VET Enrolment Evidence Guide

Please refer to this guide for examples of accepted enrolment evidence, to confirm your enrolment in a VET qualification.

NSW GOVERNMENT

To demonstrate eligibility you will be required to submit enrolment evidence.

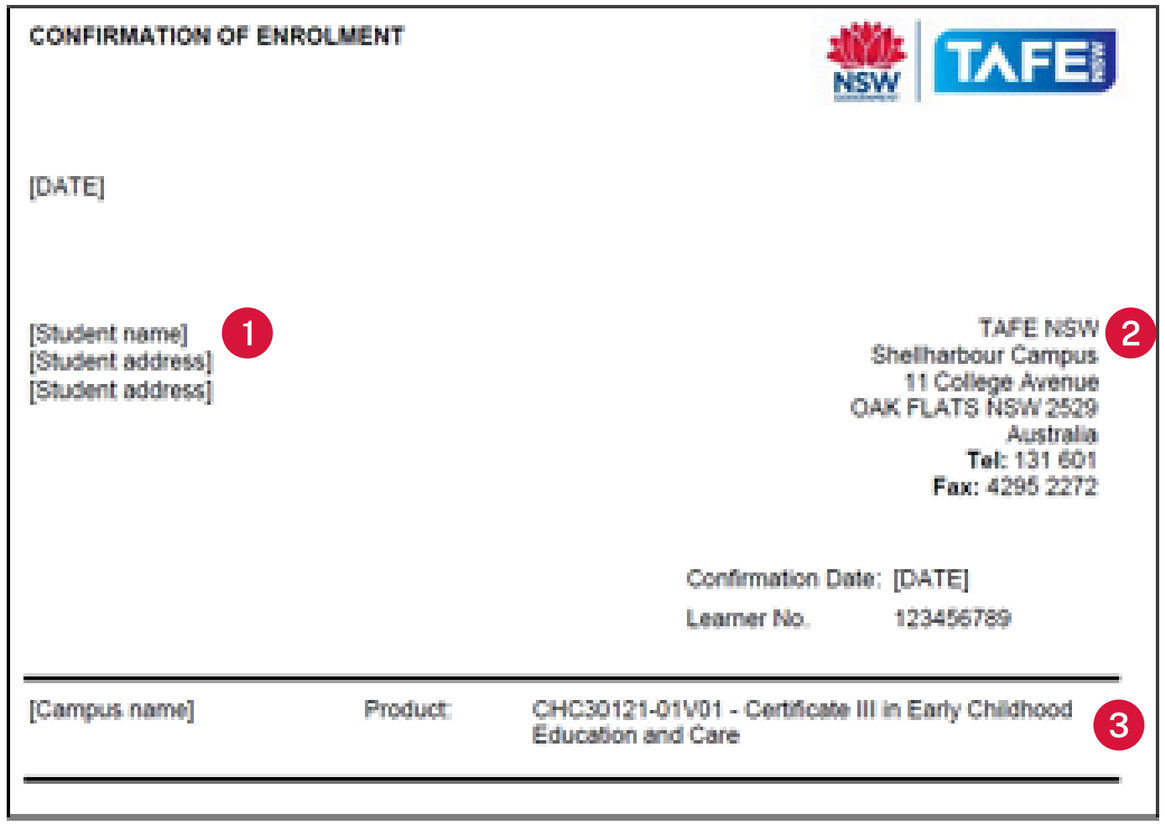
You must submit evidence which confirms you are enrolled in an eligible course through a Statement of Enrolment, Transcript (official or unofficial) or Training Plan which includes **ALL** of the following information:

1. **Applicant's full name**
2. **Name of higher education provider / Registered Training Organisation (RTO)**
3. **Course name and/or course code**

Please refer to the next page for examples of acceptable documents

Please Note: The department will not accept evidence in the form of statements of accounts, invoices, letters of offer.

