



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.

Skill Set Code & Title	CHCSS00132 Individual Support – Home and Community (Disability)		
Skill Set Status	<input type="checkbox"/> Superseded	Release No: 1	Release Date: 23/11/2022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	<i>Tick ONE option only</i> <input type="checkbox"/> Sunshine <input type="checkbox"/> Epping <input type="checkbox"/> Other _____ <i>Write Location if Other</i>		
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	<input type="checkbox"/> Private - Full Fee Paying [\$4,250.00] <input type="checkbox"/> OR If Eligible for Government Funding - Student Tuition Fee \$0.00		
Government Contribution (approximate value) \$4,252.50	This qualification is delivered in conjunction with funding from the VIC Government as part of the Skills First initiative.		
Course Fees Payable by	<input type="checkbox"/> Student <input type="checkbox"/> Employer * <input type="checkbox"/> Job Network/Other <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)		



Practical Placement Check Fees	Skill Set Name	Police Check from \$42	WWC (Working with Children's Check) \$128.20	NDIS Worker Screening Check	Vax Status (Up to Date)
<i>You must apply for these as part of your practical placement component</i>	CHCSS00132 – Individual Support – Home and Community (Disability)	Yes*	Yes	Yes	Yes
**Practical Placement Check requirements must be confirmed with the individual service before they commence, as they may change at any time. Please discuss with your Practical Placement Contact.					

Funding	This training <input type="checkbox"/> IS	<input type="checkbox"/> IS NOT	provided with State Government Funding.
<i>Tick ONE option only</i>	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.
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- 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:	