

Government Funding Application Form

Instructions

If you wish to apply for government funding through the Skills First Funding scheme please complete this form and submit it with your enrolment forms. Once completed, please email to Administration at admin@acfb.edu.au and either bring in your original documents or mail original certified documents as part of the required evidence as outlined below.

Student Details

(Given Name) _____ (Family Name) _____
 (Address) _____ (State) _____
 (Postcode) _____ (Gender) _____ (Date of Birth) _____
 (Email Address) _____
 (Phone) _____ (Language Spoken at Home) _____

Course Selection

	Standard	Funded	Concession
<input type="checkbox"/> SIS30315 Certificate III in Fitness	\$1,750	\$1,350	\$270
<input type="checkbox"/> SIS40215 Certificate IV in Fitness	\$1,750	\$950	\$190
<input type="checkbox"/> SIS30315 / SIS40215 Personal Trainers Course	\$3,500	\$1,800	\$460
<input type="checkbox"/> SIS50215 Diploma of Fitness	\$TBA	\$TBA	
<input type="checkbox"/> BSB40412 Certificate IV in Small Business Management	\$2,750	\$1,325	\$265
<input type="checkbox"/> HLT42015 Certificate IV in Massage Therapy <i>I understand that it is a requirement to complete ALL my practical clinics on-campus</i>	\$4,450	\$950	\$190
<input type="checkbox"/> HLT52015 Diploma of Remedial Massage <i>I understand that it is a requirement to complete ALL my practical clinics on-campus</i>	\$13,990	\$6,450	
<input type="checkbox"/> 22316VIC Advanced Diploma of Myotherapy <i>I understand that it is a requirement to complete ALL my practical clinics on-campus</i>	\$6,990	\$3,250	

I declare that the following to be true and accurate statements:

- I reside in Victoria
- a)** I meet the following citizenship/residency requirements: (*Sighted originals or original certified copies of either your birth certificate or passport MUST be provided on enrolment*)
- Australian Citizen. Australian Permanent Resident (holder of a permanent visa).
- A New Zealand Citizen
- b)** Are any of the following:
- A young person under 20 years; (*as at the 1st of January in the year of commencement of training*)
- An applicant who is an Apprentice; or
- An applicant seeking a higher qualification than the highest qualification already held
- c)** The highest qualification I currently hold is _____
 (*Include full title of qualification, eg. Certificate III in Aged Care. Sighted originals or original certified copies MUST be provided on enrolment*)



(Continued)

d) Not including the course/s you are seeking to enrol in now, how many other government subsidised 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)

e) Not including the course/s you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?

0 1 2 3 4+ (Circle number)

f) In your lifetime, how many government subsidised 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)

g) **I AM / AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school. (circle appropriate response)

h) **I AM / AM NOT** enrolled in the Commonwealth Government's Skills for Education and Employment program. (circle appropriate response)

If you hold a valid concession card from Centrelink, an original or an original certified copy must be provided on enrolment.

Declaration

- I am aware that I may only enrol, or be enrolled in a maximum of two (2) government subsidised courses per year and at any one time, and;
- that enrolling will affect my access to further government funded training

I hereby state, that the above information is true and correct and agree to the terms and conditions of my selected course(s) as outlined in ACFB's Enrolment Form and Student Handbook. I understand that my enrolment in the above qualification/s is being subsidised by the Victorian and Commonwealth Governments under the Skills First Funding scheme. I understand that enrolling in the above qualification/s may affect my future training options and eligibility for further government subsidised training under the Skills First Funding scheme.

Student Signature

Date



OFFICE USE ONLY - RTO declaration

To be completed by an authorised delegate of ACFB

I confirm that in relation to _____
(Student's full name)

I have sighted one of the following original, or a certified photocopy of the original, documents:

- an Australian Birth Certificate (not Birth Extract) a current Australian Passport
- a current New Zealand Passport a naturalisation certificate
- a signed declaration by a relevant referee *(pending the approval by the DEECD)*
- formal documentation issued by the Australian Department of Immigration and Citizenship confirming permanent residence

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:

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

and if the student's previous qualification(s) is relevant to their eligibility;

- certificate & transcripts

and if the student has a valid concession card issued by Centrelink;

- valid concession card

Number of courses this student is currently eligible for: 1 2

Based on discussion with the student, the above evidence I have sighted, and the information provided to me by the student on the previous page of this form I believe that the above individual satisfies the Victorian Training Guarantee eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Victorian Training Guarantee for the following qualification/s:

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

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

Authorised RTO delegate:

Name: _____

Position: _____

Signed: _____ Date: _____

Terms & Conditions

ACFB follow all guidelines as set out by the Department of Education and Early Childhood Development.