



ENROLMENT FORM: PRE-ACCREDITED ACFE 2024

Please read: Avenue Neighbourhood House provides Learn Local courses that are generously subsidised by the Victoria State Government through the Department of Education (ACFE).

Funded places are available for some applicants who are Australian citizens, hold permanent residency or are seeking asylum. Those not eligible for funding may still enrol but will need to pay the full fee. Participants will be asked to provide proof of citizenship eligibility upon enrolment. Concession fees are also available to eligible pension and concession card holders.

Avenue Neighbourhood House respects your right to information privacy.

Information we collect and hold is kept in accordance with national and state privacy standards.

Please refer to privacy section of this enrolment form or the Learn Local Coordinator if you wish to receive a copy of our Privacy policy or to gain access to your own information.

For statistical purposes, Learn Local / ACFE requires you to carefully read & complete the attached Enrolment Form. Please sign last page before returning the completed form.

COURSE APPLYING FOR: _____

START DATE: _____

Title	Mr / Mrs / Ms / Miss
First Name	
Last Name	
Gender	Male / Female / Indeterminate / Intersex / Unspecified
Date of Birth	/ /
Contact Numbers	Landline Mobile
Email	
Where did you find out about this course?	<input type="checkbox"/> Friend <input type="checkbox"/> Work <input type="checkbox"/> Word of mouth <input type="checkbox"/> Job Service Agency <input type="checkbox"/> Employer <input type="checkbox"/> Brochure in letterbox <input type="checkbox"/> What's On in local paper <input type="checkbox"/> Social network (ie Facebook) <input type="checkbox"/> Internet <input type="checkbox"/> Other (please specify) _____
Residential (Home) Address	_____ _____ <div style="text-align: right;">Postcode</div>
Postal Address (if different from above)	_____ _____ <div style="text-align: right;">Postcode</div>
Victorian Student Number (VSN) (if you are under 25 years of age)	

Have you attended any Victorian Secondary School or done any VET training since 2011?	Yes / No		
If yes, name of most recent secondary school attended and / or the most recent training organisations with which you have undertaken training since 2011?			
Country of Birth			
Are you Aboriginal or Torres Strait Islander??	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander
What language do you speak at home?			
How well do you speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well <input type="checkbox"/> Not at all
Are you still attending School?	Yes / No		
What is your highest school level completed? (Please circle)	Year 12 / Year 11 / Year 10 / Year 9 or equivalent / Year 8 or lower / Never attended school		
What year did you complete high school?		Where did you attend high school?	
Employment Status (please choose 1 option only)	<input type="checkbox"/> Employed – Unpaid worker in family business <input type="checkbox"/> Full time worker <input type="checkbox"/> Part time worker <input type="checkbox"/> Self-employed, employing others <input type="checkbox"/> Self-employed, not employing others <input type="checkbox"/> Unemployed, seeking full time work <input type="checkbox"/> Unemployed, seeking part time work <input type="checkbox"/> Not employed, not seeking employment		
Which of the following classifications BEST describes the industry of your current or previous employer? (Tick one box only)	<input type="checkbox"/> Agriculture, Forestry & Fishing <input type="checkbox"/> Electricity Gas Water and Waste Service <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Transport Postal & Warehouse <input type="checkbox"/> Information, Media & Telecommunications <input type="checkbox"/> Financial & Insurance Services <input type="checkbox"/> Rental, Hiring & Real Estate Services <input type="checkbox"/> Administrative & Support Services <input type="checkbox"/> Public Administration and Safety <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Professional, Scientific and Technical Service		
Which of the following classification BEST describes your current or recent occupation? (Tick one box only)	<input type="checkbox"/> Manager <input type="checkbox"/> Technicians & Trade Workers <input type="checkbox"/> Clerical & Administrative Worker <input type="checkbox"/> Machinery operator & Drivers <input type="checkbox"/> Other		
Which of the following classification BEST describes your current or recent occupation? (Tick one box only)	<input type="checkbox"/> Professionals <input type="checkbox"/> Community & personal services <input type="checkbox"/> Sales Worker <input type="checkbox"/> Labourers <input type="checkbox"/> N/A		
Disability We like to provide support for people with extra needs. Do you consider yourself to have a disability, impairment or long-term condition?	Yes / No If yes, please specify: <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Diabetes		
	<input type="checkbox"/> Medical Condition <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Other		
Have you successfully completed any of these Australian qualifications? (Please tick which is your highest completed level of qualification)	<input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Bachelor Degree or Higher <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate III or Advanced Certificate technician <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate – other than listed		

