



## APPLICATION FORM

### CERTIFICATE 3 GUARANTEE QUEENSLAND PROGRAM

Please tick appropriate course that you are applying for:

- ☐ SIT20213 Certificate II in Hospitality
- ☐ SIT20316 Certificate II in Hospitality
- ☐ SIT30713 Certificate III in Hospitality
- ☐ SIT30616 Certificate III in Hospitality

Given Name (in full): \_\_\_\_\_

Surname (Family Name): \_\_\_\_\_

Sex: Male ☐ Female ☐

Date of Birth: (Day/Month/Year) \_\_\_\_\_ Age: \_\_\_\_\_

Ton of Birth: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Building / Property Name: \_\_\_\_\_

Unit/Flat Number: \_\_\_\_\_

Street Number: \_\_\_\_\_

Street Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**What is your postal Address if different from above:**

Building / Property Name: \_\_\_\_\_

Unit/Flat Number: \_\_\_\_\_

Street / Lot Number: \_\_\_\_\_

Street Name: \_\_\_\_\_

Postal delivery information (e.g.: PO Box):  
\_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

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**Do you have a USI (unique Student Identifier):**

yes ☐ No ☐

If yes, please provide USI number: \_\_\_\_\_

If no,

1 – I intend to apply for the USI myself. ☐ USI: 1300 857 536 or [www.usi.gov.au](http://www.usi.gov.au)

2 – I intend to authorise the RTO to apply on my behalf. ☐

Please provide a certified true copy of **one** of the following Identifications:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Driver's Licence  |
| <input type="checkbox"/> | Medicare Card   |
| <input type="checkbox"/> | Australian Passport   |
| <input type="checkbox"/> | Visa (with Non-Australian Passport) for international students                            |
| <input type="checkbox"/> | Birth Certificate (Australian) *please note a Birth Certificate extract is not sufficient |
| <input type="checkbox"/> | Certificate Of Registration By Descent  |
| <input type="checkbox"/> | Citizenship Certificate   |
| <input type="checkbox"/> | ImmiCard  |

I hereby authorise Australian College for Further Education Pty Ltd (the RTO) to apply on my behalf for the USI.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*(The student will be required to nominate their preferred contact method for receiving information from the USI Office, including their USI activation notice, when it is created by you. The student can choose between either email, phone or by mailing address. You will enter this information when setting up the student's USI.)*

**What is your preferred method of receiving information from the USI office?**

Email: \_\_\_\_\_ ☐

Phone: (land Line) \_\_\_\_\_ ☐

Mobile: \_\_\_\_\_ ☐

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ ☐

**Language and Cultural Diversity**

Country of Birth: Australia Yes ☐ If No Other – please specify \_\_\_\_\_

Do you speak a language other than English at home?

No ☐ English only.

Yes ☐ other please specify \_\_\_\_\_

How well does the Student speak English?

Very Well ☐

Well ☐

Not Well ☐

Not at all ☐

Are you of Aboriginal or Torres Strait Islander origin: No ☐

Yes, Aboriginal ☐

Yes, Torres Strait Islander ☐

**(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)**

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**Disability**

Do you consider yourself to have a disability, impairment or long-term condition? Yes ☐ No ☐

If YES, then please indicate the areas of disability, impairment or long-term condition:

Hearing/Deaf ☐

Physical ☐

Intellectual ☐

Learning ☐

Mental Illness ☐

Acquired Brain Impairment ☐

Vision ☐

Medical Condition ☐

Other ☐

Please specify: \_\_\_\_\_

If yes to any of the above, do you require assistance? ☐ YES ☐ NO

If yes please specify: \_\_\_\_\_

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**Schooling**

Are you still attending secondary school?

Yes ☐

No ☐

What is your highest COMPLETED school level? (Tick ONE box only.)

Year 12 or equivalent ☐

Year 11 or equivalent ☐

Year 10 or equivalent ☐

Year 9 or equivalent ☐

Year 8 or equivalent or below ☐

Never attended school ☐

In which year did you complete that school level: \_\_\_\_\_

### **Previous Qualifications Achieved**

Have you SUCCESSFULLY completed any of the following qualifications?

Yes ☐

No ☐

If YES, then tick ANY applicable boxes.

Qualifications:

- |   |                          |
|---|--------------------------|
| 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 Advance Certificate) | <input type="checkbox"/> |
| Certificate III (or trade Certificate)  | <input type="checkbox"/> |
| Certificate II                          | <input type="checkbox"/> |
| Certificate I                           | <input type="checkbox"/> |
| Certificates other than the above       | <input type="checkbox"/> |
- 

### **Employment Category:**

- |   |                          |
|---|--------------------------|
| Full Time                                     | <input type="checkbox"/> |
| Part Time                                     | <input type="checkbox"/> |
| Self Employed                                 | <input type="checkbox"/> |
| Employer                                      | <input type="checkbox"/> |
| Employed (Unpaid worker in a family business) | <input type="checkbox"/> |
| Unemployed (Seeking Full Time Work)           | <input type="checkbox"/> |
| Unemployed (Seeking Part Time Work)           | <input type="checkbox"/> |
| Not employed (Not seeking Employment)         | <input type="checkbox"/> |
- 

### **Study Reason:**

- |   |                          |
|---|--------------------------|
| To get a Job                              | <input type="checkbox"/> |
| To develop my existing business           | <input type="checkbox"/> |
| Start my own business                     | <input type="checkbox"/> |
| Try for a different career                | <input type="checkbox"/> |
| Get a better Job or promotion             | <input type="checkbox"/> |
| It was a Requirement for my Job           | <input type="checkbox"/> |
| I wanted extra skills for my Job          | <input type="checkbox"/> |
| To get into another course of study       | <input type="checkbox"/> |
| For personal interest or self-development | <input type="checkbox"/> |
| Other reasons                             | <input type="checkbox"/> |
-

**EMPLOYMENT SERVICE PROVIDER:** \_\_\_\_\_

**JOBSEEKER ID:** \_\_\_\_\_

**CENTERLINK ID:** \_\_\_\_\_

**Please answer the following questions by ticking the appropriate answer.**

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**Non RPL Students (Fee for service or Funded)**

**RPL**

Do you wish to apply for Recognition of Prior Learning? YES ☐ NO ☐

Do you wish to apply for Recognition of Current Competence? YES ☐ NO ☐

If yes, please provide details: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Certificate III Guarantee**

### **Funded by the Queensland Government**

A Co-Contribution fee must be paid depending on the student eligibility

The fee can be paid by a third party an employer or the student

The student is eligible to complete 1 funded course under the Certificate III Guarantee Once enrolled or the course has been completed you will not be eligible for further funding under this program

You must not be enrolled in any Certificate III or IV or higher level course nor should you have completed any of those level courses or higher

The RTO will perform a DET check prior to the student commencing in the program to confirm eligibility

The student can view student fact sheet at the below website

<https://training.qld.gov.au/site/providers/Documents/funded/certificate3/c3g-factsheet-student-2016-17.pdf>

A copy of the fact sheet is also contained at [www.acfettraining.com.au](http://www.acfettraining.com.au)

A copy of the ACFE student handbook is also contained at [www.acfettraining.com.au](http://www.acfettraining.com.au)

You will be required to complete a student survey within 3 months of course completion. Your trainer will issue you with this document it can also be located [www.acfettraining.com.au](http://www.acfettraining.com.au)

### **Course Payment under the Certificate 3 Guarantee Program**

**\$50 for Non – Concessional Student**

**\$30 for a Concessional Student**

A concessional student must provide evidence of the following Student Health Care Card or Concession card issued under Commonwealth Law. Proof the student is the partner or dependant of a person who holds a health care or concession card and is named on that card.

All fees are inclusive and cover learning resources and training materials for the duration of the course.

All fees must be paid prior to commencing the course.

Payment options CASH, EFT payment or BUSINESS CHEQUE only (no personal cheques accepted without prior approval)

Students can enquire into assessment results during the course

Full student information is contained within the student information booklet or on the R-Training website [www.acfettraining.com.au](http://www.acfettraining.com.au)

### **Refunds**

All refunds are at the discretion of the Managing Director if outside of the criteria below

A full refund will be given on course fees if 7 days notice of cancellation is given.

If less than 7 days notice of cancellation is given no cash refund will be provided, the deposit can be transferred to new course or a refund from can be submitted at the discretion of the managing director.

You may be required to undertake an LLN test prior to the commencement of the course

If you are removed from the course or you choose not to complete your course after day one there will be no refund given.

R-Training reserves the right to take action against persons who do not pay the required fee.

The full refund policy is contained within the student handbook available at

[www.acfetraining.com.au](http://www.acfetraining.com.au)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Failure to provide correct details can delay or stop you from attending the Course.

