

Application for Enrolment 2018
Skills First Program

PART A—COURSE SELECTION

Tick	Course Code	Qualification	Course Duration (Weeks)	Work Placement	Tuition Fee (non-concession; AUD)	Tuition Fee (concession; AUD)	Material Fee (AUD)
<input type="checkbox"/>	SHB50115	Diploma of Beauty Therapy	85	No	\$100.00	\$100.00	\$1,500.00
<input type="checkbox"/>	SHB40115	Certificate IV in Beauty Therapy	62	No	\$100.00	\$20.00	\$1,000.00
<input type="checkbox"/>	SHB30115	Certificate III in Beauty Services	40	No	\$100.00	\$20.00	\$750.00
<input type="checkbox"/>	BSB40215	Certificate IV in Business	28	No	\$100.00	\$20.00	\$100.00

Note:

- Prospective students are strongly advised to check the current policies and procedures on www.baxter.vic.edu.au.

Campus Location:

By ticking this box you confirm that you have read the material & equipment itemised list (including cost per item) and made an informed decision to purchase your kit from Baxter Institute.

STUDY DETAILS

Preferred Start Date:

Study mode: Full Time Part Time

Campus location:

PERSONAL DETAILS

Surname: Given names:

Date of Birth:

Sex Female Male
 Indeterminate/ intersex/ unspecified

Country of birth: Town of birth:

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute
Ph: (03) 9650 0367 Fax: (03) 9654 1049
Address: Level 10, 399 Lonsdale Street, Melbourne, Victoria 3000, Australia
ABN 51 006 374 241 CRICOS Provider No: 02233M RTO: 7030
Email: domesticstudent@baxter.vic.edu.au Website: www.baxter.vic.edu.au

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USUAL AUSTRALIA RESIDENCE & CONTACT DETAILS

Building/Property name: Flat/Unit number: Street or Lot number:

Street name: Suburb, locality or town: State/Territory:

Postcode: Home phone: Work phone: Mobile:

Email: Email (Alternative) (Optional):

POSTAL ADDRESS (if the same as residence, write "as above")

Building/Property name: Flat/Unit number: Street number:

Street name: Suburb, locality or town:

PO box: State/Territory: Postcode: Email:

EMERGENCY CONTACT

Name: Relationship:

Address:

Mobile: Telephone: Email:

LANGUAGE AND CULTURAL DIVERSITY

In which country were you born? Australia Other—Please specify

Do you speak a language other than English at home? (if more than one language, indicate the one that is spoken most often)

No, English only—You can skip the next question Yes—Please specify

How well do you speak English? Very well Well Not Well Not At All

Are you of Aboriginal Origin or Torres Strait Islander origin? (for persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No Yes, Aboriginal Yes, Torres Strait Islander

EVIDENCE OF RESIDENCY IN VICTORIA

Current Drivers License/Learner Permit Bank Statement (within 3 months old) Health Care Card

Keypass ID Card Utility Bills (within 3 months old) Other

CONCESSION (if applicable)

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

An alternative card or concession eligibility criterion approved by the Minister

REFERRAL FORM / WRITTEN CONFIRMATION / ESC (if applicable)

Training Referral Letter for retrenched employees Asylum Seekers VET Program

Job Seekers Referral Form Written confirmation for young people on community based orders

Judy Lazarus Transition Centre written confirmation N/A

Automotive Supply Chain Training Initiative

FEE WAIVER / EXEMPTION PAYMENT (if applicable)

The applicant is a prisoner from the Judy Lazarus Transition Centre (must sign and retain written confirmation from the Centre)

The applicant is a young person undertaking community based order (must sign and retain written confirmation from the relevant Youth Justice Unit of the Victorian Department of Human Services)

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DISABILITY

Disability: Do you consider yourself to have a disability, impairment or long-term condition? No—*You can skip the next question* Yes

If Yes, please indicate the areas of disability, impairment or long-term condition (you may indicate more than one area):

- Hearing/deaf Physical Intellectual Learning Mental illness
 Acquired brain impairment Vision Medical condition Other

SCHOOLING

What is your highest COMPLETED school level? (tick ONE box only)

- Never attended school Completed Year 8 or Lower Completed Year 9 or Equivalent
 Completed Year 10 Completed Year 11 Completed Year 12

In which YEAR did you complete that school level?

Are you still attending secondary school? Yes—*You are **NOT ELIGIBLE** for Skills First Program* No

PREVIOUS QUALIFICATION ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications? Yes No

If YES, please enter one of these Prior Education Achievement Recognition Identifiers to any applicable qualification level.

