

ENROLMENT DETAILS									
<b>Student Name:</b>									
<b>Training Program Code:</b>				<b>Training Program Title:</b>					
<b>Type of Variation:</b>	<input type="checkbox"/> 1. Personal Details			<input type="checkbox"/> 2. Change of Employer Details					
	<input type="checkbox"/> 3. Concession			<input type="checkbox"/> 4. Unit Variation			<input type="checkbox"/> 5. Withdrawal		
1. CHANGE TO STUDENT'S PERSONAL DETAILS <small>(COMPLETE IF STUDENT DETAILS HAVE CHANGED)</small>									
<b>Please update the relevant area you wish to make a change to:</b>									
<b>Title:</b>		<b>Given Name/s:</b>		<b>Surname:</b>					
<b>Residential Address:</b>									
	<b>Suburb:</b>				<b>State:</b>			<b>Postcode:</b>	
<b>Contact Details:</b>	<b>Home:</b>			<b>Work:</b>			<b>Mobile:</b>		
<b>Email Address:</b>									
<input type="checkbox"/> Change of Name Only - USI Register has been updated with the Change of Name									
<b>If changing name, proof of identification is required. Original to be sighted, copied, and verified or certified copy to be supplied.</b>									
<input type="checkbox"/> The AASN have been notified of the student details changed or									
<input type="checkbox"/> N/A (non-apprenticeship/traineeship student)									
2. CHANGE OF EMPLOYER DETAILS <small>(TO BE COMPLETED WHEN EMPLOYER DETAILS HAVE CHANGED)</small>									
<input type="checkbox"/> <b>Change to existing Employer details</b> <small>(complete updated sections below)</small>			<input type="checkbox"/> <b>New Employer</b> <small>(complete all sections below)</small>			<input type="checkbox"/> <b>No longer Employed:</b> <input type="checkbox"/> Student is seeking new employment <input type="checkbox"/> Student is continuing as a non-apprentice/trainee <small>(Do not complete section below)</small>			
<b>Business Name:</b>							<b>ABN:</b>		
<b>Contact Name:</b>									
<b>Business Address:</b>									
	<b>Suburb:</b>				<b>State:</b>			<b>Postcode:</b>	
<b>Contact Details:</b>	<b>Work:</b>			<b>Mobile:</b>					
<b>Email Address:</b>									
<b>Please indicate who will be paying the associated fees with this enrolment:</b>									
<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Employer <input type="checkbox"/> Other: <input type="checkbox"/> N/A- invoice staying with original payee									
Below is an itemised list of remaining fees for your program enrolment. Tuition fees are calculated for each student independently based on a number of factors including nominal hours enrolled, RPL or Credit Transfer hours and previous fees paid.									
Fee Type <small>(Full Funded / Fee for Service)</small>	Scheduled Training Program Hours			Hourly Enrolment Rate \$		Total Amount Due \$			
Enrolled Nominal Hours <input type="checkbox"/> Funded <input type="checkbox"/> Fee for Service		Hours	X	\$	=	(A) \$			
<b>Resource Fee (if applicable)</b>					=	(B) \$			
<b>Less Credit Transfer</b>		Hours	X	\$	=	(C) \$			
<b>Total Hours:</b> = Nominal hours – Credit transfer hours		Hours		Total Amount Payable: = (A+B-C)		\$			

I agree to pay all fees associated with this enrolment and declare that I have the authority to make this declaration. I understand and agree that refunds will be issued in line with the Credit and Debt Collection Policy and Fees and Refund Policy which includes detailed information referencing refunds, as specified in Skillinvest's indicative fees and charges.

