



## AUSCHS Fee for Service Enrolment Form and Training Agreement

<b>RTO Name:</b>	Australian College of Higher Studies (AUSCHS)	<b>RTO ID#:</b>	90924
<b>Employer Legal Name:</b>			
<b>Employer Trading Name:</b>			
<b>Employer Site Address:</b>			
<b>STUDENT: Personal Details</b>			
<b>First Name:</b>		<b>Middle Name:</b>	
<b>Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Phone:</b>		<b>Email:</b>	
<b>Preferred Contact Method:</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
<b>Residential Address:</b>			<b>Postcode:</b>
<b>Unique Student Identifier (USI)</b>			
<b>Yes, I already have a USI, it is:</b>			
<b>No, I do not have a USI, please apply for a USI on my behalf:</b>			<input type="checkbox"/> Yes
<b>Language and Cultural Diversity</b>			
<b>In which country were you born?</b> (If no, please indicate your country of birth.)	<input type="checkbox"/> Australia <input type="checkbox"/> Other - _____		
<b>Town/City of Birth:</b>			
<b>What is your residency status?</b>	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Humanitarian Visa Holder <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Other - Please specify: _____		
<b>If you are a Permanent resident or on a Humanitarian visa , Please attach the copy of your passport and visa</b>	Passport and visa attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you speak a language other than English at home?</b> (If more than one language, indicate the one that is spoken most often.)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other - Please specify: _____		
<b>How well do you speak English?</b>	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all		
<b>Are you of Aboriginal or Torres Strait Islander origin?</b> (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)	<input type="checkbox"/> No, I declare that I am not of Aboriginal	<input type="checkbox"/> Yes, I declare that I am of Aboriginal descent <input type="checkbox"/> Yes, I declare that I am of Torres Strait descent I will be able to provide documentary evidence if required to validate my fee exemption.	

A Fee Exemption on your Enrolment Fees will be applied for eligible persons.		or Torres Straight descent	Students Signature: _____
<b>Schooling</b>			
<b>What is your highest COMPLETED school level?</b> (Tick ONE box only.)		<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	
<b>Are you still attending secondary school?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes- School Level: _____ Yes- School Attending: _____	
<b>In which calendar year did you complete that school level?</b>			
<b>Previous Qualifications Achieved</b>			
<b>Have you SUCCESSFULLY completed any of the following qualifications?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES then tick ANY applicable boxes.</b>	<input type="checkbox"/> Bachelor Degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than the above		
<b>Title of COMPLETED Qualification(s)</b>			
<b>Do you wish to apply for Recognition of Prior Learning (RPL)?</b> If you have significant experience/knowledge/current competency in any of the units you may wish to apply for Recognition of Prior Learning (RPL). (You will be mailed an application to complete if you answer Yes)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you previously completed a qualification through a Smart &amp; Skilled entitlement?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Disability</b>			
<b>Do you consider yourself to have a disability, impairment or long-term condition?</b>			
<input type="checkbox"/> No, I declare that I do not consider myself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes, I declare that I do consider myself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes, I have attached a clear photocopy/photo of the original document (as outlined below) in order to claim my Fee Exemption. <u><b>Evidence that may be provided includes:</b></u> <ul style="list-style-type: none"> <li>• A current Disability Concession Card</li> <li>• a letter, statement or any other evidence from Centrelink (including CRN) confirming receipt of Disability Support Pension Evidence of Support e.g. letter from Medical Practitioner or approved health professional</li> <li>• a letter, statement or any other evidence from Centrelink (including CRN) confirming dependence on a recipient of the Disability Support Pension</li> </ul>	
<b>If YES, then please indicate the areas of disability, impairment or long-term condition:</b> (You may indicate more than one area.)		<input type="checkbox"/> Hearing/Deaf <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Learning <input type="checkbox"/> Mental Illness <input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition <input type="checkbox"/> Acquired Brain Impairment <input type="checkbox"/> Other: _____	
<b>Equity Assistance:</b> Equity assistance may be available if you require assistance or support in any of the following categories. Please consult with the RTO Representative if you require information. Evidence must be supplied with this enrolment form, which may include: A verbal assessment of the candidate by the trainer; or a written statement from the student (or parents if applicable); or a written statement from the employer or a medical certificate.			
<b>Do you require assistance due literacy or numeracy barriers, including learning disabilities?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you require assistance due to language barriers?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you require provisions for a sign interpreter for a hearing impairment or note taking for visual impairment?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do require any other assistance or support?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a Recipient of Commonwealth Benefit or Allowance?</b>			
<input type="checkbox"/> No, I declare that I am NOT a Recipient of	<input type="checkbox"/> Yes, I declare that I am a Recipient of	<input type="checkbox"/> Yes, I have attached a clear photocopy/photo of the original document (as outlined below) in order to claim my Fee Concession. <u><b>Evidence that may be provided includes:</b></u>	

