

ENROLMENT FORM 2021

STUDENT DETAILS						
First Name		Surname		Mr / Mrs / Ms / Miss <small>Please circle</small>		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified <input type="checkbox"/>		Date of Birth . . . / . . . /		Other names		
Home Address:				City		Postcode
Telephone		Mobile		Email		
Postal Address (If different from above):				City		Postcode
EMERGENCY CONTACT INFORMATION						
Emergency Contact Person Name:			Relationship to you		Phone Number	
PHOTO PERMISSION						
Do you give permission to allow North Melbourne Language and Learning to use your photo in promotional materials (in print or online)?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
COUNTRY OF BIRTH						
<input type="checkbox"/> Australia		<input type="checkbox"/> Other: Please specify City/Town:				
CITIZENSHIP						
<input type="checkbox"/> Australian Citizen		<input type="checkbox"/> Citizen of Country other than Australia or New Zealand with Australian permanent residence				
<input type="checkbox"/> New Zealand Citizen, or New Zealand Citizen with Australian Permanent residency		Country of Citizenship Type of Visa				
LANGUAGE SPOKEN AT HOME						
<input type="checkbox"/> English		<input type="checkbox"/> Other: Please specify			<input type="checkbox"/> Not Stated	
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				
EMPLOYMENT AND EDUCATION DETAILS						
What is your HIGHEST completed school level? (please tick one box)						
<input type="checkbox"/> Year 8 or lower		<input type="checkbox"/> Year 9		<input type="checkbox"/> Year 10		
<input type="checkbox"/> Year 11		<input type="checkbox"/> Year 12		<input type="checkbox"/> Did not go to school		
What year did you complete this level?						
Are you still attending secondary school?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If Yes, What year are you in?						
Have you SUCCESSFULLY completed any of the following qualifications?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated		
A = Australian; E=Australian Equivalent; I = International				<small>(For multiple qualifications, use priority order 1-Aust., 2-E Aust. Equivalent, 3-International)</small>		
A	E	I		A	E	I
			Bachelor Degree or Higher Degree			
			Advanced Diploma or Associate Degree			
			Diploma or (Associate Diploma)			
			Certificate IV (or Advanced Certificate/Technician)			
						Certificate III (or Trade Certificate)
						Certificate II
						Certificate I
						Certificates other than the above

VICTORIAN STUDENT NUMBER			
Do you have a Victorian Student number (VSN)?			
<input type="checkbox"/> Yes – Please specify	<input type="checkbox"/> Yes – but VSN is unknown	<input type="checkbox"/> No – I have never been issued a VSN	
UNIQUE STUDENT IDENTIFIER			
Do you have a Unique Student Identifier (USI)?			
<input type="checkbox"/> Yes – Please specify	<input type="checkbox"/> No – I authorise NMLL to obtain USI on my behalf and have signed the Privacy Notice & USI Application Authorisation NMLL 2021		
<input type="checkbox"/> Yes, but I do not know it and I authorised NMLL to search for it on my behalf and have signed the Privacy Notice & USI Application Authorisation NMLL 2021			
Of the following categories, which BEST describes your current employment status? (please tick one box)			
<input type="checkbox"/> Full time employee	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed – seeking part time work	
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business	<input type="checkbox"/> Not employed – not seeking employment	
<input type="checkbox"/> Self employed – not employing others	<input type="checkbox"/> Unemployed – seeking full-time work		
Which of the following classifications BEST describes your current or recent occupation? Tick one box only. If unemployed, go to next question.			
<input type="checkbox"/> 1. Manager	<input type="checkbox"/> 4. Community and Personal Service Worker	<input type="checkbox"/> 7. Machinery Operator and Driver	
<input type="checkbox"/> 2. Professional	<input type="checkbox"/> 5. Clerical and Administrative Worker	<input type="checkbox"/> 8. Labourer	
<input type="checkbox"/> 3. Technicians and Trade Worker	<input type="checkbox"/> 6. Sales Worker	<input type="checkbox"/> 9. Other	
Which of the following classifications BEST describes the industry of your current or previous employer? Tick one box only. If unemployed, go to next question.			
<input type="checkbox"/> A. Agriculture, Forestry & Fishing	<input type="checkbox"/> H. Accommodation and Feed Services	<input type="checkbox"/> M. Professional, Scientific and Technical Services	
<input type="checkbox"/> B. Mining	<input type="checkbox"/> I. Transport, Postal and Warehousing	<input type="checkbox"/> N. Administrative and Support Services	
<input type="checkbox"/> C. Manufacturing	<input type="checkbox"/> J. Information Media and Telecommunications	<input type="checkbox"/> O. Public Administration and Safety	
<input type="checkbox"/> D. Electricity, Gas, Water and Waste Services	<input type="checkbox"/> K. Financial and Insurance Services	<input type="checkbox"/> P. Education and Training	
<input type="checkbox"/> E. Construction	<input type="checkbox"/> L. Rental, Hiring and Real Estate Services	<input type="checkbox"/> Q. Health Care and Social Assistance	
<input type="checkbox"/> F. Wholesale Trade		<input type="checkbox"/> R. Arts and Recreation Services	
<input type="checkbox"/> G. Retail Trade		<input type="checkbox"/> S. Other Services	
DISABILITY			
Do you consider yourself to have a disability, impairment or long term condition?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Stated	
<input type="checkbox"/> Hearing / deaf	<input type="checkbox"/> Learning	<input type="checkbox"/> Vision	
<input type="checkbox"/> Physical	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Medical condition	
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired brain impairment	<input type="checkbox"/> Other	
INDIGENOUS STATUS			
<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander	<input type="checkbox"/> Aboriginal		
<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander		
CONCESSION			
Do you receive a government benefit?		<input type="checkbox"/> Yes	
If Yes, indicate below and provide the original for photocopying as proof.		<input type="checkbox"/> No	
<input type="checkbox"/> Health Care Card (H)	<input type="checkbox"/> Job seeker and concession card holder (J)		
<input type="checkbox"/> Pensioner Concession Card (P)	<input type="checkbox"/> Job seeker <u>and not holding</u> concession card		

