is not captured in Sections A, B or C.



Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (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).

A student's USI may be used for specific VET purposes including the verification of student data provided by KAL Training; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

KAL Training provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

VET Data Use Statement

Under the Data Provision Requirements 2012, KAL Training is required by law to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form) may be used or disclosed by KAL Training for statistical, administrative, regulatory and research purposes. KAL Training may disclose your personal information for these purposes to

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent, third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

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. In particular, 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).

Consequences of not providing your Information

Failure to provide your personal information may mean that it is not possible for you to enrol 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 <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.



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 confirm that I have conducted a pre-training review in which I have discussed all my training options including RPL and CT with KAL Training and that the elected course/s is the appropriate training option for me.
- I confirm and accept KAL Training's recommended learning pathway as my training program.
- I have read and understood KAL Training's Personal Information & Privacy Policy Procedure.
- I have been provided with information about/and access to KAL Training's Student Handbook, course training plan and schedule, assessment due dates and a current Statement of Fees.
- 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 organized 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.
- (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.
 - Once my personal information has been published on the internet, KAL Training has no control over its subsequent use and disclosure.
- A student's USI may be used for specific VET purposes including the verification of student data provided by KAL, the administration and audit of VET providers and program; education-related policy and research purposes, and to assist in determining eligibility for training subsidies.
- I agree to the Fee Refund Policy and Procedure.
- I have read and understood the complaints and appeals processes, my rights as a student, the Privacy Statement and my right to access Australian Consumer Protection law.
- I have completed the language literacy and numeracy indicator tool, or been given the opportunity to.
- I have also been provided with course information, duration of my course and I understand how to access support services and information I understand that access to academic records is provided free of charge.
- 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.
- I have read and understood KAL's Statement of Fees.
- I acknowledge that all fees are payable in full on course commencement or the commencement of the term that fees are due.
- I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

Student Signature:

Date:

Parent/Guardian Signature

Date:

Parental/guardian consent is required for all students under the age of 18.



FOR OFFICE USE ONLY

Please consider the qualification, the job role, and required level of language, literacy and numeracy that the vocation and industry requires.

Additional Language, Literacy, and Numeracy assistance required to achieve workplace competency?

Yes No

Review deems proposed assessment instruments, learning material and strategies as appropriate.

Yes No

Review deems proposed assessment instruments, learning material and strategies require adjustment. Additional language, literacy or numeracy support will be required.

Yes No

What is applicant's capacity to benefit?

Poor Fair Good Very Good Excellent

Review identified current competence (list below) (if Mutual Recognition, attach Record of Results)

Yes No

Based on the information provided in the Pre-training review I believe the course selected is suitable for the learner.

Yes No

I have assessed this applicant;

I find that the applicant is competent in language, literacy and numeracy.

I find that the applicant is not competent in language, literacy and numeracy.

Comments if any:

Document Checklist

- Proof of Australian citizenship/residency status or New Zealand citizenship
- Photo identification
- Proof of residential address
- Proof of age, if no Australian Driving License
- Enrolment Application Form filled and signed

For KAL Official

Date Received:

Date Approved:

Approved by:

Signature: