

Registered Training Organisation TOID3111 Victorian Automobile Chamber of Commerce

Important information

QUALIFICATION OR STATEMENT OF ATTAINMENT

A candidate who is assessed as meeting all requirements of the qualification will be issued the applicable national qualification. A Statement of Attainment will be issued to a Candidate who is assessed in specific competencies without meeting all the requirements of the qualification.

FEE

The standard fee for an individual assessment is \$950.00 made payable to Victorian Automobile Chamber of Commerce. Where purchase of learning resources and regional/interstate assessor travel is required, additional costs will be applicable. For assistance with this form please contact:

VACC Skills Development Centre
Phone: (03) 9829 1126
Email: info@vaccsdc.com.au

CANDIDATE IS REQUIRED TO:

1. Complete and forward this enrolment and fee to:

VACC Skills Development Centre
VACC House
Level 7, 464 St Kilda Road
Melbourne VIC 3004

2. Provide proof of identification - a verified copy of his/her passport, driver's licence or other official identification with photograph
3. Provide proof of work - a verified copy of employment evidence such as employer letters of reference (on business letterhead)
 - duration of employment
 - job description
 - an overview of the type of work the candidate does
4. Provide proof of qualification - verified copy(s) of identified qualification(s) where applicable
5. Provide proof of training participation - verified copy/s of identified course/s participation in the workplace

EMPLOYER IS REQUIRED TO PROVIDE:

1. Verified copy of the his/her passport, driver's licence or other official identification with photograph
2. A sample of their signature to assist in verification of candidate's competency

Place signature in the box below.

COURSE NAME

Please select the course you are enrolling in:

QUALIFICATION	SPECIALISING IN
<input type="checkbox"/> AUR40105 Certificate IV in Automotive Management	
<input type="checkbox"/> AUR31005 Certificate III in Automotive Sales	
<input type="checkbox"/> AUR30805 Certificate III in Automotive Vehicle Body	
<input type="checkbox"/> AUR30605 Certificate III in Automotive Specialist	
<input type="checkbox"/> AUR30405 Certificate III in Automotive Mechanical Technology	
<input type="checkbox"/> AUR21105 Certificate II in Automotive Sales	
<input type="checkbox"/> AUR20905 Certificate II in Automotive Vehicle Body	
<input type="checkbox"/> AUR20705 Certificate II in Automotive Mechanical	
<input type="checkbox"/> AUR20505 Certificate II in Automotive Vehicle Servicing	

VICTORIAN STUDENT NUMBER

Do you have a Victorian Student Number?

- Yes (Please provide your Victorian Student Number) _____
- Yes, I have a Victorian Student Number but the number is unknown to me.
- No, I have never been issued with a Victorian Student Number.

OFFICE USE ONLY

Candidate File Number: Date:.....
 Assessor: VACC Name: ATV Name:
 Account Code: 50-42-5560-TRADE



Trade Certification – Enrolment Form

CANDIDATE'S DETAILS (PLEASE USE FULL LEGAL NAME – DO NOT ABBREVIATE GIVEN NAMES)

TITLE:		SURNAME:	
GIVEN NAMES:			
DATE of BIRTH:		COUNTRY of BIRTH:	GENDER:
HOME ADDRESS			
STREET NUMBER:			
STREET NAME:			
SUBURB:		STATE:	POST CODE:
PHONE HOME:		PHONE WORK:	MOBILE:
EMAIL:			
POSTAL ADDRESS (if different from above)			
STREET NUMBER:			
STREET NAME:			
SUBURB:		STATE:	POST CODE:
FAMILY BACKGROUND			
WHERE YOU BORN IN AUSTRALIA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not please specify	
ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes please specify	
		How well do you speak English? <input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very well	
EDUCATION DETAILS			
WHAT IS YOUR HIGHEST COMPLETED SCHOOL LEVEL? <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Did not go to school			
IN WHICH YEAR DID YOU COMPLETE THAT SCHOOL LEVEL?			
HAVE YOU SUCCESSFULLY COMPLETED ANY QUALIFICATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes tick the appropriate qualification: <input type="checkbox"/> Bachelor Degree or higher <input type="checkbox"/> Advanced Diploma or Associate Degree <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate IV or Advanced Certificate <input type="checkbox"/> Certificate III or Trade Certification <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Certificates other than above	
EMPLOYMENT STATUS			
WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS? <input type="checkbox"/> Full time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Self-employed – not employing others <input type="checkbox"/> Employer <input type="checkbox"/> Employed – unpaid family worker <input type="checkbox"/> Unemployed – seeking full time work <input type="checkbox"/> Unemployed – seeking part-time work <input type="checkbox"/> Not employed – not seeking employment			
DISABILITY			
DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY OR LONG TERM CONDITION? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes tick the appropriate condition: <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Medical condition <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/> Mental illness <input type="checkbox"/> Other	
STUDY REASON			
WHAT IS YOUR MAIN REASON FOR UNDERTAKING THIS COURSE?			
EMPLOYER'S DETAILS			
COMPANY NAME:			
CONTACT			
COMPANY ADDRESS:			
SUBURB:		STATE:	POST CODE:
BUSINESS PHONE:		BUSINESS FAX:	MOBILE:
BUSINESS EMAIL:			
WORKPLACE SUPERVISOR'S CONTACT DETAILS			
SURNAME:			
GIVEN NAMES:			
TITLE: (Example Site Foreman, Supervisor, Mechanic)			
BUSINESS PHONE:		BUSINESS FAX:	MOBILE:
EMAIL:			

Trade Certification – Enrolment Form

CANDIDATE'S HISTORY

Please identify your work history.

Generally a Candidate is required to have seven (7) years work history applicable to the type of qualification applied for.

WORK HISTORY				
	Company Name	State/Suburb/Post Code	Type of Employment	Time Employed
	<i>Example: A J Motors</i>	<i>Vic, Melb 3000</i>	<i>Mechanic</i>	<i>8 years</i>
1				
2				
3				
4				
5				
6				
7				

To assist your assessor to understand the type of skills your current job requires please list your day-to-day activities, for example diagnose engines, test and modify engines, repair engines, repair transmission. If necessary, attach a separate list.

APPLICANT'S JOB PROFILE	
No.	<i>(Example: Test and repair petrol engines)</i>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

To assist your assessor understand the range of vehicles you work on, please complete a list below by type of vehicle for example Ford Model xx, Mazda, Toyota, Holden, etc. If necessary, attach a separate list.

VEHICLE RANGE - VEHICLE TYPE & MODEL WORKED ON	<i>(Example: Ford Falcon AU)</i>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

To assist your Assessor to understand the range of diagnostic and maintenance equipment in your workplace, please complete a list below, for example, Engine Analyser Model/Type XYZ. If necessary attach a separate list.

DIAGNOSTIC AND MAINTENANCE VEHICLE/EQUIPMENT RANGE WORKED ON	<i>(Example: Engine Analyser Model/Type XYZ)</i>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

Trade Certification – Enrolment Form

CANDIDATE'S QUALIFICATIONS

List any qualifications you hold including qualifications from Universities, TAFE and private training companies

FORMAL & INFORMAL QUALIFICATIONS		
Qualification Name	Name of Issuing Organisation	Issue date
<i>Example: Certificate II in Vehicle Servicing</i>	<i>Melb TAFE</i>	<i>October 2003</i>

CANDIDATE'S TRAINING COURSES

List any courses you have participated in, such as company training.

TRAINING COURSES		
Course Name	Company/organisation	Date of Attendance
<i>Example: Fuel Injection</i>	<i>Volvo</i>	<i>Sept 2003</i>

DECLARATION

I, _____ (print name)
declare that:

- I have read and understood all the information in the Candidate Handbook regarding admission requirements, assessments, confidentiality, grievance procedure, RPL, refunds, fees and charges and awarding of qualification and/or Statement of Attainment.
- All the evidence included relates to me and my work; and is true, correct and up-to-date, and can be verified.
- I will inform VACC in writing should my circumstances change during the application process for trade certification.
- I authorise VACC to make enquiries necessary to assist in the assessment of my skills and to use any information supplied for that purpose.
- I authorise VACC or its representative retain my Candidate Assessment Record book for audit purposes.
- I acknowledge that should I take an on-the-job assessment it is my responsibility to adhere to safe work practice at all times during the scheduled assessment. I agree that VACC and any third party providing services in respect of or hosting the practical assessment is not liable in respect of any property damage, injury or death arising during the course of the assessment.

I have read and agree to the terms described in the above declaration.

I, _____ (print name)
understand that:

- VACC is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use this information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.
- The Education and Training Reform Act 2006 requires VACC to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.

I acknowledge and agree to the terms described in this privacy statement.

Applicant signature

Date: ____ / ____ / ____

PAYMENT DETAILS

(enrolments cannot be accepted without payment)

VACC Member VACC Non-member

Total \$ Amount

MotorTradeCard A/C No. 125

Cheque/Money Order (Made payable to Victorian Automobile Chamber of Commerce)

Visa Mastercard Diners Amex

Card Number

Expiry / CCV

Card Holder Name

Card Holder Signature

