



CONFIRMATION OF ENROLMENT FORM

1. STUDENT INFORMATION – Applicant to complete

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:	<input type="checkbox"/> Male <input type="checkbox"/> Female								
Date of birth:	<table border="1"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Year</td> </tr> </table>						Day	Month	Year
Day	Month	Year							

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

I identify as being:	<input type="checkbox"/>	Aboriginal
	<input type="checkbox"/>	Torres Strait Islander
	<input type="checkbox"/>	Disability, Impairment or Long Term Condition
	<input type="checkbox"/>	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)

<input type="checkbox"/>	Australian Birth Certificate	Number.....
<input type="checkbox"/>	Australian Passport	Number.....
<input type="checkbox"/>	Naturalisation Certificate	Number.....
<input type="checkbox"/>	Green Medicare Card	Number.....
<input type="checkbox"/>	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)

<input type="checkbox"/>	Passport	Number.....
<input type="checkbox"/>	Birth Certificate	Number.....
<input type="checkbox"/>	Current Drivers Licence	Number.....
<input type="checkbox"/>	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

Or

A CDEP participant

- Documented correspondence from CDEP Manager/Supervisor
- CRN

Or

An Australian Apprenticeship Access Program participant

- Documented correspondence from AAC Manager/Supervisor
- CRN

Or

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

- Training contract with employer
- Signed Statutory Declaration

**And**

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

- Signed Statutory Declaration

ESP Contact Name and Number:

Contact Name:

Phone Number:

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

---

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

RTO NTIS ID: \_\_\_\_\_

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

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

Contact Name: _____	Phone Number: _____
---------------------	---------------------

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*

---

I

[address]

[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 working more than 15 hours per week, 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.

(cross out the following statement if you are not an Australian Apprentice).

I was a job seeker prior to entering into my Australian Apprenticeship

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

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.*

**A statutory declaration under the *Statutory Declarations Act 1959* may be made before –**

Chiropractor	Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the <i>Marriage Act 1961</i>
Dentist	Master of a court
Legal practitioner	Member of Chartered Secretaries Australia
Medical practitioner	Member of Engineers Australia, other than at the grade of student
Nurse	<b>A statutory declaration under the <i>Statutory Declarations Act 1959</i> may be made before – (Continue)</b>
Optometrist	Member of Engineers Australia, other than at the grade of student
Patent attorney	Member of the Association of Taxation and Management Accountants
Pharmacist	Member of the Australian Defence Force who is:
Physiotherapist	(a) an officer; or
Psychologist	(b) a non-commissioned officer within the meaning of the <i>Defence Force Discipline Act 1982</i> with 5 or more years of continuous service; or
Trade marks attorney	(c) a warrant officer within the meaning of that Act
Veterinary surgeon	Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public	Member of:
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the <i>Consular Fees Act 1955</i> )	(a) the Parliament of the Commonwealth; or
Bailiff	(b) the Parliament of a State; or
Bank officer with 5 or more continuous years of service	(c) a Territory legislature; or
Building society officer with 5 or more years of continuous service	(d) a local government authority of a State or Territory
Chief executive officer of a Commonwealth court	Minister of religion registered under Subdivision A of Division 1 of Part IV of the <i>Marriage Act 1961</i>
Clerk of a court	Notary public
Commissioner for Affidavits	Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
Commissioner for Declarations	<b>Permanent employee of:</b>
Credit union officer with 5 or more years of continuous service	(a) the Commonwealth or a Commonwealth authority; or
Employee of the Australian Trade Commission who is:	(b) a State or Territory or a State or Territory authority; or
(a) in a country or place outside Australia; and	(c) a local government authority;
(b) authorised under paragraph 3 (d) of the <i>Consular Fees Act 1955</i> ; and	with 5 or more years of continuous service who is not specified in another item in Part 2 of the <i>Statutory Declarations Regulations 1993</i>
(c) exercising his or her function in that place	Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
Employee of the Commonwealth who is:	Police officer
(a) in a country or place outside Australia; and	Registrar, or Deputy Registrar, of a court
(b) authorised under paragraph 3 (c) of the <i>Consular Fees Act 1955</i> ; and	Senior Executive Service employee of:
(c) exercising his or her function in that place	(a) the Commonwealth or a Commonwealth authority; or
Fellow of the National Tax Accountants' Association	(b) a State or Territory or a State or Territory authority
Finance company officer with 5 or more years of continuous service	Sheriff
Holder of a statutory office not specified in another item in Part 2 of the <i>Statutory Declarations Regulations 1993</i>	Sheriff's officer
Judge of a court	<b>Teacher employed on a full-time basis at a school or tertiary education institution</b>
Justice of the Peace	Member of the Australasian Institute of Mining and Metallurgy
Magistrate	

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

---

The Australian Government allocates training places for participants to undertake qualifications under the Productivity Places Program. <RTO name> 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 <RTO name> 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.

<RTOs name> 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 <RTOs name> to you and your satisfaction with the Productivity Places Program; and
- DEEWR generally administering the Productivity Places Program.

<RTO name> 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***

---

- 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 <RTOs name> **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**.
- 

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***

---

- 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.
- 

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:

---