

Dear Student Name: _

F-048.2.32 Statement of Fees CHC43121 PUB

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| In order to make an informe any further questions, pleas | | • | | low the releva | ant in | Iformation. Shou | uld you have | | | | | |
|--|--|--------------------------------------|---------------------------------------|---|------------------|---|-------------------------------|--|--|--|--|--|
| Course Code & Title | CHC43121 – Certificate IV in Disability Support | | | | | | | | | | | |
| Qualification Status | □ Current | | | Release No: | 1 | Release Date: | 23/11/2022 | | | | | |
| RTO | ASH Pty | Ltd trading as Ashley Ir | nstitute of Tr | aining | ining TOID 20749 | | | | | | | |
| Entry Requirements | Funded students must meet funding requirements as listed below and already hold the Certificate III in Individual Support (or superseded qualification) and be an Existing Worker in the Disability Industry sector, which incl. parents and unpaid carers of NDIS participants. | | | | | | | | | | | |
| Delivery Locations | ☐ Bowen Hills ☐ North Lakes ☐ Ipswich ☐ Logan Central | | | | | | | | | | | |
| Tick ONE option & Write Location if Other | | □ Southport □ Other | | | | | | | | | | |
| Practical Placement | 120 hours of practical placement. Refer to Practical Placement Checks Fees Table below. | | | | | | | | | | | |
| Course Fees | You MUST tick the applicable option to you. Private – Full Fee Paying \$3,400.00 (Includes a non-refundable deposit of \$600.00) | | | | | | | | | | | |
| This qualification is delivered in conjunction | | | | | | | | | | | | |
| with funding from the QLD | OR Career Boost – General Pathway Funded Course Fee Options | | | | | | | | | | | |
| Government as part of the Career Boost initiative. | | Non-Concession Holders \$40.00 | | | | | | | | | | |
| | | □ Concession Card Holders \$20.00 | | | | | | | | | | |
| Course Fees Payable by | □ Student □ Employer * | | | | | | | | | | | |
| Tick ONE option | *(If ticked, please ensure Employer Declaration is signed.) | | | | | | | | | | | |
| r dymene remis | Payment to be made within 7 days of receiving invoice. | | | | | | | | | | | |
| Recognition of Prior Learning (RPL) & Reassessment Fees Table | Qualification Level | | | Amount (\$) per unit | | | | | | | | |
| | Cert III level | | | \$250.00 | | | | | | | | |
| | Cert IV level | | | \$270.00 | | | | | | | | |
| | Diplon | \$300.00 | • | | | | | | | | | |
| | See P-057.2 Training and Assessment Policy & Procedure for more information. | | | | | | | | | | | |
| Student Non-Tuition Fees | Administration fees (\$0.00) Resource fees (\$0.00) Reprint of Cert/Award (\$85.00) | | | | | | | | | | | |
| Practical Placement Check Fees | Qualific | ation Name | Police Clearance (V, W \$48.90) | Blue Card (V, W \$97.95 \$129 incl ND | or IS) | NDIS Worker Screening Check (V, W\$129) | Vax Status (Up to Date) | | | | | |
| You must apply for these as part of your practical placement component | | 21 - Certificate IV in ry Support | Yes | Yes | | Yes | Yes | | | | | |
| V=Volunteer (No-Fee) | | | | | | | | | | | | |
| W=Workers (\$) | | | | | | | | | | | | |
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| | Please | Please tick the option that applies to you. | | | | | | | | |
|-------------------------------------|-------------|---|---------------|---------|------------|--------------|-------------------------------------|--|--|--|
| | This tra | ining | □ IS | | IS NOT | prov Func | ided with State Government ling. | | | |
| | Enrollin | Enrolling in this course may impact your eligibility for future funding. | | | | | | | | |
| | obligati | By ticking all the below, this confirms that you are fully informed and understand your for obligations as a student and that ASH have provided you with the information to make a choice to proceed if you are eligible for funding. | | | | | | | | |
| Course Fundir | ng 🗆 | g □ 15 Years or over (no longer attending school) | | | | | | | | |
| Eligibility In | fo 🗆 | □ Permanently reside in Queensland | | | | | | | | |
| Acknowledgement of Obligation | | humanitarian entrant) OR Temporary residence with the necessary visa and wor | | | | | | | | |
| | | MUST already hold the Certificate III in Individual Support (or superseded qualification) and bean Existing Worker in the Disability industry sector, which includes parents and unpaid carers of NDIS participants | | | | | | | | |
| | | MUST NOT hold certificate IV or higher-level qualification, not including qualifications completed at school and foundation skills training | | | | | | | | |
| | | MUST NOT be enrolled in another qualification, not including foundation skills training. | | | | | | | | |
| | | I understand my fee obligations have been discussed and details provided on this Statement of Fees | | | | | | | | |
| | | I have been provided access to the Student Information Guide which details all support services available to the students | | | | | | | | |
| | | with this information | | | | | | | | |
| Other Information | 7.51110 | Ashley Institute of Training does not subcontract or use third party providers for the delivery, training or assessment of this course. | | | | | | | | |
| | | The student tuition fees are indicative only and are subject to change given individual circumstances at enrolment. | | | | | | | | |
| | options | For detailed information on course fees and how they are handled (e.g., refunds, paymen options and cooling off periods), please see P-033.2 Fees Charges and Refunds Policy and Procedure which can be accessed via the RTO Website. | | | | | | | | |
| Student Name: | | | | | Date: | | | | | |
| Signature: | | | | | | | | | | |
| Employer Declaration – The student. | s declarati | ion is to be filled o | ut if the emp | oloyer | is paying | the Co | urse Fees on behalf of the | | | |
| website. | _ | • | | | | | & Procedure on the RTO | | | |
| ☐ I understand that if th | e employff | ient status of the s | stauent cha | iiges i | must noti | ry trie | N10. | | | |
| Employer Name: | | | | Emp | loyer Posi | | | | | |
| Signature: | | | | | | Date: | | | | |
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