Name:

Signature:  Date:

- SMS has been updated with the change of employer details
- New Invoice raised with the associated fees and charges If the student is no longer employed:
- Apprentice Connect Australia Provider notified within 2 weeks to inform loss of employment or change of employer
- VRQA notified by email within 2 weeks to inform training is continuing following the loss of employment
- Un-Employed Letter emailed to Student

3. FEE CONCESSION ENTITLEMENT	
(TO BE COMPLETED WHERE A STUDENT PROVIDES EVIDENCE OF CONCESSION ENTITLEMENT AFTER ENROLMENT)	
In accordance with the Guidelines about Fees, where evidence of concession entitlement is sighted within the 'grace period' of 90 days after enrolment, the following declaration must be completed:	
<b>Name of Authorised Delegate who sighted the current concession card</b>	<b>Date Sighted:</b>
<input type="text"/>	<input type="text"/>
<b>Concession Holder's Name:</b>	<b>Card Type:</b>
<input type="text"/>	<input type="text"/>
For the concession to be applied within the grace period, the evidence supplied must have a start date on or before the commencement of training date. If the start date on the evidence is after the commencement of training date, it cannot be accepted or applied.	
<input type="checkbox"/> I confirm that the start date on the evidence supplied is dated on or before the commencement of training and has been supplied within 90 days of enrolment.	
<b>Commencement of Training Date:</b>	<input type="text"/>

4. UNIT VARIATION REQUEST		
(COMPLETE ONLY IF CHANGING UNITS)		
Please note that you must discuss this request with a Skillinvest representative prior to completing this form. Skillinvest will review the unit variation request to ensure the change of unit/s of competency meet the training package rules of the Training Program.		
If undertaking an Apprenticeship or Traineeship program, you must also seek approval from your (Host) Employer. School Based Apprentices or Trainees must also seek approval from their school.		
I would like to change my units as follows (please include reason for change):		
<input type="text"/>		
Unit(s) to be REMOVED		
Unit Code	Unit Title	Nom. Hrs
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Unit(s) to be ADDED		
Unit Code	Unit Title	Nom. Hrs

**EMPLOYER APPROVAL**

I approve the requested Unit/s of Competency Variation as outlined above.

Employer Name:

Employer Signature:

Date:

**COMPLIANCE APPROVAL (Unit Variations Only)**

**Compliance Representative: I've reviewed and approve the above unit variation request/s which meets the training packaging rules.**

Name:

Signature:

Date:

- SMS has been updated with a file note outlining the unit/s removed and added
- Enrolment has been updated to reflect the change of unit/s
- Invoice has been adjusted and re-issued to the payee responsible for the original invoice

**5. TRAINING PROGRAM WITHDRAWAL**

(COMPLETE ONLY IF STUDENT IS DISCONTINUING TRAINING PROGRAM)

The student is to be withdrawn as of the following date:

**Reason for withdrawing from the enrolled course (please tick the appropriate box):**

- |  |  |
|--|--|
| <input type="checkbox"/> Health/Medical                                | <input type="checkbox"/> Dissatisfaction with course |
| <input type="checkbox"/> Personal Reasons                              | <input type="checkbox"/> Financial                   |
| <input type="checkbox"/> Course is too difficult                       | <input type="checkbox"/> Commencing other employment |
| <input type="checkbox"/> Transfer to another course within Skillinvest | <input type="checkbox"/> Transfer to another RTO     |
| <input type="checkbox"/> Student has disengaged                        | <input type="checkbox"/> Loss of employment          |

Other / Notes

- The AASN has been advised of the student withdrawal or
- N/A (non-apprenticeship/traineeship student)

**STUDENT DECLARATION**

**I confirm the above information I have provided is true and correct. I confirm that I acknowledge that any changes I request to my enrolment may result in additional fees and agree to pay any additional fees as required.**

*Please note If the student has advised that they wish to withdraw from their course or has disengaged, the trainer can authorise the student's withdrawal without seeking the student's signature.*

Student Name:

Student Signature:

Date:

**SKILLINVEST APPROVAL**

**RTO Representative: I've reviewed and approved the above variation request/s:**

Name:

Signature:

Date:

**ADMINISTRATION USE ONLY**

**The above variation has been reviewed and processed on the system.**

Name:

Signature

Date: