

ear Student Name:		_			
order to make an informed deci ny further questions, please cont	· · · · · · · · · · · · · · · · · · ·	-	ow the relevan	t information. Sh	ould you have
Skill Set Code & Title	CHCSS00130 Individual Support - Disability				
Skill Set Status	□ Superseded	Re	elease No: 1	Release Date:	23/11/2022
RTO	Australian Institute of \	Vocational Dev	velopment (AIV	D) TOID	40596
Entry Requirements	There are no entry requirements for this qualification.				
<b>Delivery Locations</b> <i>Tick ONE option only Write Location if Other</i>	□ Sunshine □ Epping □ Other				
Practical Placement	There are no practical placement requirements for this qualification.  Although there are no Practical Placement Hours specified for this short course, one or more units may require skills to be demonstrated in a workplace setting.				
Course Fees Tick ONE option only	☐ Private - Full F	Fee Paying [\$2	,900.00]		
	☐ OR If Eligible 1	for Governme	nt Funding - St	udent Tuition Fe	e \$0.00
Government Contribution (approximate value)	Government as part of the skins that initiative.				
\$2,992.50	·	the Skills First	initiative.		
		□ Employ		ob Network/Ot	:her
\$2,992.50  Course Fees Payable by  Tick ONE option	□ Student *(/	□ <b>Employ</b> If ticked, pleas	er * 🗆 Jo	yer Declaration i	
\$2,992.50  Course Fees Payable by  Tick ONE option	□ Student	□ <b>Employ</b> If ticked, pleas	er * 🗆 Jo	yer Declaration i	
\$2,992.50  Course Fees Payable by  Tick ONE option	□ Student *(/	□ <b>Employ</b> If ticked, pleas	er *   Jo e ensure Emplo f receiving invol	yer Declaration i	s signed.)
\$2,992.50  Course Fees Payable by  Tick ONE option	□ Student  *(!  Payment to be made w  Qualification Level	□ <b>Employ</b> If ticked, pleas	er *   Jo e ensure Emplo f receiving invol	yer Declaration i	s signed.)
\$2,992.50  Course Fees Payable by  Tick ONE option  Payment Terms  Recognition of Prior Learning  (RPL) & Reassessment Fees	Payment to be made w  Qualification Level  Cert III level  Cert IV level	□ <b>Employ</b> If ticked, pleas	er *   Jo e ensure Emplo f receiving invol	yer Declaration in ce.  Amount (\$) per	s signed.)
\$2,992.50  Course Fees Payable by  Tick ONE option  Payment Terms  Recognition of Prior Learning	Payment to be made w  Qualification Level  Cert III level  Cert IV level	□ <b>Employ</b> If ticked, pleas	er *   Jo e ensure Emplo f receiving invol	yer Declaration in ce.  Amount (\$) per \$250.00	s signed.)
\$2,992.50  Course Fees Payable by  Tick ONE option  Payment Terms  Recognition of Prior Learning  (RPL) & Reassessment Fees	□ Student  *(! Payment to be made w  Qualification Level  Cert III level  Cert IV level	□ <b>Employ</b> d ficked, pleas of thin 7 days of	er * Do	yer Declaration in ce.  Amount (\$) per \$250.00 \$270.00 \$300.00	s signed.) unit
\$2,992.50  Course Fees Payable by  Tick ONE option  Payment Terms  Recognition of Prior Learning  (RPL) & Reassessment Fees	Payment to be made w  Qualification Level  Cert III level  Cert IV level  Diploma level  See P-057.1 Training a  Administration fees (\$0	□ <b>Employ</b> If ticked, please  Within 7 days of the control of th	er *   genusere Emplo  freceiving involution  t Policy & Proce	yer Declaration in ce.  Amount (\$) per \$250.00 \$270.00 \$300.00 sedure for more in the central interest	unit unit
\$2,992.50  Course Fees Payable by  Tick ONE option  Payment Terms  Recognition of Prior Learning  (RPL) & Reassessment Fees  Table  Student Non-Tuition Fees	Payment to be made w  Qualification Level  Cert III level  Cert IV level  Diploma level  See P-057.1 Training a  Administration fees (\$0	□ <b>Employ</b> If ticked, please  Within 7 days of the control of th	er *   genusere Emplo  freceiving involution  t Policy & Proce	yer Declaration in ce.  Amount (\$) per \$250.00 \$270.00 \$300.00 sedure for more in the central interest	unit unit
\$2,992.50  Course Fees Payable by  Tick ONE option  Payment Terms  Recognition of Prior Learning  (RPL) & Reassessment Fees  Table  Student Non-Tuition Fees  (Other)	Payment to be made w  Qualification Level  Cert III level  Cert IV level  Diploma level  See P-057.1 Training a  Administration fees (\$0	□ <b>Employ</b> If ticked, please  Within 7 days of the control of th	er *   genusere Emplo  freceiving involution  t Policy & Proce	yer Declaration in ce.  Amount (\$) per \$250.00 \$270.00 \$300.00 sedure for more in the central interest	unit unit

Controlled Document RTO ID: 40596 Page 1 of 2
F-048.1.59 Version: 1.2 Effective: Dec 2023 Review: Dec 2024

Enrolling in this course may impact your eligibility for future funding.

☐ **IS NOT** provided with State Government Funding.

This training

**Funding** 

Tick ONE option only

F-048.1.59 Statement of Fees CHCSS00130 Skill Set CORPORATE aivd.com.au

		es not subcontract or use third party providers for the delivery, training, or ent of this course.			
Other Information		lent tuition fees are indicative only and are subject to change given individual ances at enrolment.			
	•	For detailed information on course fees and how they are handled (e.g., refunds, payment options and cooling off periods), please see P-033.1 Fees Charges and Refunds Policy and Procedure which can be accessed via the RTO Website.			
<ul> <li>I understand my fee obligations and have been provided access to the Student Information Guide which details all support services available to the students.</li> <li>I understand that the marketing brochure I have been supplied with, lists all the units of the course</li> <li>I confirm that my signature and date below confirm the date that I was provided with all this information</li> </ul>					
Student Name:					
Student 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 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.					
or employers of Trainees and Apprentices					
□ I confirm I have read and understood the D-005.1 Employer Information Guide.					
Employer	Name:				
Employer Position:					
Employer Signature:					
	Date:				