

Dear Student Name:										
	ed decision about your course, please see bel e contact one of our training advisors.	low the re	levant ir	nformation. Sh	ould you have					
Course Code & Title	ICT30519 Certificate III in Telecommunications Technology									
Qualification Status	Current F	Release No	o: 4	Release Date:	03/02/2022					
RTO	Australian Institute of Vocational Developm	ent (AIVD)	TOID 4	10596					
Entry Requirements	There are no entry requirements for this qualification. Check Licensing Info Below.									
Delivery Locations <i>Tick ONE option only Write Location if Other</i>	□ Gladstone Park □ Clayton □ Other									
Licensing	Work functions in the occupational areas where this qualification may be used a subject to regulatory requirements. Refer to the ICT Information and Communica Technology Training Package Companion Volume Implementation Guide or the regulator for details of licensing, legislative or certification requirements. Cabling at the customer premises must be carried out according to requirements.									
	Australian Communications and Media Authority (ACMA) and relevant industry registration bodies, in line with the specifications of the access network owner. The model WHS Regulations require people performing high risk work to be over 18									
	years of age and to hold the right HRW licence.									
Course Fees Tick ONE option only										
	Options U/Ae	erial T	esting	Aerial Cabling	W/ Heights					
	Government Contribution \$6,8	340.00	\$6,460.00	\$6,650.00	\$6,365.00					
	This qualification is delivered in conjunction with funding from the VIC Government as part of the Skills First initiative.									
Course Fees Payable by	□ Student □ Employer *									
Tick ONE option	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1									
Payment Terms	syment to be made within 7 days of receiving invoice.									
	Qualification Level		Amount (\$) per unit							
Recognition of Prior	Cert III level	\$250.00								
Learning (RPL) & Reassessment Fees Table	Cert IV level \$270.00									
Reassessment rees Table	Diploma level \$300.00									
	See P-057.1 Training and Assessment Policy & Procedure for more information.									
Student Non-Tuition Fees (Other)	Administration fees (\$400.00) Resource fees (\$0.00) Reprint of Cert/Award (\$85.00)									

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F-048.1.30 Statement of Fees
ICT30519
TRAINEESHIP
aivd.com.au

Fu	unding This tra	aining	□ IS		IS NOT	provided with State Government Funding.		
Tick ONE opti	on only Enrollin	Enrolling in this course may impact your eligibility for future funding.						
		AIVD does not subcontract or use third party providers for the delivery, training, or assessment of this course.						
	The stu	The student Non-tuition administration fee is non-refundable.						
Other Inform	Other Information The student tuition fees are indicative only and are subject to change given indicative only and are subject							
	•	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								
S								
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.								
		1						
Em	ployer Name:							
Employer Position:								
Emplo	Employer Signature:							
	Date:							