A—Australia E—Australian Equivalent I—International

Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: 1. A-Australia 2. E-Australian Equivalent 3. I-International

- | | |
|--|---|
| <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 524-Certificate I | <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 420-Diploma (or Associate Diploma) |
| <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 521-Certificate II | <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 410-Advanced Diploma or Associate Degree |
| <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 514-Certificate III (or Trade Certificate) | <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 008-Bachelor Degree or Higher Degree |
| <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 511-Certificate IV (or Advanced Certificate / Technician) | <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> I 990-Certificates Other Than the above |

What is your highest qualification?

(Please attach verified copies of certificates and academic transcripts)

Is your proposed course of study at a higher AQF level than the qualifications you have had? Yes No—*You are **NOT ELIGIBLE*** N/A

Do you wish to apply for Recognition of Prior Learning (RPL)/Credit transfer (CT)? Yes—*Please fill in form SS105 (RPL) or SS104 (CT)* No

STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? Tick one box only.

- | | | |
|--|--|--|
| <input type="checkbox"/> 01-To get a job | <input type="checkbox"/> 02- To develop my existing business | <input type="checkbox"/> 03- To start my own business |
| <input type="checkbox"/> 04-To try for a different career | <input type="checkbox"/> 05-To get a better job or promotion | <input type="checkbox"/> 06-It was a requirement of my job |
| <input type="checkbox"/> 07-I wanted extra Skills for my job | <input type="checkbox"/> 08-To get into another program of study | <input type="checkbox"/> 12- For personal interest or self development |
| <input type="checkbox"/> 11-Other reasons <input style="width: 150px;" type="text"/> | | |

HOW DID YOU HEAR ABOUT BAXTER INSTITUTE

- Advertisement Current Baxter Student Friends Media Job Network
 Exhibition Seminar Website Agent : _____
 Other:

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EMPLOYMENT

Of the following categories, which **BEST** describes your current employment status? (Tick **ONE** box only)

- | | | |
|--|---|--|
| <input type="checkbox"/> 01-Full time employee | <input type="checkbox"/> 04-Self-employed-employing others | <input type="checkbox"/> 07-Unemployed-seeking part time work |
| <input type="checkbox"/> 02-Part time employee | <input type="checkbox"/> 05-Employed-unpaid worker in a family business | <input type="checkbox"/> 08-Not employed-not seeking employment |
| <input type="checkbox"/> 03-Self-employed-not employing others | <input type="checkbox"/> 06-Unemployed-seeking full time work | <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/> |

Which of the following classifications **BEST** describes your current or recent occupation? (Tick **ONE** box only. Skip this question if unemployed)

- | | | |
|---|--|---|
| <input type="checkbox"/> 1—Managers | <input type="checkbox"/> 2—Professionals | <input type="checkbox"/> 3—Technicians and Trade Workers |
| <input type="checkbox"/> 4—Community and Personal Service Workers | <input type="checkbox"/> 5—Clerical and Administrative Workers | <input type="checkbox"/> 6—Sales Workers |
| <input type="checkbox"/> 7—Machinery Operators and Drivers | <input type="checkbox"/> 8—Labourers | <input type="checkbox"/> 9—Other <input style="width: 150px;" type="text"/> |

Which of the following **BEST** describes the Industry of your current or previous Employer? (Tick **ONE** box only. Skip this question if unemployed)

- | | | |
|--|--|--|
| <input type="checkbox"/> A—Agriculture, Forestry and Fishing | <input type="checkbox"/> B—Mining | <input type="checkbox"/> C—Manufacturing |
| <input type="checkbox"/> D—Electricity, Gas, Water and Waste Services | <input type="checkbox"/> E—Construction | <input type="checkbox"/> F—Wholesale Trade |
| <input type="checkbox"/> G—Retail Trade | <input type="checkbox"/> H—Accommodation and Food Services | <input type="checkbox"/> I—Transport, Postal and Warehousing |
| <input type="checkbox"/> J—Information Media and Telecommunications | <input type="checkbox"/> K—Financial and Insurance Services | <input type="checkbox"/> L—Rental, Hiring and Real Estate Services |
| <input type="checkbox"/> M—Professional, Scientific and Technical Services | <input type="checkbox"/> N—Administrative and Support Services | <input type="checkbox"/> O—Public Administration and Safety |
| <input type="checkbox"/> P—Education and Training | <input type="checkbox"/> Q—Health Care and Social Assistance | <input type="checkbox"/> R—Arts and Recreation Services |
| <input type="checkbox"/> S—Other Services <input style="width: 300px;" type="text"/> | | |

VICTORIAN STUDENT NUMBER

Since 2009 in schools and since 2011 for vocational education and training (VET) organization and Adult Community Education providers, a Victorian Student Number (VSN) has been allocated upon enrolment to each individual student aged up to 24 years.

Enter your Victorian Student Number (VSN)

(No more questions if you provided your VNS) I don't have/ don't know my VSN—*Please answer the following questions

Have you attended any Victorian school since 2009 or done any training with a Victorian Education and Training (VET) registered training organisation or an Adult and Community Education provider in Victoria since 2011?

- No** - I have not attended a Victorian school since 2009 or a TAFE or other VET training provider since the beginning of 2011.

(No more questions if you answer No above.)

- Yes**—I have attended a Victorian school since 2009: Most recent Victorian school attended _____

- Yes**—I have participated in training at a TAFE or other training organisation since the beginning of 2011.

List the most recent training organisations with which you have participated in training in Victoria since 2011:

1) _____ 2) _____ 3) _____

UNIQUE STUDENT IDENTIFIER

Do you have a Unique Student Identifier (USI)? **Yes**—Please provide your USI: Unique Student ID (USI)

No—Would you like Baxter to create one on your behalf? **No**—I will do it myself

Yes—Please complete form SS163.b and submit it to Baxter together with this application form.

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REFUND POLICY

1. Refund applications must be made by completing Refund Application form FN108 and sending it to the Institute's Finance Department. The Refund Application Form is available from the Institute's Student Support Service or the Institute's website. Refund application form must be submitted by email to refunds@baxter.vic.edu.au, attention "Finance Department". Whether the student is entitled to a refund or not, they will receive written notification of the outcome which will include an explanation of how the refund was calculated within 20 working days of receipt of the refund application (for refunds that relate to provider default, refer below). The refund will be paid to the student or another person nominated in writing by the student. If a credit card is used to make payment(s), the Institute will refund the amount on to the credit card used for the payment(s). Where an application is withdrawn or cancelled, notification by submitting "Cancellation Form SS115.a" must be provided. Any refunds listed in the table below are minus the non-refundable enrolment fee of \$100, payable at course commencement. This fee is mandatory and covers all administration required for enrolment.

Course cancelled or rescheduled by Baxter Institute (provider default)	100% refund of tuition fees
Withdrawal notified in writing and received by the Institute prior to commencement date	100% refund of tuition fees
Material & Equipment fees	0% refund*
Cancellation after student commenced course	100% refund of unspent tuition fee **

* Material & equipment fees are non refundable (regardless of the packaging being sealed). If students have not received the kit at the time of refund, students receive 100% refund.

** Unspent tuition fees are calculated from the last date of attendance until the end date of the period to which the payment relates plus paid tuition fee for subsequent calendar year

2. In the unlikely event that Baxter Institute is unable to deliver your course in full, you will be offered a refund only of the undelivered training hours. The refund will be paid to you within 20 working days from the day on which the course ceased to be provided. Alternatively, you may be offered enrolment in an alternative course by the Institute (if eligible). You have the right to choose whether you would prefer a refund of the unspent tuition fees, or to accept a place in another course. You will need to re-enroll into the alternative course.
3. All fees and charges per calendar year must be paid in full prior to course commencement unless a "PAYMENT SCHEDULE AGREEMENT" (PSA) is arranged with the Institute. Payment schedules are not affected by the deferral or suspension of studies.
4. Tuition fees incur when the course commences. The Institute may offer installment payments on the basis that the payments will be made on the scheduled dates. If a student is in breach of the payment arrangement, the Institute has the right to cancel the payment plan and request full payment for the entire amount owed, also, the Institute's cancellation process will be commenced as this is a breach of the Written Agreement and the Institute's Code of Conduct for students.
5. Students applying to enroll into another course with the Institute are not allowed to until: a) the minimum payment related to tuition fee and material & equipment fee required as per the offer letter has been paid and b) any outstanding debts have been paid.

PRIVACY NOTICE & STUDENT DECLARATION

- Baxter Institute is required to provide the Victorian Government, through the Department of Education and Training, with student and training activity data which may include information provided in this enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI). Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>).
- As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies, organisations conducting student surveys and Researchers. 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).
- The Department and NCVER 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 Baxter Institute; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.
- 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).
- You may be contacted to participate in a survey administered by an NCVER employee, agent or third party contractor, or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in Victoria. Please note you may opt out of the NCVER survey at the time of being contacted.
- 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.
- 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, please contact Baxter Institute's Student Support Department on (03) 9650 0367 or email info@baxter.vic.edu.au.
- 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 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 the Privacy Notice above.

