

Domestic Trainee Enrolment Application

Version 160617

PERSONAL DETAILS

Family name:		Given name(s):	
Date of birth:	<input type="checkbox"/> Under 18 years old	City and country of birth:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Are you an Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, please specify:

HOME ADDRESS:

Street address:	Suburb:	State:	Postcode:
Email address:		Phone (home):	
Phone (work):	Phone (mobile):		

Disabilities/medical conditions (if applicable):

EMERGENCY CONTACT:

Family name:	Given name(s):		
Phone (home):	Phone (work):		
Phone (mobile):	Relationship of this person to you?		

EDUCATION BACKGROUND

Are you still attending secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you successfully completed a Degree, Diploma or Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	RPL (RECOGNITION OF PRIOR LEARNING) Are you seeking recognition of previous education in your course? (e.g. credit transfer, exemption, RPL) <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest level of secondary school you have completed? <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Never attended school	<i>If YES, please indicate (you may tick more than one):</i> <input type="checkbox"/> Bachelor Degree or higher <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Certificate IV or Adv Certificate <input type="checkbox"/> Certificate III or Trade Certificate <input type="checkbox"/> Certificate other than above	
In which year did you complete that schooling level?		

COURSE DETAILS AND EMPLOYMENT STATUS

Which course are you currently enrolled in? <input type="checkbox"/> CHC30113 <input type="checkbox"/> CHC50213 <input type="checkbox"/> Other (specify): <input type="checkbox"/> CHC40113 <input type="checkbox"/> CHC30113 and CHC50113 combined <input type="checkbox"/> CHC50113 <input type="checkbox"/> CHC50213 and CHC40113 combined	What is your current employment status? <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time employee
What is your main reason for undertaking this course? <input type="checkbox"/> To get a job <input type="checkbox"/> Change my career <input type="checkbox"/> Personal interest/development <input type="checkbox"/> Develop my existing business <input type="checkbox"/> Get a job promotion <input type="checkbox"/> Get into another course of study <input type="checkbox"/> Start my own business <input type="checkbox"/> Requirement of job <input type="checkbox"/> I want extra skills for my job Other (specify):	

ENGLISH LANGUAGE PROFICIENCY

Is English your first language? Yes No

If no, what is the main language spoken?

Rate how well you speak/write English:
 Not at all 1 2 3 4 5 Very well

Please read and complete the Credit Information, Terms and Conditions of Enrolment and Training Contract (pages 2, 3 and 4).

UNIQUE STUDENT IDENTIFIER (USI)

What is your USI number?

If you do not have a USI, please apply for one at:
<https://www.usi.gov.au/students/create-your-usi>

MARKETING

How did you find out about AIWT?

<input type="checkbox"/> AIWT website	<input type="checkbox"/> Agent (please specify):
<input type="checkbox"/> Social media	<input type="checkbox"/> Magazine/newspaper (please specify):
<input type="checkbox"/> Brochure	<input type="checkbox"/> Friend or relative (please specify):
<input type="checkbox"/> Exhibition/seminar	<input type="checkbox"/> Other (please specify):

PAYMENT

COMPANY DETAILS (complete, if applicable):

Is your company paying for your course?

Yes - fill out details below

No - skip ahead to payment details*

Business name:	Contact person:		
Billing address:	Suburb:	State:	Postcode:
Email address:	Phone (office):		

PAYMENT DETAILS*:

Total fee payable: \$	Deposit: \$	Balance to pay: \$
-----------------------	-------------	--------------------

CREDIT CARD PAYMENT

Name on card:
Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card no.:
Card expiry: CCV Code:
Cardholder's signature:

BANK TRANSFER

Bank: Westpac BSB: 036 082

Account Number: 474 940

Please enter your student name as reference

CHEQUE

Payable to AIWT,
PO Box 3426
Malaga WA 6945

OPTIONAL: I authorise AIWT to deduct monthly instalment payments from my credit card on the first working day of each month until my course balance is paid in full. Yes No

Please refer to the VET Fees and Charges Policy for more information.

<http://www.dtwd.wa.gov.au/sites/default/files/uploads/VETFeesandChargesPolicy2017v2.0.pdf>



Australia-International
Institute of Workplace Training

Credit Information

Privacy Act 1988 Disclosure Acknowledge and Consent

Information about you from which your identity is apparent or can reasonably be ascertained ("your personal information") will be collected by Australia-International Institute of Workplace Training (AIWT) when you complete and submit a Credit Application with Australia-International Institute of Workplace Training (AIWT).

It is necessary for Australia-International Institute of Workplace Training (AIWT) to collect your personal information in order to consider your Credit Application and as otherwise authorized or required by law. If you do not provide your personal information we may be unable to consider your Credit Application.

1. CONSENT OF DISCLOSURE TO A CREDIT REPORTING AGENCY

I acknowledge that the Privacy Act (1988) allows Australia-International Institute of Workplace Training (AIWT) to provide a credit reporting agency certain personal information about my Credit Application for the purposes of obtaining a credit report about me or to allow the credit reporting agency to create or maintain a credit information file containing information about me.

