



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	CHC43015 - Certificate IV in Ageing Support					
Qualification Status	Current	Release No: 3	Release Date: 07/12/2021			
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 Write Location if Other</i>	<input type="checkbox"/> Sunshine	<input type="checkbox"/> Ararat	<input type="checkbox"/> Epping			
	<input type="checkbox"/> Portland	<input type="checkbox"/> Horsham	<input type="checkbox"/> Other _____			
Practical Placement	120 hours of practical placement. Refer to Practical Placement Checks Fees Table below.					
Course Fees <i>Tick ONE option only</i>	<input type="checkbox"/> Private - Full Fee Paying \$4,000.00 (If UEE student, fee includes a non-refundable deposit of \$400.00)					
Government Contribution (approximate value) \$11,250.00	<input type="checkbox"/> OR If Eligible for Government Funding - Student Tuition Fee \$0.00 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)					
Practical Placement Check Fees <i>You must apply for these as part of your practical placement component</i>	Qualification Name	Police Check from \$42	WWC \$128.20	NDIS	Vax Status (Up to Date)	Flu Shot (Up to Date)
	CHC43015 - Certificate IV in Ageing Support	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 <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:	