Examples of Enrolment Evidence



CONFIRMATION OF ENROLMENT

[DATE]

[Student name] 1
[Student address]
[Student address]

TAFE NSW 2
Shellharbour Campus
11 College Avenue
OAK FLATS NSW 2529
Australia
Tel: 131 601
Fax: 4295 2272

Confirmation Date: [DATE]
Learner No. 123456789

[Campus name] Product: CHC30121-01V01 - Certificate III in Early Childhood Education and Care 3

Macquarie Community College
263 Marsden Road
PO Box 2755
CARLINGFORD NSW 2118
Ph: 1300 845 888
ABN: 71 103 790 665
RTO ID: 90033

MACQUARIE Community College 2

[STUDENT NAME] 1
[STUDENT ADDRESS]
[STUDENT ADDRESS]

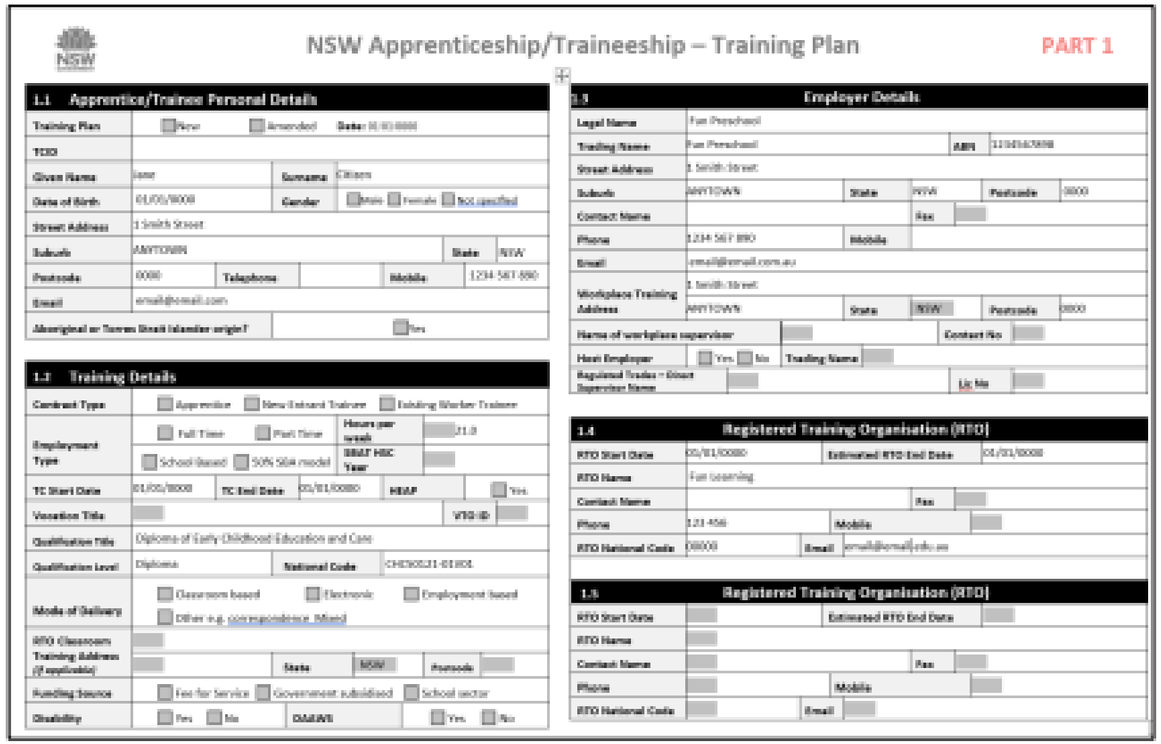
Enrolment confirmation
CHC30121 Certificate III in Early Childhood Education and Care (cert_iii_child_care_sydney-10) 3

Course Details

1. CHC30121 Certificate III in Early Childhood Education and Care - Sydney

Examples of Enrolment Evidence Cont.

