

Dear Student Name: _

	ed decision about your cours e contact one of our training	· ·	e below	the rele	vant i	nformation. Sh	ould you have		
		_	unnart	· (Agoing)					
	CHC33021 - Certificate III in Individual Suppo								
Qualification Status	Current	Rel	ease No:	1	Release Date:	23/11/2022			
RTO	Australian Institute of Vocational Development (AIVD) TOID 40596								
Entry Requirements	There are no entry requirements for this qualification.								
Delivery Locations	□ Sunshine □ 0		□ Epping						
Tick ONE option only	□ Other								
Write Location if Other				-					
Practical Placement	120 hours of practical placement. Refer to Practical Placement Checks Fees Table below.								
Course Fees	□ Private - Full Fee Paying \$4,000.00								
Tick ONE option only	(If UEE student, fee includes a non-refundable deposit of \$400.00)								
	□ OR If Eligible for Government Funding - Student Tuition Fee \$0.00								
Government Contribution (approximate value) \$8,415.00	This qualification is delivered in conjunction with funding from the VIC Government as part of the Skills First initiative.								
Course Fees Payable by	□ Student	□ Emp	loyer	*					
Tick ONE option	*(If ticked, please ensure Employer Declaration is signed.)								
Payment Terms	Payment to be made within 7 days of receiving invoice.								
	Qualification Level			Amount (\$) per unit					
Recognition of Prior	Cert III level			\$250.00					
Learning (RPL) &	Cert IV level			\$270.00					
Reassessment Fees Table	Diploma level			\$300.00					
	See P-057.1 Training and Assessment Policy & Procedure for more information.								
Student Non-Tuition Fees (Other)	Administration fees (\$0.00) Resource fees (\$0.00) Reprint of Cert/Award (\$85.00)								
Practical Placement	Qualification Name	Police Check	wwc	NDIS		Vax	Flu Shot		
Check Fees		from \$42	\$128.2			Status (Up to Date)	(Up to Date)		
You must apply for these as part of your practical	CHC33021 - Certificate III in Individual Support	Yes		Y	'es	Yes	Yes		
placement component									

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 Version: 1.2
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 Review: Apr 2025

^{***}Staff in the Ageing Disability Support sector, are not required to be vaccinated with the Flu Shot to attend work on site. While not mandated, individual services will continue to have the choice to require their staff to be vaccinated. This is a decision that can be made at a local level. Flu Shot prices can vary depending on where you choose to get vaccinated.



Funding	This training	□ IS		IS NOT	provided with State Government Funding.				
Tick ONE option only	Enrolling in this course may impact your eligibility for future funding.								
	AIVD does not subcontract or use third party providers for the delivery, training, or assessment of this course.								
	The student tuition fees are indicative only and are subject to change given individual circumstances at enrolment.								
Other Information	refund	ls, paymen es and Refu	nformation on course fees and how they are handled (e.g., nent options and cooling off periods), please see P-033.1 Fees Refunds Policy and Procedure which can be accessed via the RTO						
☐ I understand my fee obligations and have been provided access to the Student Information Guide which									
details all support services available to the students. I understand that the marketing brochure I have been supplied with, lists all the units of the course									
☐ I confirm that my signature and date below confirm the date that I was provided with all this information									
Student	Name:								
Student Sig	nature:								
	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 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-005.1 Employer Information Guide.									
Employer	Name:								
Employer Po	osition:								
Employer Sig	nature:								
	Date:								

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