

# ENTITLEMENT, ELIGIBILITY & UPFRONT ASSESSMENT OF NEED DOCUMENTS CHECKLIST



Please complete this **Checklist** below if you:

- Wish to enrol with 4 Up Skilling, **AND**
- Reside & work in South Australia, **AND**
- Wish to access South Australian Government subsidised training.

If you **DO NOT** wish to apply for South Australian Government subsidised training, please complete the Application Form **only** (no documents will be required to be attached).

Please submit your Application Form (along with the required documents where relevant) to [info@4upskilling.com.au](mailto:info@4upskilling.com.au). Please note, we CANNOT process an incomplete application without the required documents attached. Once your application is processed, we will confirm your enrolment.

Tick	The following evidence/ documents are required to be attached:	RTO to complete (Y / N / NA)
<b>Part A</b>	<b>Enrolment &amp; Eligibility</b>	
<input type="checkbox"/>	APPLICATION FORM <i>completed &amp; signed</i>	
<input type="checkbox"/>	PARTICIPANT AGREEMENT FORM <i>completed &amp; signed</i>	
<input type="checkbox"/>	PROOF OF AGE (e.g. <b>Driver's Licence</b> OR Passport OR Birth Certificate)	
<input type="checkbox"/>	PROOF OF CURRENT ADDRESS OR WORK IN SA (e.g. <b>Driver's Licence</b> OR Bank Statement/Bills) <i>attached</i>	
<input type="checkbox"/>	PROOF OF AUSTRALIAN RESIDENCY STATUS <i>attached</i> e.g. <ul style="list-style-type: none"> <li>- <b>Green Medicare Card</b></li> <li>- Australian Passport</li> <li>- Australian Birth Certificate</li> <li>- Permanent Australian resident (Citizenship Certificate / Immicard)</li> </ul> OR PROOF OF NEW ZEALAND CITIZENSHIP <i>attached</i>	
<input type="checkbox"/>	VALID VISA TYPE <i>attached</i> (if not an Australian or New Zealand citizen; <i>see Application form section 5B for valid VISA types</i> )	
<b>Part B</b>	<b>Entitlement</b>	
<input type="checkbox"/>	PRIOR SUBSIDISED QUALIFICATION(S) (if applicable) <i>Name of qualification:</i> _____ <i>Name of qualification:</i> _____	
<input type="checkbox"/>	HIGHEST ACCREDITED NON-SCHOOL QUALIFICATION HELD (if applicable) <i>Name of qualification:</i> _____	
<input type="checkbox"/>	OTHER COURSES CURRENTLY ENROLLED IN (if applicable) <i>Name of qualification:</i> _____ <i>Name of qualification:</i> _____	
<input type="checkbox"/>	VALID CONCESSION (if applicable)	
<b>PLEASE ANSWER THE FOLLOWING:</b>		
<b>Please tick which course you are seeking to enrol in:</b>	<input type="checkbox"/> AHC30116 Certificate III in Agriculture <input type="checkbox"/> AHC30416 Certificate III in Pork Production <input type="checkbox"/> AHC30516 Certificate III in Poultry Production <input type="checkbox"/> BSB40520 Certificate IV Leadership and Management	
<b>Do you wish to seek Recognition of Prior Learning (RPL) for part of/or a whole qualification, apply for national recognition (credit transfer)? (Please tick)</b>	RPL                      Yes <input type="checkbox"/> No <input type="checkbox"/>  CT                        Yes <input type="checkbox"/> No <input type="checkbox"/>	

# South Australia APPLICATION FORM



1. UNIQUE STUDENT IDENTIFIER (USI)									
4 Up Skilling Pty Ltd can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your program if you do not have a USI. If you have not yet obtained a USI, you can apply for it directly at <a href="http://www.usi.gov.au/create-your-USI/">http://www.usi.gov.au/create-your-USI/</a> on computer or mobile device.									
Unique Student Identifier (USI)									
Please print clearly									
2. PERSONAL DETAILS <small>(Please write the exact name you used when you applied for your USI including any middle names)</small>									
Title			Surname (Legal Family Name)						
Given Names (Legal names)						Preferred Name			
Date of Birth	/ /		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified					
3. CONTACT INFORMATION									
Usual Place of Residence									
Postal Address (If different)									
Email Address			Email Address (alternative)						
Home Phone	( )		Work Phone	( )		Mobile			
4. EMERGENCY CONTACT DETAILS									
Name			Relationship						
Phone Number 1.			Phone Number 2.						
5. LANGUAGE & CULTURAL DIVERSITY									
In which country were you born?			<input type="checkbox"/> Australia <input type="checkbox"/> Other – please specify: _____						
Resident Type (Please tick): Section 5A <input type="checkbox"/>			<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Australian resident <input type="checkbox"/> New Zealand citizen living in South Australia For other visa type check (Go Section B)						
Resident Type (Please tick): Section 5B <input type="checkbox"/>			<input type="checkbox"/> Skilled – Regional (Provisional) Visa (subclass 489) <input type="checkbox"/> Skilled – Regional Sponsored Visa (subclass 475 & subclass 487) <input type="checkbox"/> Skilled Independent – Regional (Provisional) Visa (subclass 495) <input type="checkbox"/> Business Owner (Provisional) Visa (subclass 160) <input type="checkbox"/> Senior Executive (Provisional) Visa (subclass 161) <input type="checkbox"/> Investor (Provisional) Visa (subclass 162) <input type="checkbox"/> State/Territory Sponsored Business Owner (provisional) Visa (subclass 163) <input type="checkbox"/> State/Territory Sponsored Senior Executive (provisional) Visa (subclass 164) <input type="checkbox"/> State/Territory Sponsored Investor (provisional) Visa, subclass 165 <input type="checkbox"/> Business Innovation & Investment (provisional) Visa subclass 188 <input type="checkbox"/> Safe Haven Enterprise Visa (SHEV) subclass 790 <input type="checkbox"/> Bridging Visa E (BE) subclass 050 and 051 <input type="checkbox"/> Bridging Visa F (BVF) subclass 060 <input type="checkbox"/> Temporary Protection Visa (TPV) subclass 785						
Do you speak a language other than English at home?			<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify: _____						

# South Australia APPLICATION FORM



Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
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## 6. DISABILITY DETAILS

Do you consider yourself to have a disability, impairment or long-term condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes										
If yes, please indicate the areas of disability, impairment or long-term condition: (You may indicate more than one area)	<table border="0"> <tr> <td><input type="checkbox"/> Hearing/deaf</td> <td><input type="checkbox"/> Physical</td> </tr> <tr> <td><input type="checkbox"/> Intellectual</td> <td><input type="checkbox"/> Acquired Brain Impairment</td> </tr> <tr> <td><input type="checkbox"/> Vision</td> <td><input type="checkbox"/> Mental Illness</td> </tr> <tr> <td><input type="checkbox"/> Learning</td> <td><input type="checkbox"/> Medical condition</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Vision	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical condition	<input type="checkbox"/> Other	
<input type="checkbox"/> Hearing/deaf	<input type="checkbox"/> Physical										
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Acquired Brain Impairment										
<input type="checkbox"/> Vision	<input type="checkbox"/> Mental Illness										
<input type="checkbox"/> Learning	<input type="checkbox"/> Medical condition										
<input type="checkbox"/> Other											

## 7. SCHOOLING

What is your highest COMPLETED school level?	<input type="checkbox"/> Completed year 12 <input type="checkbox"/> Completed year 11 <input type="checkbox"/> Completed year 10 <input type="checkbox"/> Completed year 9 or equivalent <input type="checkbox"/> Completed year 8 or lower <input type="checkbox"/> Never attended school
Are you still attending secondary school?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## 8. PREVIOUS QUALIFICATIONS ACHIEVED

Have you SUCCESSFULLY completed any of the following qualifications below?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If YES, tick ANY applicable boxes:	<input type="checkbox"/> Bachelor's degree or Higher Degree <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma (or Associate Diploma) <input type="checkbox"/> Certificate IV (or Advance Cert/Technician) <input type="checkbox"/> Certificate III (or Trade Certificate) <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Other education (including certificates or overseas qualifications not listed above)

## 9. EMPLOYMENT

Which BEST describes your current employment status? (Tick ONE box only.)			
<input type="checkbox"/> 01-Full-time employee <input type="checkbox"/> 02-Part-time employee <input type="checkbox"/> 03-Self-employed (no staff) <input type="checkbox"/> 04-Self-employed (with staff)	<input type="checkbox"/> 05-Employed – unpaid in family business <input type="checkbox"/> 06-Unemployed - seeking full-time work <input type="checkbox"/> 07-Unemployed - seeking part-time work <input type="checkbox"/> 08-Not employed – not seeking employment		
<b>EMPLOYER DETAILS</b> <input type="checkbox"/> Please tick if Employer is to be invoiced <input type="checkbox"/> For non-trainees, please tick if your Employer is to be informed of your progress			
Contact Person		Company Name	
Address			
Phone		Email	

## 10. STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking study? (Tick ONE box only.)

- |                                                              |                                                                        |
|--------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> 01-To get a job                     | <input type="checkbox"/> 07-I want extra skills for my job             |
| <input type="checkbox"/> 02-To develop my existing business  | <input type="checkbox"/> 08-To get into another course of study        |
| <input type="checkbox"/> 03-To start my own business         | <input type="checkbox"/> 09-For personal interest / self-development   |
| <input type="checkbox"/> 04-To try for a different career    | <input type="checkbox"/> 10-Other reasons                              |
| <input type="checkbox"/> 05-To get a better job or promotion | <input type="checkbox"/> 11-For personal interest or self-development  |
| <input type="checkbox"/> 06-It was a requirement of my job   | <input type="checkbox"/> 12-To get skills for community/voluntary work |

## 11. PARTICIPANT DECLARATION & PRIVACY NOTICE

### Privacy Notice

Under the *Data Provision Requirements 2012*, 4 Up Skilling Pty Ltd is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER). Your personal information (including the personal information contained on this application form), may be used or disclosed by 4 Up Skilling Pty Ltd for statistical, administrative, regulatory and research purposes. 4 Up Skilling Pty Ltd may disclose your personal information for these purposes to:

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent or third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the National VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

### **I acknowledge and I declare that I have:**

- honestly and accurately provided information and evidence for the purposes of enrolment and eligibility;
  - consented to the collection, use and storage of personal information by the training provider, 4 Up Skilling;
  - been informed by the training provider that the enrolment may impact my future entitlement to government subsidised Training; and
  - agreed to the conditions of access determined through the Upfront Assessment of Need, including the requirement to complete bridging units to support my training where it is identified as required.
- (e) **Survey participation** - You may be contacted to participate in a survey conducted by NCVER relating to your training. This provides valuable feedback on the delivery of VET programs. Please note you may opt out of the NCVER survey at the time of being contacted.

### **Further I acknowledge and I declare that I:**

- Agree to pay all student fees and charges applicable to and arising from this enrolment.
- Agree to abide by all 4 Up Skilling Pty Ltd policies and procedures.
- Acknowledge the right for 4 Up Skilling Pty Ltd to cancel or alter classes where necessary.
- I authorize 4 Up Skilling Pty Ltd to contact the emergency person named in the event of illness or accident during training related activities, and if the nominated emergency person cannot be contacted, to seek ambulance, medical or surgical treatment at my cost.
- I authorise 4 Up Skilling Pty Ltd to release information to state and commonwealth government departments, and/or apprenticeship/traineeship authorities (where requested) for audit and research purposes, in addition to other RTOs to verify evidence for recognition purposes.
- I authorise 4 Up Skilling Pty Ltd to release my result information and/or copies of Transcripts, Certificates or Statement of Attainments to my employer (if sponsored by my employer) and/or school (if the course is related to my school program).
- I acknowledge that I have been provided with all the information related to this training activity.
- I acknowledge that I have been directed to the 4 Up Skilling website to access further information pertaining to relevant policy and information, as I require, including the Student Handbook.

**PARTICIPANT SIGNATURE:**

**DATE:**    /    /

**PARENT/GUARDIAN SIGNATURE:**

(required where a Participant is under 18 years old)

**DATE:**    /    /

# South Australia APPLICATION FORM



12. PAYMENT DETAILS (staff to complete)					
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Invoice (an invoice with our banking details will be issued)					
Concession Type			<input type="checkbox"/> Digital (save to student file) <input type="checkbox"/> Hard copy (attached & dated) <i>*original must be sighted</i>		
Tuition Fee	\$	Other Fees	\$	Total Fees	\$
Funding Type	<input type="checkbox"/> DIS Skills Traineeship <input type="checkbox"/> DIS Skills Non-traineeship <input type="checkbox"/> Non-funded (FFS)				
	Trainee – ATLAS registration no. _____ ATLAS Student no. _____				
Coordinator Name & instructions:	(Please add invoicing details, or DIS project details)				
Delivery Mode	<input type="checkbox"/> Internal (real time) <input type="checkbox"/> External (self-paced) <input type="checkbox"/> Workplace-based <input type="checkbox"/> Recognition				
ADMIN USE ONLY					
<input type="checkbox"/> UAN Suitability & Support Needs Questionnaire & Checklist completed <input type="checkbox"/> CSPA results saved <input type="checkbox"/> Interpretation report needed/saved <input type="checkbox"/> LSR has been submitted online / saved <input type="checkbox"/> "Skills & Employment Portal" checked for other training accounts (snapshot retained as evidence)    Date: _____ <input type="checkbox"/> Entered on ICARE 'reported as South Australia'    Date: _____ <input type="checkbox"/> Fees entered to ICARE    Date: _____ <input type="checkbox"/> Participant entered on the "Skills & Employment Portal"    Date: _____ <input type="checkbox"/> Confirmation Report saved    Date: _____ <input type="checkbox"/> Applicant emailed enrolment confirmation    Date: _____					
Admin notes:					
Processed by:					