Training Plan (Trainee/Apprentice) - Example



NSW Apprenticeship/Traineeship – Training Plan PART 1

1.1 Apprentice/Trainee Personal Details

Training Plan	☐ New ☐ Amended Date: 01/01/0000				
TCID					
Given Name	Jane	Surname	Citizen		
Date of Birth	01/01/0000	Gender	☐ Male ☐ Female ☐ Not specified		
Street Address	1 Smith Street				
Suburb	ANYTOWN			State	NSW
Postcode	0000	Telephone		Mobile	1234 567 890
Email	email@email.com				
Aboriginal or Torres Strait Islander origin?	☐ Yes				

1.2 Training Details

Contract Type	☐ Apprentice ☐ New Entrant Trainee ☐ Existing Worker Trainee				
Employment Type	☐ Full Time ☐ Part Time	Hours per week	21.0		
	☐ School-based ☐ 50% 50# model	SBAT NIC Year			
TC Start Date	01/01/0000	TC End Date	01/01/0000	HSAP	☐ Yes
Vocation Title				VTG ID	
Qualification Title	Diploma of Early Childhood Education and Care				
Qualification Level	Diploma	National Code	CHC50121-0101		
Mode of Delivery	☐ Classroom based ☐ Electronic ☐ Employment based ☐ Other e.g. correspondence, Mixed				
RTO Classroom Training Address (if applicable)		State	NSW	Postcode	
Funding Source	☐ Fee-for-Service ☐ Government subsidised ☐ School sector				
Disability	☐ Yes ☐ No	DAMS		☐ Yes ☐ No	

1.3 Employer Details

Legal Name	Fun Preschool				
Trading Name	Fun Preschool	ABN	11565567898		
Street Address	1 Smith Street				
Suburb	ANYTOWN	State	NSW	Postcode	0000
Contact Name		Fax			
Phone	1234 567 890	Mobile			
Email	email@email.com.au				
Workplace Training Address	1 Smith Street ANYTOWN	State	NSW	Postcode	0000
Name of workplace supervisor		Contact No			
Host Employer	☐ Yes ☐ No	Trading Name			
Regulated Trades – Ticket Supervisor Name		Lic No			

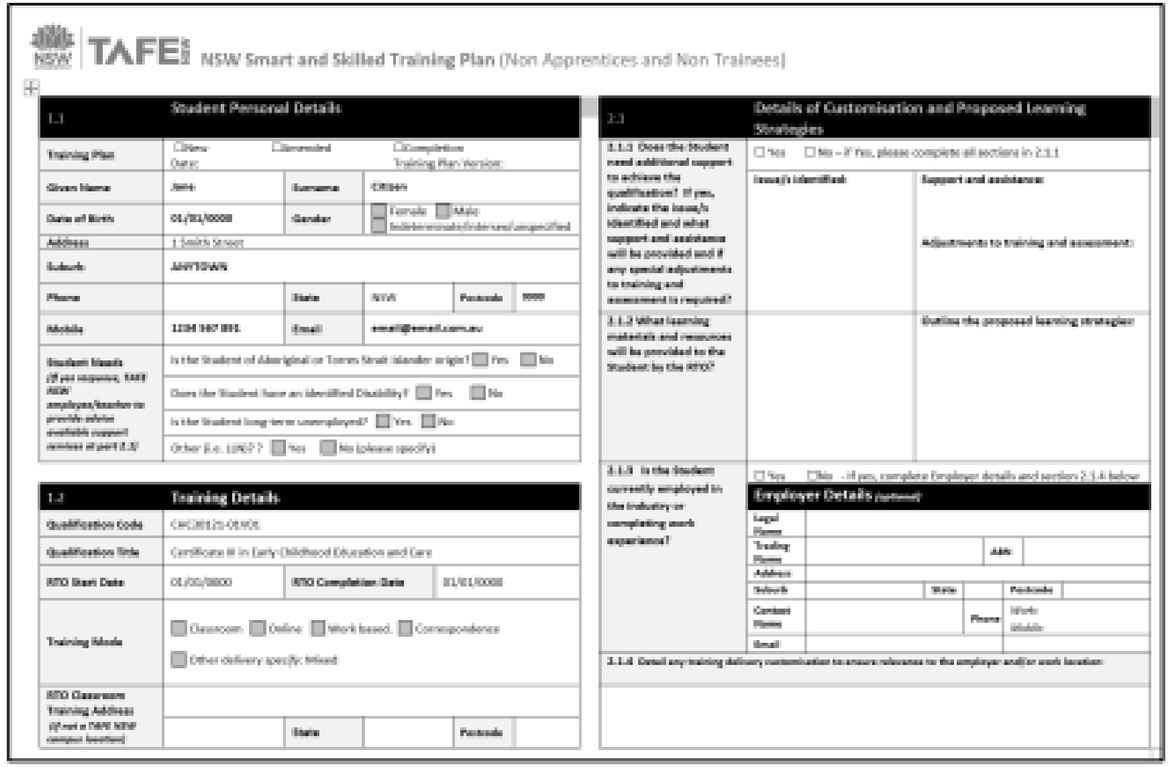
1.4 Registered Training Organisation (RTO)