Note: Access to your student file may be granted to Government Officials for the purposes of audit



# Student Advice

## Introduction

This advice explains the most important things to look for when choosing a training or education provider, and a recognised training or education course.

It includes a **consumer checklist**, a general guide which can help you decide whether a training or education provider is right for you. However, you should also consider whether you need to ask the training or education provider any questions not included in this general guide.

The questions in the checklist apply to the following training and education providers:

- registered training organisations (RTOs), and

## Provider obligations

Training and education providers must market and advertise their services ethically and accurately.

Before you enrol or enter into an agreement with a provider, they must supply you with information about:

- the training, assessment and support services they provide, and
- your rights and obligations the RTO has a student information booklet that is available on the website or upon request

If your employer is also a training or education provider and has made arrangements for you to undertake a program of study, ensure you understand the details of the program.

You should consider:

- when, where and how the program will be delivered
- how you can provide feedback or make a complaint about the program, and
- what happens if your employment ceases—will you still be able to participate in the program?

## Using the consumer checklist

This checklist can help you select both the training or education provider and the recognised training or education course that meet your needs.

Work your way through the questions in the checklist. Check the box when you are satisfied you have the answer to your question and the information you need to make an informed decision.

Consider all of the questions and gather all of the suggested information **before** enrolling in a course or paying any money.

## Consumer checklist

Aspects to consider	Find out the following	Check box when complete
Confirm the training or education provider is <b>registered</b> to deliver the qualification or course you are interested in.	<p><i>Make sure you ask the training provider:</i></p> <ul style="list-style-type: none"> <li>• Are you a registered training/education provider organisation?</li> <li>• What is your registration number?</li> </ul> <p><b>Australian residents</b> can confirm that a training provider is registered to deliver <b>nationally recognised training</b> by searching the national database on vocational education and training in Australia, <a href="http://training.gov.au">training.gov.au</a>. <a href="http://training.gov.au">Training.gov.au</a> is the official national register of information on training packages, qualifications, courses, units of competency and RTOs.</p>	<input type="checkbox"/> <input type="checkbox"/>
If you are seeking a nationally recognised qualification, <b>confirm that the training program will lead to a qualification.</b>	<p><i>Make sure you ask the training provider:</i></p> <ul style="list-style-type: none"> <li>• Does this course lead to an <b>Australian Qualifications Framework</b> qualification?</li> </ul>	<input type="checkbox"/>
If you are enrolling in a course to meet the training requirements to apply for an <b>occupational licence</b> , confirm that it is the right course for you to do.	<p><i>Make sure you ask the licensing authority or regulatory body:</i></p> <ul style="list-style-type: none"> <li>• Is the course the right one for you to do for the licence you intend to apply for?</li> </ul>	<input type="checkbox"/>
Ask about the provider's <b>membership of industry bodies</b> or associations.	<p><i>Make sure you ask the training or education provider:</i></p> <ul style="list-style-type: none"> <li>• Is this provider a member of an industry body or association?</li> <li>• If yes, which one?</li> </ul> <p><b>Tip:</b> Industry bodies and associations may list members on their websites and have additional information about training and education providers that may be useful to you.</p>	<input type="checkbox"/> <input type="checkbox"/>
Confirm the <b>knowledge and skills</b> you can expect to gain from the course, and what <b>job outcomes</b> are likely to be available to you.	<p><i>Make sure you ask the training or education provider:</i></p> <ul style="list-style-type: none"> <li>• Which units of competency or modules will you attain from the training?</li> <li>• What jobs may the training may lead to?</li> <li>• What are the job prospects on completion of the training?</li> <li>• Are there other requirements—in addition to the training—to improve your chances of getting a job in the area you are interested in?</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Aspects to consider	Find out the following	Check box when complete
Shop around for a course and training or	<i>Make sure you ask the training or education provider:</i>	



- If the provider is not within ASQA/TACs jurisdiction, you will be directed to the relevant state regulator.
- The contact Number for TAC is **T 08 9441 1910** or via mail [tac@des.wa.gov.au](mailto:tac@des.wa.gov.au), or ASQA [www.asqa.gov.au/T1300701801](http://www.asqa.gov.au/T1300701801)

#### **Assessment**

**All assessments are based on competence and follow nationally recognised training packaging requirements. A student must meet all the elements that make up a unit of competence. An example can be found by going to [www.training.gov.au](http://www.training.gov.au)**

**Search the unit SITXCOM003A Deal with conflict situations, the elements and the performance criteria will be shown.**

**Please feel free to ask our trainers if further explanation is required.**