That information includes:

- permitted identity details about me that allows me to be identified;
- the fact that I have applied for credit and the amount of credit;
- the fact that Australia-International Institute of Workplace Training (AIWT) is a current credit provider to me;
- any loan repayments which become overdue by more than 60 days and for which collection has commenced;
- advice that loan repayments are no longer overdue in respect of any default that has been listed;
- that cheques drawn by me for an amount not less than \$100 have been dishonoured more than once;
- information that, in the opinion of Australia-International Institute of Workplace Training (AIWT), I have committed a serious credit infringement;

(h) that credit provided by Australia-International Institute of Workplace Training (AIWT) that had previously been notified to a credit reporting agency has been discharged.

2. CONSENT TO OBTAINING CREDIT REPORTS AND CREDIT INFORMATION

If Australia-International Institute of Workplace Training (AIWT) considers it relevant to assessing my Credit Application, I authorise Australia-International Institute of Workplace Training (AIWT) to obtain:

- a consumer credit report from a credit reporting agency for the purpose of assessing my application for consumer/commercial credit;
 - information about me from a credit reporting agency or business which reports on the commercial credit worthiness of persons for the purpose of assessing my application for consumer credit.
- I agree that Australia-International Institute of Workplace Training (AIWT) may exchange information about my credit arrangements (which can include information about my credit worthiness, credit history, credit standing and credit capacity) with any credit providers named in this application or named in a consumer credit report issued by a credit reporting agency.
- I understand that this information may be used to assess a Credit Application by me, to assess my credit worthiness, to exchange information with other credit providers as to the status of this loan where I am/we are in default with other credit providers and to notify other credit providers of any default by me.

Note: In this document, references to the singular ("I" or "me" for example) include the plural ("we" or "us" for example).

3. DECLARATION

By signing the declaration on page three (3), I:

- declare that the information about me/us set out above is true and correct;
- acknowledge that Australia-International Institute of Workplace Training (AIWT) will rely on this information in considering my application for credit;
- acknowledge and agree and consent to all matters set out above.
- will notify you of any change in name, address or employer, and any material change in my financial condition.
- agree that in the absence of such notice or any new and full written statement, this may be considered as a continuing statement which is substantially correct.
- agree that this information is to remain in your property and that you may keep it.
- acknowledge and agree to the above and I acknowledge that there are criminal penalties for giving false information in any Credit Application.

Please sign next page >

Terms and Conditions of Enrolment

1. HOW TO ENROL

If you need information before enrolling, please call the office during business hours, send us an email or visit www.aiwt.edu.au

2. PRIVACY OF INFORMATION

Information obtained in the course of registration and accreditation will remain the property of AIWT and will not be passed onto any other person or organisation other than the Department of Training and Workforce Development. Strict confidentiality will be observed, unless as otherwise required by law.

3. ACCESS AND EQUITY

AIWT is committed to a policy of equal opportunity. The policy has been introduced to protect students and staff from harassment on the grounds of gender, marital status, pregnancy, race, age, sexual orientation, disability, literacy difficulties, family responsibility or family status. Please advise AIWT prior to commencement of the training of any special needs you may have. Students may access their personal records during the course.

4. WELFARE AND GUIDANCE SERVICES

AIWT staff are available to assist you in choosing your course or assist with your educational, vocational and personal needs. We may refer you to other support groups or agency if it is beyond our capability to assist.

5. COMPLAINTS

Any student complaint concerning the training provided by AIWT should be submitted within seven (7) days. It is preferred that a complaint is received in writing and addressed to the attention of the Principal.

6. PLAGIARISM

It is not permissible to attempt to pass off another person's work and ideas as one's own. To do so constitutes plagiarism and will result in penalties, including exclusion from the unit or cancellation of enrolment. All attempts at plagiarism will be treated extremely seriously.

7. NATIONAL RECOGNITION

AIWT recognises qualifications from other Registered Training Organisations. Please contact AIWT for more information.

8. INDUCTION

At the beginning of each course, the facilitator will advise all students of the Occupational Health and Safety requirements, and the expectations and assessments required for you to complete your course.

9. LANGUAGE, LITERACY AND NUMERACY

Requirements

Depending on the course enrolled, you will need to provide evidence of your language, literacy and numeracy level e.g. certificates and resumé. You may be requested to sit for an LLN Test or other forms of testing/interview process.

Enrolling students who are unable to demonstrate these required skills will be supported through counselling and advice about AIWT's Learner support options and referral to a range of LLN support agencies.

Assistance

Should a student encounter learning difficulties during the course, the AIWT facilitator will assist as much as possible. However, if it is beyond their area of proficiency, the student may be referred to a specialist at the student's expense.

10. ACCIDENTS AND HAZARDS

All accidents and hazards must be reported immediately to your trainer, the manager or any AIWT staff. Failure to report accidents may incur penalties such as exclusion from a unit or cancellation of enrolment.

11. DISCIPLINE

AIWT expects students to behave appropriately in class. Any inappropriate behaviour will be discussed with the trainer. If the behaviour persists, the manager will attend to the situation.

