



Dear Student Name: \_\_\_\_\_

In order to make an informed decision about your course, please see below the relevant information. Should you have any further questions, please contact one of our training advisors.

<b>Course Code &amp; Title</b>	CHC43115 - Certificate IV in Disability		
<b>Qualification Status</b>	Release 2 current as of 08/12/2015		
<b>RTO</b>	Australian Institute of Vocational Development (AIVD)	<b>TOID</b>	40596
<b>Entry Requirements</b>	Police Clearance is required. Funded students must meet funding requirements		
<b>Third Party Providers</b>	AIVD does not subcontract or use third party providers for the delivery, training or assessment of this course.		
<b>Delivery Locations</b>	AIVD Branch Locations: <b>You must circle the option that applies apply to you. (Write location if Other)</b> Geelong                  Sunshine                  Thomastown                  Other: .....		
<b>Duration</b>	Minimum of 6 months		
<b>Modes of Delivery</b>	Face to face (classroom based) and Practical Placement.		
<b>Practical Placement</b>	120 Hours of practical placement (exceptions may apply)		
<b>Licensing</b>	No licensing, legislative or certification requirements apply to this qualification at the time of publication.		
<b>Student Contribution</b>	This qualification is delivered in conjunction with funding from the VIC Government as part of the Skills First initiative.		
	<b>Government Contribution</b> (approximate value) \$6,335.00	<b>Private - Full Fee Paying</b> \$4,000.00 (includes a non-refundable deposit of \$400)	<b>Student Contribution</b> \$0.00
	<b>Terms of Payment:</b> Payment to be made within 7 days of receiving invoice.		
	<b>Who will be paying the Course Fees?</b> Circle the applicable option.	<b>Student</b>	<b>Employer *</b>
	* If Employer is paying Course Fees, ensure Employer Declaration is signed.		
	The Student tuition fees are indicative only and are subject to change given individual circumstances at enrolment.		
	For detailed information on course fees and how they are handled (e.g. refunds, payment options and cooling off periods), please see <b>P-033.1 Fees Charges and Refunds Policy and Procedure</b> which can be accessed via the RTO Website.		



<b>Other Fees</b>	Administration fees (\$0) Resource fees (\$0) Reassessment fees (\$250 per unit, please see our website) RPL fees (\$270 per unit)
<b>Funding</b>	<b>You must circle the option that applies to you.</b>  This training <b>IS IS NOT</b> provided with State Government Funding.  Enrolling in this course may impact your eligibility for future funding.
<b>Other Information</b>	Your Student Information Guide contains general information about AIVD. For specific information on the following policies and procedures, see our website. <ul style="list-style-type: none"> <li>• P-006.1 Complaints and Appeals</li> <li>• P-017.1 Student Support</li> <li>• P-025.1 Code of Conduct</li> <li>• P-033.1 Fees, Charges, and Refunds</li> <li>• P-039.1 Privacy and Personal Information</li> <li>• P-048.1 Recognition</li> <li>• P-019.1 Access and Equity</li> <li>• P-057.1 Training and Assessment</li> </ul>

I understand my fee obligations and have been provided with a copy of the D-001.1 Student Information Guide.

Student Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer Declaration** – *This declaration is to be filled out if the employer is paying the Course Fees on behalf of the student.*

- I understand my fee obligations as per the P-033.1 Fees Charges and Refunds Policy & Procedure on the RTO website.
- I understand that if the employment status of the student changes I must notify the RTO.

**For employers of Trainees and Apprentices**

- I confirm I have read and understood the D-005.1Employer Information Guide.

Employer Name \_\_\_\_\_ Employer Position \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_