



CONFIRMATION OF ENROLMENT FORM

1. STUDENT INFORMATION – Applicant to complete

Form with fields for Student Name (First/Given Names, Surname), Previous OR other names (if applicable), Address (Street Address, Town, State, Postcode), Phone Number (Home, Work, Mobile, Fax), Email Address, Gender (Male/Female), and Date of birth (Day, Month, Year).

2. COMPLETION OF THIS SECTION IS OPTIONAL – Please tick if applicable

I identify as being:
 Aboriginal
 Torres Strait Islander
 Disability, Impairment or Long Term Condition
 Non-English Speaking Background

3. PRODUCTIVITY PLACES PROGRAM – Eligibility (Copies of original documents must be certified as true and accurate copies of original documents and must be kept on file)

Residency

I am an Australian Citizen or Permanent Resident and I have provided evidence of this

Evidence Sighted, Photocopied and placed on Participant File (One required)

- Australian Birth Certificate Number.....
 Australian Passport Number.....
 Naturalisation Certificate Number.....
 Green Medicare Card Number.....
 Visa

Age/Identity

I am of working age, 15 years and above, and I have provided evidence of my age

Evidence Sighted, Photocopied and placed on Participant File (One required)

- Passport Number.....
 Birth Certificate Number.....
 Current Drivers Licence Number.....
 Proof of Age Card Number.....

### Prior Education/Qualifications/Training

I have:

- commenced or completed Productivity Places Program training previously;
- a Year 10 qualification or equivalent;
- a Year 12 qualification or equivalent;
- a Certificate I qualification;
- a Certificate II qualification;
- a Certificate III qualification;
- a Certificate IV qualification;
- Diploma;
- Advanced Diploma;
- Bachelor Degree;
- Higher qualification;
- No qualifications

#### 4. APPLICANTS CIRCUMSTANCES – Applicant **MUST** complete

##### Evidence Collected (**All are required**)

I am a job seeker who is:

Referred by an ESP

- Documented correspondence from ESP
- CRN
- Job Seeker ID
- Income Statement from Centrelink

A CDEP participant

- Documented correspondence from CDEP Manager/Supervisor
- CRN

An Australian Apprenticeship Access Program participant

- Documented correspondence from AAC Manager/Supervisor
- CRN

Not studying or in the workforce, but intending to seek paid employment following the completion of training

- Signed Statutory Declaration

In an above category prior to entering into an Australian Apprenticeship (for commencements on or after 1 April 2008) commencements post 1 April 2008)

- Training contract with employer
- Signed Statutory Declaration

ESP Contact Name and Number:

Contact Name:

Phone Number:

**5. QUALIFICATION DETAILS – To be completed by the RTO**

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Course name: \_\_\_\_\_

RTO NTIS ID: **4074**  **21371**

RTO Name: **Southern Edge Training**  **Hume Learning Institute**

Location of training: \_\_\_\_\_

Contact Name: _____	Phone Number: <b>02 9215 0196</b>
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Attendance (please select):

<input type="checkbox"/> full-time	<input type="checkbox"/> part-time
<input type="checkbox"/> distance	<input type="checkbox"/> mixed-mode

Prerequisites satisfied:

Recognition of prior learning:

Outcome of assessment of recognition of prior learning:

Credit transfer:

Units recognised through credit transfer:

Expected commencement date:

Expected completion date:

Training timetable:

**6. STATUTORY DECLARATION – To be completed by the applicant**

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I, \_\_\_\_\_  
Address of, \_\_\_\_\_  
Occupation: \_\_\_\_\_

**make the following declaration under the *Statutory Declarations Act 1959***

1. I am not in receipt of additional or separate funds under any other Australian Government or State and Territory Government program in relation to the training that will be covered by the Productivity Places Program.
2. I am currently not studying full time and I am not currently in the workforce, and I have been referred by an Employment Service Provider.
3. I am seeking or intending to seek paid employment or self employment after completing the qualification.

**Signature of person making the declaration:**

Declared at: (place) \_\_\_\_\_ on (day) \_\_\_\_\_ of (month) \_\_\_\_\_ (year) \_\_\_\_\_

**Before me (Authorised Person, see over),** i.e. – JP, Pharmacist, Police Officer

**Authorised persons signature:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualification: \_\_\_\_\_

*Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.*

*Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.*

## 7. **PRIVACY NOTICE** – *To be completed by the applicant*

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The Australian Government allocates training places for participants to undertake qualifications under the Productivity Places Program. **Southern Edge Training/Hume Learning Institute** has been approved to deliver a qualification which participants will be entitled to undertake under the Productivity Places Program which is funded by the Australian Government. The personal information you provide on this form will be collected and used by **Southern Edge Training/Hume Learning Institute** for the purposes of:

- assessing your eligibility for the Productivity Places Program;
- if you are eligible to participate in the Productivity Places Program, all aspects of enrolment, administration and delivery of the qualification; and
- Advising your employment service provider (if appropriate) of your participation and attendance in training.

**Southern Edge Training/Hume Learning Institute** may also collect and disclose your personal information to the Australian Government's Department of Education, Employment and Workplace Relations (DEEWR) and other Australian Government agencies, including but not limited to Centrelink, for the purposes of:

- DEEWR confirming your eligibility for a training place;
- informing DEEWR that you have enrolled in an approved qualification;
- informing DEEWR of your completion, non completion or withdrawal from an approved qualification;
- reporting to DEEWR's Ministers and other Member's of Parliament on the Productivity Places Program;
- monitoring the service given by **Southern Edge Training/Hume Learning Institute** to you and your satisfaction with the Productivity Places Program; and
- DEEWR generally administering the Productivity Places Program.

**Southern Edge Training/Hume Learning Institute** and DEEWR may also disclose your personal information to another person, body or agency without your consent where authorised or required by law.

**I confirm I have read and understood the above information and consent to the stated uses of my personal information.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**8. APPLICANTS DECLARATION – Please acknowledge by ticking boxes and signing below**

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- I have read, understood and signed the **Privacy Notice** stating how my personal information can be used and I have completed the **Statutory Declaration**.
  - I have been fully informed of **Southern Edge Training/Hume Learning Institute Policy and Procedures**.
  - I have been fully informed about the **qualification** to be undertaken.
  - I have received and read the attached information regarding **Complaints and Rights and Responsibilities**.
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I declare that, to the best of my knowledge, the information on this form and the supporting evidence supplied by me is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**9. RTOS DECLARATION – Please acknowledge by ticking boxes and signing below**

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- I have gathered all the required evidence and copies of the evidence supplied are on file.
  - I have undertaken a literacy/numeracy assessment of the applicant and they have the ability to undertake the qualification.
  - I am satisfied that the applicant meets the enrolment requirements for the qualification.
  - I have assessed the applicant's capacity to benefit from the training e.g. licensing requirements.
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I declare that, to the best of my knowledge, the information on this form is true and correct in all regards. I understand that it is a criminal offence to provide false or misleading information.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_