



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.

Course Code & Title	ICT30519 Certificate III in Telecommunications Technology		
Qualification Status	Current	Release No: 4	Release Date: 03/02/2022
RTO	Australian Institute of Vocational Development (AIVD)	TOID	40596
Entry Requirements	There are no entry requirements for this qualification. Check Licensing Info Below.		
Delivery Locations <i>Tick ONE option only</i> <i>Write Location if Other</i>	<input type="checkbox"/> Gladstone Park <input type="checkbox"/> Clayton <input type="checkbox"/> Other _____ _____		
Licensing	<p>Work functions in the occupational areas where this qualification may be used are subject to regulatory requirements. Refer to the ICT Information and Communications Technology Training Package Companion Volume Implementation Guide or the relevant regulator for details of licensing, legislative or certification requirements.</p> <p>Cabling at the customer premises must be carried out according to requirements of the Australian Communications and Media Authority (ACMA) and relevant industry registration bodies, in line with the specifications of the access network owner.</p> <p>The model WHS Regulations require people performing high risk work to be over 18 years of age and to hold the right HRW licence.</p>		
Course Fees <i>Tick ONE option only</i>	<input type="checkbox"/> Private - Full Fee Paying \$4,000.00 (Includes a non-refundable deposit of \$400.00) <input type="checkbox"/> OR If Eligible for Government Funding - Student Tuition Fee \$0.00		
Government Contribution (approximate value) \$6,840.00	This qualification is delivered in conjunction with funding from the VIC Government as part of the Skills First initiative.		
Course Fees Payable by <i>Tick ONE option</i>	<input type="checkbox"/> Student <input type="checkbox"/> Employer * <i>*(If ticked, please ensure Employer Declaration is signed.)</i>		
Payment Terms	Payment to be made within 7 days of receiving invoice.		
Recognition of Prior Learning (RPL) & Reassessment Fees Table	Qualification Level		Amount (\$) per unit
	Cert III level		\$250.00
	Cert IV level		\$270.00
	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)		



Funding <i>Tick ONE option only</i>	This training <input type="checkbox"/> IS <input type="checkbox"/> IS NOT provided with State Government Funding.
	Enrolling in this course may impact your eligibility for future funding.
Other Information	<p>AIVD does not subcontract or use third party providers for the delivery, training, or assessment of this course.</p> <p>The student tuition fees are indicative only and are subject to change given individual circumstances at enrolment.</p> <ul style="list-style-type: none"> ▪ 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.

- 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 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.

For 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:	