Commonwealth Benefit or Allowance	Commonwealth Benefit or Allowance	<ul style="list-style-type: none"> <li>• A current Concession Card, that shows the CRN a letter, statement or any other evidence from Centrelink (including CRN) confirming receipt of a Commonwealth Benefit or Allowance, that also state the Allowance category</li> <li>• a letter, statement or any other evidence from Centrelink (including CRN) confirming receipt of the Austudy or New Start Allowance</li> <li>• a letter, statement or any other evidence from Centrelink (including CRN) confirming dependence on a recipient of the a Commonwealth Benefit or Allowance</li> </ul>
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**Employment**

Of the following categories, which BEST describes your current employment status?	<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Self-employed - not employing others
	<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Employed - unpaid worker in a family business
	<input type="checkbox"/> Employer	<input type="checkbox"/> Unemployed - seeking full-time work
	<input type="checkbox"/> Unemployed - seeking part-time work	<input type="checkbox"/> Not employed - not seeking employment

**Study Reason**

Which of the following, BEST describes your main reason for undertaking this course/ traineeship/ apprenticeship? (Tick ONE box only.)	<input type="checkbox"/> To get a job	<input type="checkbox"/> To develop my existing business
	<input type="checkbox"/> To start my own business	<input type="checkbox"/> To try for a different career
	<input type="checkbox"/> To get a better job or promotion	<input type="checkbox"/> It was a requirement of my job
	<input type="checkbox"/> I wanted extra skills for my job	<input type="checkbox"/> To get into another course of study
	<input type="checkbox"/> For personal interest or self-development	<input type="checkbox"/> Other reasons _____

**Verification of Identification:** To verify your identity, you will need to record the document details of at least ONE valid & current Australian/NSW form of identification from the list below.

Personal Identification:	Document Number	Expiry Date	Name on Card/Document:	Card Colour	Line Number
Driver's Licence					
Medicare Card				<input type="checkbox"/> Green <input type="checkbox"/> Blue	
Australian Passport					
Birth Certificate (NB: A birth extract is not sufficient)					
Certificate of Registration by Descent					
Visa (with non-Australian Passport) for international students					
Citizenship Certificate					

**FUNDING**

Course Code:	Course Title:	Traineeships	Fee for Service
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

State:	<input type="checkbox"/> NSW <input type="checkbox"/> VIC <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> TAS <input type="checkbox"/> QLD	Employer is Eligible for Incentives	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Planned Start Date	Planned End Date
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**FEES**

FFS Commencement Training Fee	\$	FFS Completion Fee	\$
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**Student Declaration**

**Privacy Notice and Applicant Declaration:** The information provided by you in this application form is collected by AUSCHS and will be used for the purpose of general participant administration, planning and communication. The information contained herein may be provided to governmental agencies that fund and/or accredit this course. The provision of this information is essential to determine your eligibility for a place in an AUSCHS course. I consent to AUSCHS obtaining all personal information necessary for the purpose of my application and course. Information provided will be held securely. Refer to AUSCHS Privacy Policy on website for further information. By completing and signing this form I understand and will adhere to AUSCHS's and the NSW Department of Education and Training policies.

**Authority to View Documents:** While you are undertaking your training program, there will be times when AUSCHS and/or its training representative, needs to discuss your situation with others. This could be with your workplace supervisor/colleague, employer, workplace trainer, or Department of Education and Training. As part of our work there will also be a need to examine workplace samples to help assess your work against the training program requirements. Information may also be used by the Department of Education and Training for research, statistical analysis, program evaluation, post completion surveys, and internal management processes. Please be assured that any discussion held with these representatives will be for the purpose of your assessment and for your development. During the process we do not plan to discuss your evidence or work practices with other participants, unless we have your written permission to do so. You and your employer are required to give permission in writing for any of these discussions or viewing of evidences to occur and for samples of evidence and participant file information to be shared with AUSCHS, as the Registered Training Organisation responsible for the training contract, or the Department of Education and Training.

