

## Dear Student Name: \_

In order to make an informed decision about your course, please see below the relevant information. Should you have any further questions, please contact one of our training advisors.

|  | -   |                   |               |             |
|--|---|-------------------|---------------|-------------|
| Course Code & Title                    | CHC43015 - Certificate IV in Ageing Support   |                   |               |             |
| Qualification Status                   | Current; Release 2; 08/Dec/2015   |                   |               |             |
| RTO                                    | Australian Institute of Vocational Development (  | AIVD)             | TOID          | 40596       |
| Entry Requirements                     | Students are required to obtain a Police Check to   | undertake Prac    | tical Place   | ment.       |
| Third Party Providers                  | AIVD does not subcontract or use third party pro assessment of this course.   | viders for the de | elivery, trai | ning, or    |
|  | AIVD Branch Locations:  |                   |               |             |
| <b>Delivery Locations</b>              | You must circle the option that applies apply to  | you.              |               |             |
|  | Sunshine Thomastow  | n Othe            | r:            |             |
| Cohort                                 | Public  |                   |               |             |
| Duration                               | 7 - 12 months   |                   |               |             |
| Modes of Delivery                      | Face to face (classroom based) and Practical Plac   | ement.            |               |             |
| Practical Placement                    | 120 Hours of practical placement  |                   |               |             |
| Licensing                              | No licensing, legislative or certification requirement time of publication.   | ents apply to thi | s qualificat  | ion at the  |
|  | This qualification is delivered in conjunction with<br>part of the Skills First initiative.Government<br>ContributionPrivate - Full Fee<br>\$4,000.00(approximate value)<br>\$10,625.00(includes a non-refundation of \$400.00)   | e Paying          | Student       | Tuition Fee |
|  | Terms of Payment: Payment to be made within 7   | days of receivi   | ng invoice.   |             |
| Course Fees                            | Who will be paying the Course Fees?<br>Circle the applicable option.  | Student           | En            | nployer *   |
|  | * If Employer is paying Course Fees, ensure Employer Declaration is signed.   |                   |               |             |
|  | The Student tuition fees are indicative only and are subject to change given individual circumstances at enrolment. Students must meet eligibility requirements when accessing government funding for this qualification.<br>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.   |                   |               |             |
| Recognition of Prior<br>Learning (RPL) | Recognition of Prior Learning (RPL) is available for<br>See the P-048 Recognition Policy on the website   |                   |               |             |
|  |   |                   |               |             |

| Controlled Document | RT           | O ID: 40596         | Page 1 of 2      |
|---------------------|--------------|---------------------|------------------|
| F-048.1.10          | Version: 3.5 | Effective: Dec 2020 | Review: Dec 2021 |



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|                          | Administration fees (\$0.00)  |  |  |
|--------------------------|---|--|--|
| Student Non-Tuition Fees | Resource fees (\$0.00)  |  |  |
| (Other)                  | Recognition of Prior Learning (RPL) (\$270.00 per unit)                             |  |  |
|                          | Reassessment Fees (\$270.00 per unit)   |  |  |
|                          | You must circle the option that applies to you.                                     |  |  |
| Funding                  | This training IS IS NOT provided with State Government Funding.                     |  |  |
|                          | Enrolling in this course may impact your eligibility for future funding.            |  |  |
| Other Information        | Your Student Information Guide contains general information about AIVD.             |  |  |
|                          | For specific information on the following policies and procedures, see our website. |  |  |
|                          | <ul> <li>P-006.1 Complaints and Appeals</li> </ul>                                  |  |  |
|                          | <ul> <li>P-017.1 Student Support</li> </ul>   |  |  |
|                          | <ul> <li>P-025.1 Code of Conduct</li> </ul>   |  |  |
|                          | <ul> <li>P-033.1 Fees, Charges, and Refunds</li> </ul>                              |  |  |
|                          | <ul> <li>P-039.1 Privacy and Personal Information</li> </ul>                        |  |  |
|                          | <ul> <li>P-048.1 Recognition</li> </ul>   |  |  |
|                          | <ul> <li>P-019.1 Access and Equity</li> </ul>                                       |  |  |
|                          | <ul> <li>P-057.1 Training and Assessment</li> </ul>                                 |  |  |

I understand my fee obligations and have been provided with a copy of the D-001.1 Student Information Guide.

| Student Name:      |  |
|--------------------|--|
| 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.
- $\hfill\square$  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.

| Employer Name:      |  |
|---------------------|--|
| Employer Position:  |  |
| Employer Signature: |  |
| Date:               |  |

| Controlled Document |              | RTO ID: 40596       | Page 2 of 2      |
|---------------------|--------------|---------------------|------------------|
| F-048.1.10          | Version: 3.5 | Effective: Dec 2020 | Review: Dec 2021 |