Dear Student Name: _

F-048.1.10 Statement of Fees CHC43121 PUBLIC aivd.com.au

any further questions, pleas	se contact one c		5 aavisois.					hould you have		
Course Code & Title	CHC43121 - Certificate IV in Disability Support									
Qualification Status	Current				elease No:	1	Release Date	e: 23/11/2022		
RTO	Australian Inst	elopme	ent (AIVD)		TOID	40596				
Entry Requirements	There are no entry requirements for this qualification.									
Delivery Locations										
Tick ONE option only Write Location if Other	□ Sunshine □ Cranbourne □ Epping □ Other									
Practical Placement	120 hours of	practical plac	ement. Ref	fer to P	ractical Plac	ceme	nt Checks Fee	s Table below.		
Course Fees	□ Private - Full Fee Paying \$4,000.00									
Tick ONE option only	□ OR If Eligible for Government Funding - Student Tuition Fee \$0.00						00			
Government Contribution (approximate value) \$5437.50	part of the Skills First initiative.						vernment as			
Course Fees Payable by	□ Stud	ent	□ En	nploye	er *					
Tick ONE option	*(If ticked, please ensure Employer Declaration is signed.)									
Payment Terms	Payment to be	made withir	n 7 days of	receivi	_					
		Qualification Level			Amount (\$) per unit					
Recognition of Prior		Cert III level				\$250.00				
Learning (RPL) &					6270.00					
= · · · ·					\$270.00					
Reassessment Fees Table	Diploma leve		Assessmen	t Policy	\$300.00	ire fo	r more inform	ation.		
= · · · ·	Diploma leve See P-057.1	Training and			\$300.00 / & Procedu		r more inform Cert/Award (\$			
Reassessment Fees Table Student Non-Tuition Fees (Other) Practical Placement Check Fees	Diploma leve See P-057.1 Administration Qualification	Training and a			\$300.00 / & Procedu 0.00) Reprii					
Student Non-Tuition Fees (Other) Practical Placement Check Fees You must apply for these as	Diploma level See P-057.1 Administration Qualification CHC43121 - C	Training and and an fees (\$0.00) Name ertificate IV in	Resource Police Check	fees (\$	\$300.00 / & Procedu 0.00) Reprii	nt of	Cert/Award (\$ Vax Status	\$85.00) Flu Shot		
Reassessment Fees Table Student Non-Tuition Fees (Other) Practical Placement Check Fees	Diploma level See P-057.1 Administration Qualification CHC43121 - C Disability Supplements	Training and on fees (\$0.00) Name ertificate IV in port ment Check requ	Police Check from \$42 Yes	wwc \$128.2	\$300.00 7 & Procedu 0.00) Reprii NDIS Yes	nt of	Cert/Award (\$ Vax Status (Up to Date) Yes	Flu Shot (Up to Date) Yes		
Student Non-Tuition Fees (Other) Practical Placement Check Fees You must apply for these as part of your practical	Diploma level See P-057.1 Administration Qualification CHC43121 - C Disability Supple **Practical Placer commence, as the	Training and on fees (\$0.00) Name ertificate IV in port ment Check requ	Police Check from \$42 Yes uirements mu at any time. F	wwc \$128.2	\$300.00 7 & Procedu 0.00) Reprin NDIS Yes Infirmed with to secus with you	nt of	Cert/Award (\$ Vax Status (Up to Date) Yes	Flu Shot (Up to Date) Yes efore they Contact.		

 Controlled Document
 RTO ID: 40596
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		es not subcontract or use third party providers for the delivery, training, or ent of this course.				
Other Information		ent tuition fees are indicative only and are subject to change given individual ances at enrolment.				
otilei iiioiiiiatioii		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						
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:					