12. SKILLS RECOGNITION SYSTEM OUTCOMES

As a Registered Training Organisation, AIWT is committed to the Skills Recognition / Recognition of Prior Learning (RPL) process that:

- 1) is structured to minimise the time and cost to students
- 2) provide adequate information and support to help students demonstrate their skills and knowledge in their specified industry so that they can obtain a qualification.

13. RETENTION OF RECORDS

In accordance to NVR standards, all items submitted or completed by a student for the purpose of assessment or evaluation will be retained for at least six (6) months after the completion of the course. At the end of the retention period, the items will be disposed or returned to students. If you wish to collect your assessments, a minimum of one month notice needs to be given to AIWT.

14. ASSESSMENT POLICY

It is the student's responsibility to keep a copy of submitted assignment. AIWT will provide feedback on assessment within two (2) weeks after the assessment is submitted. It is at the student discretion to contact AIWT after it has lapsed.

15. QUALIFICATION CERTIFICATE

Students who are successful in their field of study will be awarded a Certificate which is nationally recognised by the Government and industry, and which conforms to the NVR standards.

16. RECORD OF ACHIEVEMENT

In conjunction with the qualification, the student is provided with a separate statement of the competencies achieved.

17. STATEMENT OF ATTAINMENT

If the required competencies for the full qualification are not completed, a Statement of Attainment may be issued.

18. COURSE GUARANTEE, CANCELLATION AND REFUND POLICY

Policy AIWT guarantees to complete the training/assessment once the student has commenced study in their chosen qualification/course.

Students whose assessments are "not yet competent" are given three (3) opportunities to demonstrate competency, after which time re-enrolment will be required.

In the event that the student provides written notice of cancellation from a course, the refund for the amount of fees paid in advance will be calculated using the Cancellation Date.

19. FEES AND PAYMENT

Fees in Advance

AIWT does not collect full course fees in advance. A minimum deposit payment of less than \$1000 prior to commencement of the course is sufficient. Following enrolment, payment of no more than \$1500 will be required for tuition yet to be received.

Payment Option for Students

Students paying on a monthly basis are required to read and agree to the AIWT Credit Application Form (*see page 2*).

Payment

AIWT reserves the right to withhold issuing your Certificate or course materials if full payment has not been made upon completion of your course.

It is the student's responsibility to include their name and invoice number on all payments. Students are also responsible for ensuring sufficient funds are available in any direct debit accounts.

Failure to pay by any instalment date, regardless of your progress through the course, will result in the entire outstanding balance becoming due immediately, and may also incur an additional administration cost.

Failure to make any payment in a timely manner may result in your course being put on hold or cancelled and your accounts being forwarded to a debt collection agency. Students will be responsible for all applicable fees related to debt collection.

TERMS AND CONDITIONS DECLARATION

I (*print full name*) _____ confirm that

- I have read, understood, and agree to these Terms and Conditions of Enrolment, Credit Application, Refund Policy and AIWT Rules & Regulations.
- I accept that AIWT has the obligation to share personal information about my enrolment with any Government department that requires it.
- I have attached a photo ID with this application, such as a driver's license or passport.

IMPORTANT: Please attach a photocopy of your driver's license or passport with this application, for identification purposes.

- OPTIONAL: I agree to AIWT identifying and publishing my name and any of my images captured in AIWT's promotional materials.**

Signed _____ Date _____

Please complete Training Contract on next page >



Domestic Trainee Training Contract

Course code and title:	TRS number:
------------------------	-------------

Australia-International Institute of Workplace Training (AIWT) National Provider No: 51174 and,

EMPLOYER DETAILS:

Name of organisation/company:			
Address:	Suburb:	State:	Postcode:
Email address:		Phone:	

TRAINING DECLARATION

Both the employer and trainee (and parent/guardian of trainee if under 18 years old) undertake to negotiate and sign a Training Plan with AIWT.

The employer agrees to:

1. Employ and train the trainee as agreed in the Training Plan, and ensure the trainee understands the choices that he/she has regarding the training.
2. Provide the appropriate facilities and experienced people to facilitate the training and supervise the trainee while at work, in accordance with the Training Plan.
3. Ensure the trainee receives on-the-job training and assessment in accordance with the Training Plan.
4. Provide work that is relevant and appropriate to the vocation and also to the achievement of the qualification referred to in this Contract.
5. Release the trainee from work, and pay the appropriate wages, to attend any training and assessment specified in the Training Plan.
6. Work with AIWT and the trainee to: make sure the trainee follows the Training Plan; keep training records up-to-date; and monitor and support the progress of the trainee.

The trainee agrees to:

1. Attend work and do his/her job, and follow lawful instructions of the employer.
2. Work toward achieving the qualification stated in this Training Contract.
3. Undertake any training and assessment referred to in the Training Plan.

Trainee name: _____ Signed _____ Date _____

Parent/guardian name: _____ Signed _____ Date _____
If trainee is under 18 years old

Employer name: _____ Signed _____ Date _____