



**Student Enrolment Form
Higher Level Skills Training Eligibility Application
Accredited Training Centre of Australia Pty Ltd
Trading as Trison Business College**

Intended Qualification of Study

Qualification Code	Qualification Name			
Mode of Study	Classroom <input type="checkbox"/>	Distance <input type="checkbox"/>	Online <input type="checkbox"/>	RPL <input type="checkbox"/>

PART A – Application Details

Personal Details

Full Name: (Legal Family Name)	Family Name (Surname and Legal Family Name)	First Name (Legal Given Name)	Middle Name	Please Tick One <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Residential Address: (where you usually live)	Street Address		Apartment/Unit	
	Suburb/Town		State	Postcode
Postal Address:	Postal Address (if different to residential address)			
Home Phone: (Landline)	()	Mobile Phone:		
E-mail Address:			Gender Tick one:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: DD/MM/YR	____ / ____ / ____	Emergency Contact Number:	Emergency Contact Name:	

Language and Cultural Diversity

In which country were you born?	<input type="checkbox"/> Australia	Do you speak a Language other than English at home?	<input type="checkbox"/> No, English only
Other, please specify:	_____	Yes, other – please specify:	_____
Town Of Birth:			
Are you of Aboriginal or Torres Strait Islander origin? (if both tick yes at each box)	<input type="checkbox"/> No	How well do you speak English?	<input type="checkbox"/> Very well
	<input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> Well
	<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> Not well



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Disability / Medical Details

Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> Yes	If YES, then please indicate the areas of disability, impairment or long-term condition:	<input type="checkbox"/> Hearing/Deaf
	<input type="checkbox"/> No		<input type="checkbox"/> Physical
Do you require assistance because of this disability or long-term impairment?	<input type="checkbox"/> Yes		<input type="checkbox"/> Intellectual
	<input type="checkbox"/> No		<input type="checkbox"/> Learning
Do you give permission for us to call urgent medical treatment for you in an emergency and agree to pay all? costs?	<input type="checkbox"/> Yes		<input type="checkbox"/> Acquired Brain Impairment
	<i>Please refer to Part B - Self Declaration</i>		<input type="checkbox"/> Vision
			<input type="checkbox"/> Medical Condition
			<input type="checkbox"/> Other

Employment and Study Reasons

Are you currently employed? or Which section describes your current situation? (tick one only) <i>For example: If you are unemployed please ensure you tick one of the boxes that best describes what you are seeking</i>	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid worker in Family business <input type="checkbox"/> Unemployed – seeking full-time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment	Which best describes your main reason for undertaking this qualification? (tick one 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 qualification of study <input type="checkbox"/> For personal interest or self development <input type="checkbox"/> Other reasons
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Employment Details (if applicable)

Organization: _____ Position: _____
 Address: _____ Phone Number: _____ ABN: _____



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Qualifications and Schooling

Have you successfully completed any of the listed qualifications?

YES NO
(Please tick any applicable boxes)

- 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

Are you currently enrolled in a certificate IV or higher-level qualification?

YES NO

If Yes, please specify:

Are you seeking a higher qualification level than the highest qualification you already hold?

YES NO

What is your highest completed school level?
(tick one only)

- Year 12
- Year 11
- Year 10
- Year 9
- Year 8
- Never attended school

In which year did you complete that school level?

Are you still attending secondary school?

YES NO

Unique Student Identifier (USI)

Do you have a Unique Student Identifier YES NO*

USI #: _____

*If "NO", do you give TRISON BUSINESS COLLEGE the permission to apply for a USI to the Student Identifiers Registrar (Registrar) on your behalf:

YES* NO

*Please read and sign the privacy notice that seeks your consent before agreeing.



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Credit Transfer (TR) or Recognition of Prior Learning (RPL)

Do you wish to apply for Credit Transfer?

- NO**
- YES** Evidence of equivalent competencies from a nationally recognised statement of attainment or qualification will need to be provided

Do you wish to apply for Recognition of Prior Learning (RPL)? **(Fees applicable)**

- NO**
- YES** A separate process will need to be conducted to assess prior learning

Please Note:

The Authorised Delegate will discuss with you the relevant paperwork and assessment fees for the RPL process.

Eligibility for the Training

**Section 1:
Citizenship**

**Section 2:
Queensland Residency**

1.1 Are you:

- An Australian Citizen or
- A New Zealand Citizen or
- An Australian Permanent Resident or
- A temporary resident with the necessary visa and work permits on the pathway to permanent residency?

2.1 Do you permanently reside in Queensland?

- YES** **NO**

**1.2:
Evidence provided for
Citizenship/
Residency**

- Australian Birth Certificate *(Not Birth Extract)*
- Current Australian Passport
- Current New Zealand Passport
- Naturalization Certificate
- A current green Medicare Card
- Signed declaration by a relevant referee
- Formal documentation issued by the Australian Department of Immigration and Citizenship confirming Permanent Residence.