What kind of qualification do you hold?	<input type="checkbox"/> Australian qualification <input type="checkbox"/> Australian Equivalent (Australian equivalent assessed by Victorian Overseas Qualification unit (OQU)) <input type="checkbox"/> International	
Emergency Contact Person		
Relationship to you		
Emergency Phone Number	Landline	Mobile
Are there any medical conditions or medications you are taking which may affect you in class?	<input type="checkbox"/> Yes (please give details) _____ <input type="checkbox"/> No	
What should we do if the medical condition/medication problem arises?	_____ _____ (Please attach additional sheet if space inadequate)	
Classroom Support Do you have a support worker attending class with you?	Yes / No Name: _____ Contact Number: _____	
Why did you choose this course?	<input type="checkbox"/> To get a job <input type="checkbox"/> To start my own business <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> I wanted extra skills for my job <input type="checkbox"/> Other reasons <input type="checkbox"/> To get skills for community/voluntary work	<input type="checkbox"/> To develop my existing business <input type="checkbox"/> To try for a different career <input type="checkbox"/> It was a requirement of my job <input type="checkbox"/> To get into another course or study <input type="checkbox"/> For personal interest or self-development
FEES Who is responsible for paying your fees?	Name: _____ Organisation (if applicable): _____ NDIS Number (if applicable): _____ Contact Number: _____ Email address: _____	

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

Learn Local member organisations of which Avenue Neighbourhood House @ Eley is a member, are required to provide the Department with student and training activity data. This includes personal information collected in the member organisations enrolment form and unique identifiers such as the Victorian Student Number (VSN).

Avenue Neighbourhood House @ Eley 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.

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 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.

If you require further information, please contact the Learn Local Coordinator or Manager at Avenue Neighbourhood House in the first instance by email or phone.

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>.

AVENUE NEIGHBOURHOOD HOUSE STUDENT ENROLMENT PRIVACY NOTICE

I, (print full name) _____
in seeking to enrol in one or more pre-accredited modules with this Learn Local provider, declare the following to be true and accurate statements:

- Avenue Neighbourhood House aims to ensure that its facilities meet the needs of its participants. The organisation is committed to providing a healthy and safe work and service delivery environment to its members, staff, tutors, volunteers, service users and visitors.
- Any personal information collected for registration purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic).
- Payment of Fees may be made via cash, cheque, credit/debit card or EFTPOS. Cheques are made payable to 'Avenue Neighbourhood House'. Credit/Debit card payments can be taken over the phone. For Bank Transfer please phone office for details or can be found on invoice.
- On signing this form I am giving consent to Avenue Neighbourhood House in an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation. I understand that I have to pay for all my own medical bills and expenses.
- In the event there is a photographer on the day, I will inform them if I do not wish to give consent for my photograph to be taken and used in promotional materials.
- I have read and agree to comply with the Code of Conduct as attached.
- I have read the Privacy Policy
- I agree to let the tutor know if there is any information that may require special consideration in any class.
- I AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school, and:
 - I am aged 17 years of age or over, or
 - I am under 17 years of age and have provided Evidence of Exemption by a school principal or the Department of Education Regional Director.
- I acknowledge and understand that I may be contacted by the Department of Education or their agent to participate in a survey, interview or other questionnaire.