AUSCHS does not accept payment of more than \$1000 a student prior to qualification/course commencement. Following commencement, where AUSCHS requires payment of additional fees in advance from the student, at any given time, the total amount does not exceed \$1,500. Participants may cancel their enrolment within three days of the course commencing. AUSCHS will refund any paid fee minus a \$20 administration fee. Transfers between courses within three days of the course commencing will incur a \$20 administration fee. If AUSCHS does not receive notice of non-attendance at least the day prior to the course commencing (or Friday for a Sunday course), during business hours, the full fee will be non-refundable and there will be no transfers. A participant is not eligible for a refund after their course begins. In certain circumstances, credit to a later course may be available.

By completing this form I give permission for an AUSCHS Representative to discuss my training program development and evidences with my employer, supervisor, or Department of Education and Training.

**I confirm:**

- ✓ I have completed a pre-training review, course induction over the phone or face to face and have contributed to the development of this document.
- ✓ I am aware of my responsibility to ensure that this document and its ongoing development is implemented and monitored over the duration of the course.
- ✓ That all details provides on this enrolment form are true and correct.
- ✓ That I have obtained a copy of AUSCHS Participant Handbook from the AUSCHS administration or the AUSCHS website [www.auschs.edu.au](http://www.auschs.edu.au).
- ✓ That I have read the AUSCHS Participant Handbook and understand my rights and obligations with respect to access and equity, privacy, access to records, payments of fees and refunds, course cancellation, and complaints and appeals.
- ✓ That I have been provided with adequate information about the course in which I am enrolling to enable me to make an informed choice.
- ✓ That I have been given complete information on the fees policy including payment of fees, refunds, recovery of fees etc.

**I agree to:**

- ✓ Abide by the policies and procedures of the Registered Training Organisation as detailed in the AUSCHS Participant Handbook.
- ✓ Provide information to AUSCHS prior to enrolment as requested to identify where special consideration of the learning and assessment process and support may be required to complete the course which I am undertaking.
- ✓ Advise AUSCHS of any issue (e.g. medical) that could affect my ability to complete the course in which I am enrolling.
- ✓ Conduct myself in a professional manner and respect AUSCHS staff and its clients.
- ✓ Complete and submit all assessments in accordance with the course requirements and AUSCHS policies and procedures for assessments.
- ✓ Pay all course fees when due, where applicable.
- ✓ I agree that if I do not pay my fees when due, I will be subjected to late payment charges of \$50 /week extra and my enrolment will cease till the payment has been made to AUSCHS for any fees due.
- ✓ I understand and acknowledge that a Credit Reporting Agency/ Debt Recovery agency may be involved in recovery/reporting of any unpaid fees by me thus incurring extra charges which I will be liable to pay to Australian College of Higher Studies.

**USI Authorisation Declaration:**

You are advised and agree that you understand and consent that the personal information you provide to us in connection with your application for a USI:

- is collected by the Registrar for the purposes of:
  - applying for, verifying and giving a USI;
  - resolving problems with a USI; and

- o creating authenticated vocational education and training (VET) transcripts;
- may be disclosed to:
  - o Commonwealth and State/Territory government departments and agencies and statutory bodies performing functions relating to VET for:
  - o the purposes of administering and auditing Vocational Education and Training (VET), VET providers and VET programs;
  - o education related policy and research purposes; and
  - o to assist in determining eligibility for training subsidies;
  - o VET Regulators to enable them to perform their VET regulatory functions;
  - o VET Admission Bodies for the purposes of administering VET and VET programs;
  - o current and former Registered Training Organisations to enable them to deliver VET courses to the individual, meet their reporting obligations under the VET standards and government contracts and assist in determining eligibility for training subsidies;
  - o schools for the purposes of delivering VET courses to the individual and reporting on these courses;
  - o the National Centre for Vocational Education Research for the purpose of creating authenticated VET transcripts, resolving problems with USIs and for the collection, preparation and auditing of national VET statistics;
  - o researchers for education and training related research purposes;
  - o any other person or agency that may be authorised or required by law to access the information;
  - o any entity contractually engaged by the Student Identifiers Registrar to assist in the performance of his or her functions in the administration of the USI system; and
- will not otherwise be disclosed without your consent unless authorised or required by or under law
- I acknowledge that I have reviewed the Fact Sheet: Student Information for the Unique Student Identifier ([www.usi.gov.au/students](http://www.usi.gov.au/students)).
- I confirm the RTO is authorised to collect, use and disclose my student identifier for the purposes required under the Student Identifiers Act 2014.

