



Skills First Funding Application Form

Instructions

If you wish to apply for government funding through the Skills First Funding scheme please complete the **first three (3) pages of 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.

TO BE COMPLETED BY THE STUDENT

DO NOT LEAVE ANY SECTIONS BLANK – Please ask ACFB for help if you do not understand a question

Student Details

Section A

(Given Name) _____ (Family Name) _____

(Address) _____ (State) _____ (Postcode) _____

(Phone) _____ (Gender) _____ (Date of Birth) _____

(Email Address) _____

Course Selection

I am seeking to enrol in the following qualification(s):	Standard	Funded	Concession
<input type="checkbox"/> SIS30315 Certificate III in Fitness	\$2,150	\$1,350	\$270
<input type="checkbox"/> SIS40215 Certificate IV in Fitness	\$2,150	\$950	\$190
<input type="checkbox"/> SIS30315 / SIS40215 Personal Trainers Course	\$4,300	\$2,100	\$460
<input type="checkbox"/> HLT42015 Certificate IV in Massage Therapy	\$4,450	\$950	\$190
<input type="checkbox"/> HLT52015 Diploma of Remedial Massage	\$13,990	\$8,750	
<input type="checkbox"/> 22316VIC Advanced Diploma of Myotherapy	\$8,450	\$4,125	

ACFB will sight and retain evidence as set out in Clause 2.2(iii) of these Guidelines; a copy of the original or certified copy, or the certified copy, or verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.2(b)(iii) of the Guidelines About Determining Student Eligibility and Supporting Evidence] MUST be provided on enrolment for Sections A & B.

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

I reside in Victoria

a) I meet the following citizenship/residency requirements:

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



SECTION B

a) What is the highest qualification (not including secondary or high school) that you have COMPLETED, or EXPECT TO COMPLETE at the time the training you are applying for is scheduled to start?

[Empty text box for qualification details]

(Include full title of qualification, eg. Certificate III in Aged Care. Sighted originals or original certified copies MUST be provided)

b) How many other government funded courses have you enrolled in that will start in the same calendar year as the course/s you are applying for now? (DON'T include the course/s you are applying for now. DO include other course/s at this and other training providers you've enrolled in, but haven't started yet).

0 [] 1 [] 2 [] 3 [] 4+ [] (tick number)

c) Not including the course/s you are applying for now, how many other government funded courses are you doing at the moment?

0 [] 1 [] 2 [] 3 [] 4+ [] (tick number)

d) 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?

0 [] 1 [] 2 [] 3 [] 4+ [] (tick number)

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

a) I AM [] / AM NOT [] enrolled in a school, including government, non-government, independent, Catholic or home school. (tick appropriate response)

b) I AM [] / AM NOT [] enrolled in the Commonwealth Government's Skills for Education and Employment program. (tick appropriate response)

- 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;
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 qualification/s overleaf 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.

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 may 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.

[Empty box for Student Signature]

[Empty box for Date]

Student Signature

Date



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

ACFB is required to provide the Department with student and training activity data. This includes personal information collected in the ACFB enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). ACFB 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>.

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.

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

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).

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 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 ACFB's Privacy Officer in the first instance by phone [03 9873 4858] or email [admin@acfb.edu.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>.

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

Student Signature

Date



OFFICE USE ONLY - Evidence of Student Eligibility and Student Declaration

To be completed by an authorised delegate of ACFB (SECTION C)

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

I have sighted and retained: (a) a copy of the original or certified copy, or (b) the certified copy, or (c) verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.2(b)(iii) of the Guidelines About Determining Student Eligibility and Supporting Evidence]; one of the following below:

- an Australian Birth Certificate (not Birth Extract)
a current Australian Passport
a current New Zealand Passport
an Australian Citizenship certificate
a current green Medicare Card
an Australian citizenship by descent extract
a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 – 2.20 of these Guidelines
Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard.
a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross

And I have sighted and retained acceptable evidence types (a), (b) and (c) listed above, from the points below; 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

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 (or if the date of birth has not been verified through use of the DVS), I have also SIGHTED and RETAINED a copy of ONE of the following:

- a current drivers licence, a Proof of Age card, Not applicable
a current learner permit, a 'Keypass' card

Eligibility exemption granted YES NO

Number of courses this 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.

I acknowledge that as the Training Provider's authorised delegate, I am responsible for ensuring that all parts of this form are complete. By signing this Declaration, I acknowledge that I have reviewed Sections A and B and have confirmed they have been completed in full.

[Empty box for signature]

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

Authorised RTO delegate:

Name: _____ Position: _____

Signed: _____ Date: _____



Evidence of Eligibility for a General Concession (if applicable)

I (ACFB delegate)

Have sighted a digital concession card of:

(Students Name)

Date the digital concession card was sighted:

Document number of concession card:

Card Date:

Document type:

RTO Delegate Signature: