

Australian Institute of Engineering

ABN: 13 612 727 143

Registered Training Organisation ID 45356 | CRICOS Provider Code 03685G

60 Belfast Street, Broadmeadows, VIC 3047, Australia

www.aie.edu.au | Tel: +61 3 9302 1296



ADMINISTRATIVE USE ONLY – System ID

STL Subsidy #		AIE Student ID #		Training Contract #	
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Filling in this form:

* Please use Black or Blue Pen and Print in **BLOCK LETTERS**

* Mark **X** or tick Boxes where applicable

Proof of Identity required for funded courses:

Please provide a colour copy of one of the below proof of identity documents.

Please provide TWO of the following:

Photo ID:

- ☐ Drivers Licence
- ☐ Current Student ID Card
- ☐ Proof of Age Card

- ☐ Medicare Card
- ☐ Australian Birth Certificate
- ☐ Australian/New Zealand Passport
- ☐ Citizenship Certificate or approved VISA
- ☐ Bankcard/Credit Card

A. Course Details:

Course Code _____ Course Name _____

Course Date _____ Location _____

Delivery Method ☐ Classroom ☐ Online ☐ External ☐ Traineeship

B. Unique Student Identifier:

☐ I have a Unique Student Identifier code **USI Code:** (10xCharacters)

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OR

☐ I have not applied but give Australian Institute of Engineering permission for a USI on my behalf

A Colour Copy of one of the ID types below has been provided:

- ☐ Drivers Licence
- ☐ Australian Passport
- ☐ Visa (With Non-Australian Passport)
- ☐ ImmiCard
- ☐ Medicare Card
- ☐ Australian Birth Certificate
- ☐ Citizenship Certificate

Preferred method of contact: ☐ Mail ☐ Mobile ☐ Email

In which Country were you born? ☐ Australia ☐ Other

Town/City of Birth: _____ Country of Birth (if other please specify): _____

C. Personal Details:

Title ☐ MR ☐ MRS ☐ MS ☐ MISS

Gender ☐ Male ☐ Female ☐ X - Indeterminate/Intersex/Unspecified)

Family Name _____ Given Name _____

Previous Surname _____ Middle Name _____

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Date of Birth _____

Residential Street Address: _____

Suburb _____ State _____ Postcode _____

Postal (if different from above): _____

(Your Statement of Attainment will be mailed to this address)

Suburb _____ State _____ Postcode _____

Phone _____ Mobile _____ Email _____

D. Emergency Contact (If under 18 years of age must be a parent/guardian)

Full Name _____ Relationship _____

Email _____ Phone _____

E. Employment

Employer Name: _____

Employer Address: _____ State _____ Post Code _____

Which BEST describes your current employment status? (Tick ONE box only)

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Full Time Employee | <input type="checkbox"/> Casual Employee | <input type="checkbox"/> Employer | <input type="checkbox"/> Self Employed – not employing others | <input type="checkbox"/> Unemployed – Seeking full time work |
| <input type="checkbox"/> Part Time Employee | <input type="checkbox"/> Employed – unpaid family worker | <input type="checkbox"/> Unemployed – seeking part time work | <input type="checkbox"/> Unemployed – not seeking employment | |

F. Residency

Residency Status (Tick ONE box only):

- ☐ Australian Citizen ☐ Permanent Resident ☐ New Zealand Citizen living in South Australia

Note: Please provide a COLOUR COPY of your visa with this application (if applicable)

☐ Visa (Please Specify) _____

G. Language and Cultural Diversity

Are you of Aboriginal and/or Torres Strait Islander origin? ☐ No ☐ Yes – Aboriginal ☐ Yes - Torres Strait Islander (If both, please select Yes to both boxes)

In which country were you born? ☐ Australia ☐ Other (if other please specify) _____

Do you speak a language other than English at home? ☐ No - English only ☐ Yes (if yes – please specify) _____

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

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H. Schooling

Highest completed School Year Level ☐ 12 ☐ 11 ☐ 10 ☐ 09 ☐ 08 ☐ Never Attended (Go to section I)

What Year did you complete this level? _____

Are you attending secondary school? ☐ Yes ☐ No (Go to section I)

School Name: _____

SACE ID: _____

Please select from the below options if applicable:

☐ School Based Traineeship/Apprenticeship ☐ SACE Students

☐ ICAN/FLO Student Please provide your ICAN Exemption Number: _____

I. Previous Qualification Achieved

Have you successfully achieved any higher level qualification? ☐ No ☐ Yes - If Yes, please tick the appropriate level below

☐ Certificate I ☐ Certificate II ☐ Certificate III or Trade Certificate

☐ Certificate IV (or advanced certificate/technician) ☐ Diploma (or associate diploma)

☐ Advanced Diploma or associate degree ☐ Bachelor Degree or Higher

J. Disability, Impairment or Long-term conditions

Do you consider yourself to have a disability, impairment or long-term condition? ☐ Yes ☐ No (Go to section K)

If yes, please select from the following list: ☐ Physical ☐ Intellectual ☐ Vision ☐ Learning

☐ Hearing/Deaf ☐ Mental Illness ☐ Medical Condition ☐ Acquired Brain Injury

☐ Other – If other please specify _____

If yes, in what way can we provide support? _____

Would you be prepared to get a medical clearance prior to commencing this course? ☐ Yes ☐ No

K. Study Reason

Of the following categories, which BEST describes your main reason for undertaking this training?

☐ To get a job ☐ To develop my existing business ☐ To start my own business

☐ To try a different career ☐ To get a better job or promotion ☐ To get into another course of study

L. How did you hear about us?

Of the following categories, which BEST describes how you heard about this course/traineeship/apprenticeship?

(Tick ONE box only)

☐ Newspaper ☐ Website ☐ Course Guide ☐ Word of mouth ☐ Industry consultation

☐ Radio ☐ Email ☐ Social media ☐ Expos / Events ☐ Existing customer

☐ Flyer ☐ TV ☐ Employer ☐ Other

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M. Centrelink and Job-active provider detail:

Are you registered with Centrelink and in receipt of a concession card?

☐ No ☐ Yes – if YES, please indicate which allowance you receive

☐ Health Care Card issued by the Commonwealth

☐ Pensioner Concession Card; or

☐ Veterans Gold card

☐ Other – (Please specify) _____

Centrelink CRN: _____

Date of Expiry: _____

ADMINISTRATION USE ONLY:

Centrelink Digital Wallet Copy Sighted

Concession Card No _____

Concession Holder Name _____

Date of Expiry _____

Authorised Delegate Name _____

Delegate Signature _____

Date Sighted _____

Are you a Prisoner? ☐ No ☐ Yes - Please contact the STL Subsidy Info line 1800 506 266

Are you under the Guardianship of the Minister? ☐ No ☐ Yes - Guardianship of Minister No _____

Are you a registered Job Seeker? ☐ No ☐ Yes - JSID No: _____

Job-active Provider: _____ Contact Name _____ Contact Phone _____

Job-active Consultant to complete

Please indicate the job seekers phase and weekly requirements below (Tick only if applicable):

☐ WFD Weekly Requirement ☐ DES Weekly requirement ☐ ESL Weekly Requirement

N. Course Fees

All relevant FEE information that must be paid to Australian Institute of Engineering and payment Terms and Conditions can be found at: www.auie.edu.au

Which of the following applies? (Tick ONE box only) ☐ Fee for service ☐ STL Subsidy ☐ Traineeship

Payment of FEES will be received from - Self/Participant: ☐ Yes ☐ No

Select Payment Method: ☐ Credit Card ☐ Cash or EFT (Do Not send cash- Please visit our Head Office to make a cash or EFT payment)

INVOICE DETAILS - Please indicate who the course will be billed to: ☐ Employer ☐ School

☐ Parent / Guardian ☐ Job-active Provider

Fees \$ _____ Purchase order No. (if applicable): _____

Invoice Contract No: _____ Contact Phone No.: _____ ABN: _____

Business Name: _____ Business Address: _____

Training Administration has confirmed the above mentioned is responsible for paying this fee

Signature: _____

Date: _____

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O. Excursion Health Report and Consent (Only applicable if course requires "placement" or excursion)

Section 1. General Information

Participants Full Name: _____ Date of Birth: _____

Section 2. Health Report

Does the applicant/student have any medical conditions? (Tick boxes as applicable)

- ☐ Heart Condition ☐ Diabetes ☐ Seizures ☐ Asthma ☐ Blackouts ☐ Migraine
☐ Travel Sickness ☐ Allergy (Please specify below) ☐ Other medical condition (Please specify below)

Describe any allergies, special care or medication required:

Medicare No. : _____ Ambulance Membership No.: _____

Private Health Cove: ☐ No ☐ Yes

☐ Fund Name: _____ ☐ Membership No.: _____

IMPORTANT: Students must report as soon as possible any change that may affect the validity or currency of the above information.

Section 3. Student Excursion Consent

- In case of emergency, I authorise the Australian Institute of Engineering staff member in charge to take any steps they may consider necessary to ensure my safety or well-being, including ambulance travel, medical treatment and hospitalisation. I further understand that I am responsible for any treatment costs.
- I acknowledge that during the excursion, acceptable standards of behaviour will be expected of me. I understand that in the event of serious misbehaviour during the excursion, I may be sent home. I further understand that in such circumstances any costs associated with my return home will be my responsibility, or where I have indicated that I am under the age of 18, my parent/legal guardian.
- The health information collected in the Excursion Health Report and Consent section is collected for the primary purpose of best managing your health or safety in the event of an emergency. Furthermore, this information will be used to eliminate or minimise, the risk of aggravating any pre-existing injury or illness that you are aware of and disclose. I acknowledge that if I choose not to complete all questions in the Excursion Health Report and Consent, it may not be possible for Australian Institute of Engineering Staff supervising the excursion to provide the best possible response to any emergency or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness.
- Personal information may also be disclosed to emergency services personnel or medical personnel.

Student Signature: _____

Date: _____

P. Student Publicity Consent and Release (Tick ONE box Only)

I hereby, ☐ Do Grant or ☐ Do not grant

- Australian Institute of Engineering, the perpetual right and authorisation to record, tape, film, photograph, digitise or otherwise preserve permanently my name, voice, image, personal statements and opinions and biographic and demographic information.
- I understand and agree that such preserved material may be used and re-used in whole or in part, at anytime and anywhere, in print, website, digital, audio, and /or video publications for the purpose of promotion, research and auditing in relation to
- my project/program/ course by Australian Institute of Engineering.
- I acknowledge that my participation in the making of any marketing or communication materials, and/or participation in research, audits or interviews by Australian Institute of Engineering, its officers, faculty, employees, and designees is absolutely voluntary. I further acknowledge that I will not receive any financial compensation now or in the future for the use of such preserved material, which in whole or part Australian Institute of Engineering holds the entire copyright.
- I acknowledge that I have read and understood this consent and release. I further understand that this release shall be effective unless specifically revoked in writing.

Disclosure of Personal information terms:

- The Department of State Development collects required information from this form for use by the Commonwealth Department of Education and the Department of Employment for the purpose of auditing participation and the monitoring and reporting of training outcomes.
- The information you provide may be accessed by officers of these three departments, by the National Centre for Vocational Education Research (NCVER) and Australian Institute of Engineering for the above purposes. I have been advised by Australian Institute of Engineering that I may be contacted and requested to participate in a National Vocational Education Research survey or a Department endorsed project or audit review. Australian Institute of Engineering securely stores your information and does not disclose it unless required by law, regulation or compliancy (ASQA) purposes.
- The Australian Institute of Engineering Privacy Policy is available at <http://www.auie.edu.au/>

Refund and Withdrawal Policy:

All applications for refunds must be made in writing by way of the 'Application for Refund' form and submitted to Student Administration. Approved applications will be processed within 14 days from the date of application.

The assessment of refund applications shall be granted as indicated below:

Outline of Refunds	
Withdrawal prior to agreed start date	Full refund of any pre-paid tuition fees.
Withdrawal from course after commencement	No refund of monies paid
Withdrawal after course commencement (with confirmed extenuating circumstances)	Refund only on Units not started.

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The RTO is unable to commence the course for which the original enrolment and payment has been made.	Full refund or alternative placement in a course
The RTO is unable to continue to deliver the course as agreed.	Partial refund or alternative placement in a course

Note: There is no refunds for course resources purchased (i.e. workbooks, PPE etc).

Extenuating circumstances

Students may have extenuating circumstances that prevent them from attending scheduled course dates. These circumstances may include (but are not limited to):

- Illness, Family or personal matters
- Other extraordinary reasons

Where evidence can be successfully provided to support the student's circumstances, course fees may either be transferred to the next available course where applicable, or a refund of unused course fees will be issued. This decision of assessing the extenuating circumstances rests with the RTO Manager and shall be assessed on a case by case situation.

Please note: where the student breaches the conditions of enrolment no refund is payable.

This policy and the availability of complaints and appeals processes, does not remove your right to take action under Australia's consumer protection laws, including but not limited to a statutory cooling off period if one applies.

Student Declaration:

- I acknowledge that all the information provided as part of this application is true and correct. I further acknowledge that providing fraudulent, forged or otherwise dishonest documentation or information in support of this application will automatically disqualify me from enrolment.
- By signing this declaration, I give consent to Australian Institute of Engineering for the collection and use of my personal information as outlined in the Privacy policy in the current Student Handbook.
- I am aware that classes may not be conducted if sufficient numbers of students have not enrolled.
- I understand that by completing this application I am not guaranteed a place in the described program/project/course. This application will be reviewed on completion of the pre-training review to determine suitability.
- I acknowledge that I have received, read and understood the terms and conditions outlined in the Student Handbook.
- I further acknowledge and accept the terms outlined in the Student Handbook and Code of Conduct.

<https://www.auie.edu.au/wp-content/uploads/2022/02/Student-Information-Handbook-International-Students-Ver.1.2-1.pdf>

Privacy Notice:

Under the Data Provision Requirements 2012, Australian Institute of Engineering is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form), may be used or disclosed by Australian Institute of Engineering for statistical, administrative, regulatory and research purposes. Australian Institute of Engineering may disclose your personal information for these purposes to:

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- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

Student Signature: _____

Date: _____

Parent / Legal guardian declaration: (if participant is under 18 years of age)

I hereby, ☐ Do Grant or ☐ Do not grant

for the minor described above to participate in the activities described in the Publicity Consent and Release section. I further acknowledge and agree that I have read and understood the terms outlined, and I further understand that this release shall be effective unless specifically revoked in writing.

As parent/guardian for the named student:

- I ☐ Do ☐ Do not give permission for the named student to participate in the course/program/project outlined above
- I ☐ Do ☐ Do not give permission for the named student to participate in all day excursions as deemed appropriate by Australian Institute of Engineering.
- I ☐ Do ☐ Do not give permission for the named student to be transported in a vehicle provided by Australian Institute of Engineering.
- I ☐ Do ☐ Do not as the Parent/Guardian agree to pay the course fees for the above mentioned participant.

Full Name: _____

Signature: _____

Contact No. _____ **Date:** _____ **Email:** _____

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NOTE: Once you have completed all required fields of the enrolment form, please print and sign.

You can scan and email to info@auie.edu.au or alternatively you can drop the completed form in to the nearest Australian Institute of Engineering office.

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What are three personal qualities that are important for someone working in this industry?

E.g. empathy, time management ...

1. _____
2. _____
3. _____

What do you believe are three physical requirements to work in this industry?

1. _____
2. _____
3. _____

What are three expectations an employer may have of you working in this industry?

1. _____
2. _____
3. _____

What is your understanding of the minimum requirements to work in this industry?

Some of our qualifications require work placement up to 240 hours - do you foresee any barriers to completing work placement?

- ☐ No
- ☐ Yes, Please explain

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Are you able to commit to: ☐ Block placement and/or

☐ regular weekly hours

Are you able to complete: ☐ Morning and / or;

☐ afternoon shifts?

You may be required to get a DCSI and/or National Clearance to complete; do you foresee any issues with this?

☐ No

☐ Yes, Please explain

Practical placement is required for some qualifications. Therefore, you may be required to provide evidence of, or be willing to obtain immunisations (influenza/COVID-19 etc), as some industries/organisations have mandatory immunisation regulations. Do you foresee any issues with this?

☐ No

☐ Yes, Please explain

Please confirm if you have access to the following equipment:

☐ Working computer

☐ Reliable internet connection

☐ Printer

☐ Scanner

☐ Microsoft Office version 10 or above

Please rate your computer skills:

No
Experience Beginner Intermediate Advanced

I can send and receive emails

☐☐☐☐

I can attached documents including pictures and send them via email

☐☐☐☐

I can research on the internet

☐☐☐☐

I can open and save documents to a secure folder

☐☐☐☐

I can scan and print

☐☐☐☐

I can open, use and save word documents

☐☐☐☐

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What is your preferred learning style?

- ☐ **Visual** Learners prefer visual input, for example: images, charts and flow diagrams.
- ☐ **Auditory** Learners prefer auditory input and remember things best when they hear them.
- ☐ **Kinaesthetic** Learners prefer input that is physical and concrete. They require action and movement to learn things.

Do you consider yourself to have any personal barriers to learning e.g. legal, accommodation, finance, transport, health, family?

- ☐ **No**
- ☐ **Yes, Please describe**

Can Australian Institute of Engineering assist with any support systems? If yes, please list:

After reviewing the course, do you wish to make an application for RPL?

- ☐ **YES - I would like to make an application for RPL** ☐ **No**

RPL or Recognition of Prior Learning is a process for formally recognising and assessing prior learning and competencies that lead to nationally recognised credit or advanced standing. This is achieved by completing relevant assessments and interviews to determine your skill and knowledge against competency criteria for the relevant module(s) or unit(s). For further information please contact your Trainer and Assessor.

- ☐ **YES - I would like to make an application for Credit Transfer** ☐ **No**

Credit Transfer is formal recognition of modules/units completed at another training organisation. Credit transfers are essentially administrative processes. These are not formal enrolments in the normal sense, because they involve neither delivery nor assessment of the student's knowledge. Australian Institute of Engineering recognises only formal documentation such as qualification testamurs, Statements of Results and/or Statements of Attainment. All documents must either be originals or a certified copy of the original document, you will also be required to provide Australian Institute of Engineering permission to verify your documentation with the issuing RTO. If you believe you are eligible for Credit Transfer please complete the Credit Transfer Application Form and attach to your enrolment application with evidence.

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Declaration: I agree to actively take part in the LLN assessment to assist Australian Institute of Engineering determining my suitability for the course and I declare this assessment will be my own work and I will not seek outside assistance to complete.

Student Signature: _____

Date: _____

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Reasonable Adjustment:

Is reasonable adjustment required?

☐ Yes

☐ No

If yes selected, please describe reasonable adjustment provided (which has been approved by the CEO or Executive /Directors)

Learning Support Plan - Foundation Skills bridging units/vocational bridging units are detailed below. (if required)

The following information has been clarified with student:

- ☐ Student is aware of a minimum of 120hrs work placement (or minimum 240hrs for Diploma)
- ☐ Student is aware of compulsory workshops at _____ Australian Institute of Engineering Site
- ☐ Student has necessary skills for email, word processing and internet research
- ☐ Student has computer, internet access and word processing software
- ☐ Student has confirmed they can continue their enrolment application based on the understanding of the points discussed above
- ☐ Student has advised they are unsure of skills/commitment after discussing the points above.

Concerns raised:

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Advice/information given to student:

Other comments:

UAN Learning and Support Report completed

<https://www.cognitoforms.com/DepartmentForInnovationAndSkills/UpfrontAssessmentOfNeedUANLearningAndSupportReport>

Signed by LLN/UAN Representative: _____

Date: _____