JOBACTIVE AGENCY REGISTRATION

Are you registered with a Jobactive provider?

- Yes
 No

Name of Provider: Job Seeker Number

Job Seeker Consultant Name: Consultant Phone Number

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course? Tick the ONE that best describes your main reason for enrolling in this course.

- | | | |
|--|--|---|
| <input type="checkbox"/> To get a job | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> It was a requirement of my job | <input type="checkbox"/> To gain skills in community/volunteer work |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> I wanted extra skills for my job | <input type="checkbox"/> Other reasons |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> To get into another course of study | |

Other relevant information (including limitations to study, family circumstances, travel plans etc.)

HOW DID YOU HEAR ABOUT THIS COURSE?

- Local paper Brochure School newsletter NMLL website Centrelink
 Someone I know (NMLL student / not a student)
 Community Agency Employment Agency Community Learning Champion _____
 NMLL events Social media Other _____

NMLL to Complete

COURSE Enrolment

Accredited Courses	Pre-Accredited Courses
<input type="checkbox"/> 22482VIC Course in Initial EAL	<input type="checkbox"/> 21AGEESLAS12 General English A S12
<input type="checkbox"/> 22483VIC Course in EAL	<input type="checkbox"/> 21AGEESLBS12 General English B S12
<input type="checkbox"/> 22484VIC Certificate I in EAL (Access)	<input type="checkbox"/> 21AESLRWAS12 Reading and Writing
<input type="checkbox"/> 22485VIC Certificate II in EAL (Access)	<input type="checkbox"/> 21DIGLITAS12 Digital Literacy A Beginner Level
<input type="checkbox"/> 22486VIC Certificate III in EAL (Access)	<input type="checkbox"/> 21DIGLITBS12 Digital Literacy B Post Beginner Level
	<input type="checkbox"/> 21DIGLITCS12 Digital Literacy C Intermediate Level
	<input type="checkbox"/> 21VOCCC-E CC-EC (Connected Cultures-Empowered communities)
	<input type="checkbox"/> 21AESLSLS12 Speaking and Listening
	<input type="checkbox"/> ACL21AJJOINUS Welcome. Join us
	<input type="checkbox"/> 21ECLC CLC Community Learning Champions
	<input type="checkbox"/> 21FAMLEAR2 Family Learning
	<input type="checkbox"/> 21EVOLPATH Volunteering – A Pathway to Employment
	<input type="checkbox"/> 21VJOBINTS1 Preparing for a Job Interview
	<input type="checkbox"/> 21ESSNUMELS12 Working with Numbers -numeracy essentials for everyday living
	<input type="checkbox"/> 21ESSNUMEES12 Working with Numbers -numeracy essentials for employment
	<input type="checkbox"/> ACL21WHATSA Using Whats App for Learning and Networking
	<input type="checkbox"/> ACL21SMARTP Getting started with smart phones for learning
	<input type="checkbox"/>