**2.2:
Evidence provided for
proof of
residence of
Queensland**

- Current Drivers Licence
- Current Learner Permit
- Proof of Age Card
- 'Keypass' Card
- Service Utility (Bill)



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Section 3:
Fee concession

4.1 Do you have a current concession card? **YES** **NO**

(Tick One)

Commonwealth Health Care Card Pensioner Concession Card Veteran's Gold Card

4.2 Are you Aboriginal or Torres Strait Islander? **YES** **NO**

4.3 Do you have a disability? **YES** **NO**

4.4 Are you an adult prisoner? **YES** **NO**



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Part B - Applicant Self Declaration

I, _____ (Student's full name), in seeking to enrol in _____ (Include full title of qualification/s in which you are seeking to enrol)

declare the following to be true and accurate statements:

- The information provided to TRISON BUSINESS COLLEGE in application for study is to the best of my knowledge true, correct and complete at the time of my enrolment/application.
- I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and /or failure to complete an application / enrolment form may result in; the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidized training, and/or cancellation of enrolment at the discretion of TRISON BUSINESS COLLEGE.
- I understand that it is my responsibility to provide all relevant and required documentation.
- I authorize TRISON BUSINESS COLLEGE to check all available records to confirm that information provided is correct, particularly information pertaining to my eligibility for the Higher Level Skills training.
- I give TRISON BUSINESS COLLEGE the permission to call for urgent medical treatment if deemed necessary in an emergency and I agree to pay all costs related.
- Privacy Statement:*
I understand that TRISON BUSINESS COLLEGE is required to provide Australian Skills and Quality Authority (ASQA) and or the Queensland Government, through Department of Education, Training and Employment with student and training activity data which may include information I provide on this enrolment form. Information is required to be provided in accordance with the VET Student Statistical Collection Guidelines. Department of Education, Training and Employment may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, it may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organizations.
- I have read and understood the information provided to me by TRISON BUSINESS COLLEGE prior to completing this Application form, including all information contained in the TRISON BUSINESS COLLEGE Student Information Handbook' and Qualification Information sheet.
- I declare that I have been made aware of the availability of the Higher Level Skills training and have been given the opportunity to provide evidence to show possible eligibility for this.
- I understand why I have been deemed eligible/not eligible for the Higher Level Skills and understand and agree with the process undertaken and the outcome.
- I have provided evidence of my CITIZENSHIP, RESIDENCY and AGE (confirming my date of birth, is correct).
- I understand that my enrolment in the above qualification/s is being subsidized by the Queensland Government. I understand that by completing the above qualification, I will no longer be eligible for further government subsidized training under the Higher Level Skills training.
- Prior to enrolment, I have been provided with notice of the co-contribution fee for the qualification.
- Prior to enrolment, I have been provided with TRISON BUSINESS COLLEGE's refund policy outlining what I am entitled to (full or part refunds).
- TRISON BUSINESS COLLEGE administration staff has directed me to the Higher Level Skills student fact sheet available on the Queensland's Department of Education and Training (DET) website.
- I have been made aware of a requirement to complete a student employment survey within three months of completing or discontinuing the qualification.

Applicants Signature:

Date:



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Part C- Accredited Training Centre of Australia – Authorised Delegate Declaration

- I confirm that the applicant has been informed of the eligibility requirements for government subsidized training under the Higher Level Skills training eligibility criteria set out in the Higher Level Skills Program Policy 2017-18, and the applicant is aware of the consequences arising from a false, misleading or incomplete declaration.
- I declare that I have referred the applicant to Higher Level Skills student fact sheet published on the Department of Education and Training (DET) website.
- I declare that I have sighted Original or a certified photocopy of the Original, documents in relation to the Students Citizenship/Residency/Schooling and have placed a copy of these into the students file.
- I declare that where applicable I have sighted documents in relation to the student's eligibility for a Tuition Fee Concession and have placed a copy of these into the students file.
- I declare that I have used and checked the Apprenticeship Info Self Service (AISS) to verify student eligibility for the intended course/qualification.
- I declare that I have provided the applicant with notice of the co-contribution fee relevant to the student's circumstances prior to enrolment in the qualification.

Based on discussion with the student, the above evidence I have sighted, and the information provided to me by the student on this form, I believe that the above individual satisfies the Higher Level Skills eligibility criteria as set out in the Program Policy and is currently eligible for funding for the following qualification/s:

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

Authorised Delegates Name:

Position: RTO Administrator

Authorised Delegates Signature:

Date:



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Administration Use Only

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

LLN test successfully completed **Yes** **No**
Pre-Training Review completed **Yes** **No**

Hours and Fees Calculation for Government Funded

Approved Concession Holder	OR	Non Concession Fee
Qualification Code: _____		Qualification Code: _____
Qualification Hours: _____		Qualification Hours: _____
Less CT hours: _____		Less CT hours: _____
Less RPL hours: _____		Less RPL hours: _____
Net hours: _____		Net hours: _____
Tuition Fee Per Scheduled Hour \$ _____		Tuition Fee Per Scheduled Hour \$ _____
Tuition Fee \$ _____		Tuition Fee \$ _____
Funding Gap: \$ _____		Funding Gap: \$ _____
Total Fee \$ _____		Total Fee \$ _____

Application Approved: **YES** **NO**

Authorised Delegate Signature: _____ **Date:** _____

Note: Once completed, this form, including evidence of eligibility and the associated declarations are to be placed in the students file.