* Policies can be viewed online at: www.theavenue.org.au or hard copies can be requested from the office.

Signature and Declaration

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

If there is an emergency I allow those in charge to make decisions for my safety or wellbeing, including ambulance travel, medical treatment, and hospitalisation. I understand that I have to pay for all my own medical bills and expenses.

I declare that the information I have provided to Avenue Neighbourhood House @ Eley in application for the Learn Local course is to the best of my knowledge true, accurate and complete at the time of my enrolment.

Signature

Date

EVIDENCE OF ELIGIBILITY - DO NOT LEAVE ANY SECTIONS BLANK

STAFF ONLY - To be completed by an authorised delegate of the Learn Local provider

SECTION A: EVIDENCE OF CITIZENSHIP AND AGE

I confirm that in relation to: _____

I have sighted **ONE** of the following: (tick relevant box)

- | | |
|--|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> Current Australian Passport |
| <input type="checkbox"/> Current New Zealand Passport | <input type="checkbox"/> Australian Citizenship Certificate |
| <input type="checkbox"/> Current green Medicare card | <input type="checkbox"/> Australian Certificate of Registration by Descent |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances (attached) | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard. |
| <input type="checkbox"/> a <i>Referral to Government Subsidised Training - Asylum Seekers'</i> form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid visa type accepted for participation in the Asylum Seeker VET Program. |

by either: (tick relevant box)

- viewing an original
- viewing a certified copy
- verifying through the Document Verification Service (DVS)
- viewing a digital green Medicare card on a Digital Wallet app on the card holder's mobile device
- relying on evidence sighted and retained as part of a previous enrolment
- viewing a printed or electronic record from VEVO that confirms a student holds a valid visa type accepted for participation in the Asylum Seeker VET Program.

Where evidence of a student being 17 years of age or over is required* 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 one of the following: (tick relevant box)

- | | | |
|---|--|---|
| <input type="checkbox"/> Current drivers' licence | <input type="checkbox"/> Keypass card | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Current learner permit | <input type="checkbox"/> Proof of Age card | |

*Where a clear determination can be made, the above evidence is not required.

SECTION B: EVIDENCE OF CONCESSION

Does the student have a current Government Concession Card?

- Yes – please complete details below No

Concession Card Holders Name: _____

Concession Card Type: Asylum Seeker Health Care Card Pensioner Veteran Gold Card

Other, please specify _____

AUTHORISED DELEGATE NAME: _____

SIGNED:

DATE:

/ /

PARTICIPANT CODE OF CONDUCT

This code of conduct outlines the expected behaviour of participants in activities organised by Avenue Neighbourhood House. This code is designed to ensure the safety and well-being of all participants, promote a positive and inclusive environment, and prevent any misconduct or inappropriate behaviour.

1. Respectful behaviour: Participants are expected to behave in a respectful and courteous manner towards their peers, staff, and volunteers. This includes refraining from any form of discrimination or harassment.
2. Use of language: Participants are expected to use appropriate language and avoid any profanity, derogatory or offensive language, or other inappropriate forms of communication.
3. Safety and security: Participants are expected to ensure the safety and security of themselves and others by adhering to safety protocols and reporting any suspicious activity to the authorities.
4. Alcohol and drug use: Participants are expected to comply with the laws and regulations related to the use of alcohol and drugs. The consumption of alcohol or drugs during a class and whilst on site is prohibited.
5. Dress code: Participants are expected to dress appropriately for their program or activity
6. Participation and cooperation: Participants are expected to actively participate in the event or activity, and cooperate with staff and other participants.
7. Mobile Phones: Participants are expected to turn their mobile phones off or on silent during class
7. Consequences of non-compliance: Failure to adhere to this code of conduct may result in disciplinary actions such as suspension or expulsion.

I _____ have read the student code of conduct and agree to adhere to requirements / expectations

Signature: _____

Date: _____