RTO Start Date	01/01/0000	Estimated RTO End Date	01/01/0000
RTO Name	Fun Learning		
Contact Name		Fax	
Phone	123 456	Mobile	
RTO National Code	00000	Email	email@email.edu.au

1.5 Registered Training Organisation (RTO)

RTO Start Date		Estimated RTO End Date	
RTO Name			
Contact Name		Fax	
Phone		Mobile	
RTO National Code		Email	

Training Plan (non Trainee/Apprentice) - Example



NSW TAFE NSW Smart and Skilled Training Plan (Non Apprentices and Non Trainees)

1.1 Student Personal Details

Training Plan	☐ New Date:	☐ Amended	☐ Completion Training Plan version:		
Given Name	Jane	Surname	Citizen		
Date of Birth	01/01/0000	Gender	☐ Female ☐ Male ☐ Indeterminate/Intersex/Unspecified		
Address	1 Smith Street				
Suburb	ANYTOWN				
Phone		State	NSW	Postcode	0000
Mobile	1234 567 891	Email	email@email.com.au		
Student Needs (If not response, TAFE NSW employee/teacher to provide advice available support services at part 1.5)	Is the Student of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No				
	Does the Student have an identified Disability? ☐ Yes ☐ No				
	Is the Student long-term unemployed? ☐ Yes ☐ No				
	Other (i.e. LBD)? ☐ Yes ☐ No (please specify)				

1.2 Training Details

Qualification Code	CHC50121-0101		
Qualification Title	Certificate III in Early Childhood Education and Care		
RTO Start Date	01/01/0000	RTO Completion Date	01/01/0000
Training Mode	☐ Classroom ☐ Online ☐ Work based ☐ Correspondence ☐ Other delivery specific (How)		
RTO Classroom Training Address (If not in TAFE NSW campus location)		State	Postcode

2.1 Details of Customisation and Proposed Learning Strategies

2.1.1 Does the student need additional support to achieve the qualification? If yes, indicate the issue/s identified and what support and assistance will be provided and if any special adjustments to training and assessment is required?	☐ Yes ☐ No – if Yes, please complete all sections in 2.1.1	
	Issue/s identified:	Support and assistance: Adjustments to training and assessment:
2.1.2 What learning materials and resources will be provided to the Student by the RTO?		Outline the proposed learning strategies:
2.1.3 Is the Student currently employed in the industry or completing work experience?	☐ Yes ☐ No – if yes, complete Employer details and section 2.1.4 below	
	Employer Details (optional)	
	Legal Name	
	Trading Name	ABN
	Address	
	Suburb	State Postcode
	Contact Name	Phone: Work / Mobile
	Email	
2.1.4 Detail any training delivery customisation to ensure relevance to the employer and/or work location:		