Student Enrolment Privacy Notice

Under the *Data Provision Requirements 2012*, **NMLL** is required 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 and your training activity data) may be used or disclosed by **NMLL** for statistical, regulatory and research purposes. **NMLL** may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;
- Commonwealth and State or Territory government departments and authorised agencies;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER may be used or disclosed for the following purposes:

- Issuing a Statement of Attainment or Qualification, and populating Authenticated VET Transcripts;
- Facilitating statistics and research relating to education, including surveys;
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and
- Administering VET, including program administration, regulation, monitoring and evaluation.

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

NMLL 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.

A student's USI may be used for specific VET purposes including the verification of student data provided by **NMLL**; 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. You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third party contractor.

NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988 (Cth)*, the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au). 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, contact NMLL's Education and Compliance Coordinator in the first instance by phone on 93267447 or email education@nml.org.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>.

Student Declaration and Consent

- I acknowledge that I have read the *Student Enrolment Privacy Notice and Student Declaration*.
- I declare that the information I have provided to the best of my knowledge is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with this policy.

STUDENT SIGNATUREDATE.....

*For students under the age of 18, parent/guardian consent is required

PARENT/GUARDIAN NAME SIGNATURE.....DATE

STUDENT AGREEMENT

Student Declaration

In signing the NMLL 2021 Enrolment form,

- I declare that the information provided in this form is to the best of my knowledge true, correct and complete at the time of enrolment.
- I acknowledge that providing any false/misleading information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an enrolment form may result in the withdrawal of any course offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of NMLL.
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorise NMLL to check all available records to confirm that information is correct, particularly information pertaining to my eligibility for government subsidised training, concession rates and any other special status as a student at NMLL.
- I am aware of the conditions that relate to my enrolment and agree to pay all fees for which I am liable.
- I understand that timetables and class schedules are subject to changes and to minimum enrolment numbers.
- I confirm that I understand the terms and conditions of enrolment and agree to be bound by them.

I have received a copy of the NMLL Student handbook and I agree to act in accordance with NMLL Policies and Code of Conduct. I confirm that I have read and understood NMLL's Refund Policy as per the NMLL Student Handbook.

Student name:

Student signature:

Date:

OFFICE USE ONLY

Enrolment date	Interviewed by
Concession Entitlement	<input type="checkbox"/> Healthcare Card <input type="checkbox"/> Pension Card <input type="checkbox"/> Veterans Gold Card <input type="checkbox"/> Other* <small>*as per 3.8 of Guidelines about Fees</small>
Fee Waiver	<input type="checkbox"/> Hardship Claim

PROCESSING

Funding Provider	<input type="checkbox"/> HESG - DET	<input type="checkbox"/> ACFE	<input type="checkbox"/> AMEP	<input type="checkbox"/> Fee for Service
Fees	<input type="checkbox"/> Paid by student		<input type="checkbox"/> No fees – AMEP	<input type="checkbox"/> No fees – Hardship form attached
WiseNET	<input type="checkbox"/> Add new client <input type="checkbox"/> AVETMISS <input type="checkbox"/> Add course enrolment <input type="checkbox"/> Add unit offers	<input type="checkbox"/> Add to timetable/s <input type="checkbox"/> Edit unit outcome & concession codes <input type="checkbox"/> Sync to Xero	<input type="checkbox"/> AMEP eligibility recorded <input type="checkbox"/> Client file <input type="checkbox"/> ARMS and ARF <input type="checkbox"/> Spreadsheet	
ARMS (AMEP)	<input type="checkbox"/> AMEP Registration Form Required Yes/No <input type="checkbox"/> Entered/Updated <input type="checkbox"/> Added to LA's	<input type="checkbox"/> Childcare Required Yes/No <input type="checkbox"/> Childcare application sent	<input type="checkbox"/> AMEP Client ID: <input type="checkbox"/> Hours remaining:	
Jobactive	<input type="checkbox"/> Referral form completed	<input type="checkbox"/> Invoice sent – if applicable	<input type="checkbox"/> Agency/consultant details entered in WiseNet	

SKILLS FIRST PROGRAM - EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM

SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE

TO BE COMPLETED BY AN AUTHORISED DELEGATE OF THE TRAINING PROVIDER – **DO NOT LEAVE ANY SECTIONS BLANK**

I confirm that in relation to:
(student's full name):

I have **SIGHTED** one of the following:

- | | |
|---|---|
| <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 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 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 Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> [FOR TAFE/ DUAL SECTOR/ LEARN LOCAL ORGANISATIONS ENROLMENT ONLY – delete field if not required] confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa. |

By **EITHER**:

- | |
|--|
| <input type="checkbox"/> viewing an original; OR |
| <input type="checkbox"/> viewing a certified copy; OR |
| <input type="checkbox"/> 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]; OR |
| <input type="checkbox"/> [FOR TAFE/ DUAL SECTOR/ LEARN LOCAL ORGANISATIONS ENROLMENT ONLY – delete field if not required] viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.. |

AND I have **RETAINED** one of the following:

- | |
|--|
| <input type="checkbox"/> a copy of the original or certified copy; OR |
| <input type="checkbox"/> the certified copy; OR |
| <input type="checkbox"/> evidence as set out in Clause 2.2(iii) of these Guidelines [where verified through the DVS]; OR |
| <input type="checkbox"/> [FOR TAFE/ DUAL SECTOR/ LEARN LOCAL ORGANISATIONS ENROLMENT ONLY – delete field if not required] a printed or electronic copy of a record from VEVO that confirms the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.. |

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:

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

SECTION B – EDUCATION HISTORY

TO BE COMPLETED BY THE STUDENT – DO NOT LEAVE ANY SECTIONS BLANK – PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DO NOT UNDERSTAND A QUESTION

Q1 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?

(include code and full title of qualification if possible, eg Certificate III in Aged Care. If you have not completed any qualification, write 'not applicable')

Q2 How many other **government funded** courses have you enrolled in that **have started**, or 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+ *(circle number)*

Q3 **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+ *(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? *If you are applying for a course on the Foundation Skills List, tick 'not applicable'.*

0 1 2 3 4+ *(circle number)* not applicable

[FOR TAFE/DUAL SECTOR ENROLMENT ONLY – delete Q5, Q6 and Q7 if not required]

Q5 If you are applying for a course on the 'Free TAFE for Priority Courses List', do you want to access your opportunity to receive a Fee Waiver for this course? **Note:** You can only receive a Fee Waiver for one course on this list.

YES NO Not applicable *(circle answer)* *(If 'NO', or 'not applicable' proceed to Student Declaration)*

Q6 If you answered 'YES' to Q5, have you already received a Fee Waiver for this course or for any other course on the 'Free TAFE for Priority Courses List'?

YES NO *(circle answer)* *(If 'NO', proceed to Student Declaration)*

Q7 If you answered 'YES' to Q6, are you applying to recommence in the same course for which you previously received a Fee Waiver?

YES NO *(circle answer)*

STUDENT DECLARATION

I, *(print your full name):*

In seeking to enrol in *(write the code and full title of the qualification/s):*

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 the appropriate response)*
- I **AM / AM NOT** enrolled in the Commonwealth Government's Skills for Education and Employment program *(circle the appropriate response)*
- I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Government 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 of Education and Training or an agent to participate in a survey, interview or other questionnaire

SIGNED:

DATE:

SECTION C – TRAINING PROVIDER DECLARATION**TO BE COMPLETED BY THE TRAINING PROVIDER – DO NOT LEAVE ANY SECTIONS BLANK**Number of Courses Student is currently eligible for: 0 1 2Eligibility exemption granted: YES NO

Based on:

- discussion with the student;
- the 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:

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

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 Clause 2.21 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.

Authorised Training Provider Delegate:Name: Position: Signed Date: **NOTES**

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

If there are no notes, write N/A