<b>Student Signature:</b>	<b>Date:</b> /        /
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<b>Student Full name:</b>	
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**Authority to Publish**

*This form is an agreement between you and AUSCHS. Please read it carefully and sign it at the bottom if you agree with what it says. AUSCHS would like to be able to use information about you and your studies, quote you and/or use a photograph or audio visual recording of you or your work in some of its printed or electronic promotional material which will be available for viewing by the public.*

- If you sign this release form it means that you agree to the following:*
- A. AUSCHS is able to use information that it currently holds about you and your studies, quote your words and/or use photographs or audio visual recordings of you, or work you have done as a AUSCHS student, as many times and in as many ways as required for the sole purpose of promoting AUSCHS – for example, in publications/brochures, on AUSCHS websites and social media, in newspapers, etc.
  - B. The image(s) may be reproduced in colour or black and white and may be altered, distorted or blurred for design purposes.
  - C. You will not be consulted about the specific context in which your image, words or audio visual recording will appear.

*AUSCHS will not use or disclose your information, words, photograph(s) or audio visual recordings for any purpose other than the general promotion of AUSCHS. Your agreement is greatly appreciated. Reasonable measures will be undertaken by AUSCHS to hold and disseminate personal information securely. Any enquiries you have may be directed to the CEO on 1300 600 888. To be able to sign this form you must be over 18 years of age. If you are under 18 years of age, your Parent/caregiver must also sign this form.*

<b>Student Signature:</b>	<b>Date:</b> /        /
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<b>Student Full name:</b>	
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**I am under 18 years old. My parent/caregiver has read and understood this release and signed below:**

<b>Parent/Caregiver Signature</b>	<b>Date:</b> /        /
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<b>Parent/Caregiver Name:</b>	
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**EMPLOYER**

**Employer Declaration (To be signed by Employer or Authorized Representative for traineeship enrolments & employed fee for service )**

- I have read, understood and agree to:*
- Employer roles and responsibilities
  - Verifies the Student’s identity and employment with the company
  - The RTO’s Training Fees & terms of trade, as outlined in this document and the Workplace Consultation Agreement
  - I agree to pay the training fees listed above
  - I have consulted on the Consultation Agreement for my workplace and the development of the training plan
  - Facilitate withdrawal time from routine work duties for Workplace based Structured Training

<b>Employers Signature:</b>		<b>Date:</b>	/ /
<b>Employers Full name:</b>		<b>Position:</b>	
<b>Commencement Contact Checklist (To be completed by RTO Representative)</b>			
<b>EMPLOYER (Traineeship's Only):</b>	<b>YES ✓ / NO ✗</b>	<b>STUDENT:</b>	<b>YES ✓ / NO ✗</b>
Training company role explained		Training company role explained	
Full Training Plan established, explained, agreed, completed and signed		Student handbook issued and explained	
Employers training, access and support roles are explained and agreed upon.		Full Training Plan established, explained, agreed, completed and signed	
Agrees to allow full access for training & monitoring visits		Conducted induction & enrolment	
Commenced training with student		Commenced training with Student	
Agrees to release from work requirements		Students original Identification documents verified	
<b>RTO Representative Use Only:</b>			
<b>FEE FOR SERVICE</b>			
<b>Training Delivery Method</b>	<input type="checkbox"/> Employment Based	<input type="checkbox"/> Online	<input type="checkbox"/> Correspondence <input type="checkbox"/> Classroom Based
<b>AAC &amp; AAC Representative:</b>		<b>BD Representative:</b>	
<b>RTO Representative Signature:</b>		<b>Date:</b>	/ /
<b>RTO Representative Full Name:</b>			
<b>Office Use Only:</b>			
<b>Payment plan</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Payment plan created</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>A Fee Concession/Exemption has been identified and confirmed</b>		<input type="checkbox"/> Fee Concession	<input type="checkbox"/> Fee Exemption
<b>FFS</b>	<input type="checkbox"/> NA- Fee for Service		