Applicant Signature:

Date

Guardian Details (to be completed where applicant is under 18 years of age):

Name:

Signature:

Date

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OFFICE USE ONLY

Tick the following categories Foundation Skills Creation Skills Building Skills Deepening

Skills First Program - Tick the relevant Funding Source Identifier below:

- P—General training delivery (non-Apprentice/Trainee training)
- BWP—Back to Work Scheme (non-Apprentice/Trainee)
- ASP—Asylum Seeker VET Program General (non-Apprentice Trainee)
- LVP—Latrobe Valley Initiative—general (non-Apprentice/Trainee)
- RSP—Regional and Specialist Training Fund (non-Apprentice Trainee)

Checklist Description	Yes	No
1. Eligibility assessment checklist has been completed and the student is deemed eligible		
2. Course structure has been discussed with student		
3. Material and equipment fees have been agreed upon		
4. Orientation date has been discussed and agreed upon		
5. Pre-training review is complete (mandatory)		
6. Language, Literacy and Numeracy (LLN) assessment is completed		
7. If Job Seeker, ESP referral form has been collected & original has been returned to student & a copy was sent to the referring agency. Communication to retrieve foregone revenue in applying concession fees has been sent to the agency, if applicable.		

Guide to the application of tuition fee waivers/exemptions & concession fees 2018		
Type of Student <i>(If eligible for concession, waiver or exemption; documentation must be sighted & retained)</i>	Concession Eligible	Exemption Eligible
1. Applicant is an Asylum Seeker or trafficked person		
2. Applicant is prisoner from Judy Lazarus Transition Centre.		
3. Applicant is enrolling in a course at the Certificate IV level and below and holds a concession card.		
4. Applicant is enrolling in a course at the Certificate IV level and below is a dependant spouse or dependant child of a concession card holder .		
5. Applicant enrolling in a course at the Certificate IV level and below is a job seeker with a standard job seeker referral form and holds a concession card.		
6. Applicant self-identified as being of Aboriginal or Torres Strait Islander descent enrolling in a course at any level.		

- I have ensured the correct funding source code & categories has been tick
- I have gathered all the required evidence and copies of the evidence supplied are on file

Authorised Delegate Name:

Signature:

Date:

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EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A — To be completed by an authorised delegate of the Training Provider**Evidence of citizenship/residency and age**

I confirm that in relation to

(Student full name)

I have sighted: an original; or a certified copy, or I have verified through use of document verification services (where it is possible to do so) **one** of the following:

- | | |
|--|---|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> a current Australian Passport |
| <input type="checkbox"/> a current New Zealand Passport | <input type="checkbox"/> a naturalisation certificate |
| <input type="checkbox"/> a current <i>green</i> Medicare Card | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.16-2.20 of 2018 Guidelines about Determining Student Eligibility and Supporting Evidence |
| <input type="checkbox"/> an Australian citizenship by descent extract | |
| <input type="checkbox"/> formal documentation issued by the Australia Department of Immigration and Border Protection confirming permanent residence | |

OR if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 17 of Schedule 1 of the VET Funding Contract, I have sighted:

- a Referral Letter for the Asylum Seeker Resources Centre or the Australian Red Cross;

AND I have retained:

- a copy of the original or certified copy, *or*
- the certified copy, *or*
- secure login access to the administrative function of a document verification service whereby a record can be viewed or extracted that confirms that the individual's name and date of birth were verified to match a valid document number;

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, I have also sighted and retained a copy of:

- | | |
|---|--|
| <input type="checkbox"/> a current drivers licence, or | <input type="checkbox"/> a current learner permit, or |
| <input type="checkbox"/> a Proof of Age card, or | <input type="checkbox"/> a 'Keypass' card |

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Section B — To be completed by the student

Education History

Q1. The highest qualification I have *completed* is:
(Include full title of qualification, eg. Certificate III in Aged Care)

Q2. Not including the course/s you are seeking to enrol now, how many other government funded courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started: 0 1 2 3 4+
(circle number)

Q3. Not including the course/s you are seeking to enrol now, how many other government funded courses are you undertaking training in 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? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List. 0 1 2 3 4+
(circle number)

Student declaration

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

declare the following to be true and accurate statements:

- a. **I AM / AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school. *(circle appropriate response)*
- b. **I AM / AM NOT** enrolled in the Commonwealth Government's *Skills for Education and Employment* program. *(circle appropriate response)*
- c. 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*
- d. I acknowledge and understand that I may be contact by the Department or an agent to participate in a student survey, interview or other questionnaire.

Applicant Signature:

Guardian Signature:

Date:

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EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section C — To be completed by an authorised delegate of the RTO

Number of courses student is currently eligible for: 1 2

RTO Declaration:

Based on discussion with the student, the above 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 Skills First Program for the following qualification/s:

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 or Schedule 1 of the VET Funding Contract and as specified in Sections 2.21 of the Guidelines About Determining Student Eligibility and Supporting Evidence:

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

Authorised RTO delegate:

Name:

Position:

Signature:

Date: / /

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