

Dear Student Name: \_\_\_\_\_

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.

|  |  |  |   |  |                                |   |
|--|--|--|---|--|--------------------------------|---|
| <b>Course Code &amp; Title</b>   | HLT33115 - Certificate III in Health Services Assistance                                 |  |   |  |                                |   |
| <b>Qualification Status</b>  | Current  | Release Number:                        | 5   | Release Date:                                  | 01/07/2023                     |   |
| <b>RTO</b>   | ASH Pty Ltd trading as Ashley Institute of Training                                      |  |   | TOID   | 20749                          |   |
| <b>Entry Requirements</b>  | There are no entry requirements for this qualification                                   |  |   |  |                                |   |
| <b>Delivery Locations</b><br><i>Tick ONE option &amp; Write Location if Other</i>  | <input type="checkbox"/>   | North Lakes                            | <input type="checkbox"/>                            | Logan Central                                  | <input type="checkbox"/>       | Other _____                             |
| <b>Practical Placement</b>   | 80 Hours of practical placement – Please refer to Practical Placement Check Fees Section |  |   |  |                                |   |
| <b>Course Fees</b>   | <b>You MUST tick the applicable option to you.</b>                                       |  |   |  |                                |   |
|  | <input type="checkbox"/> <b>Private – Full Fee Paying \$198.00</b>                       |  |   |  |                                |   |
| <b>Course Fees Payable by</b><br><i>Tick ONE option</i>  | <input type="checkbox"/> <b>Student</b> <input type="checkbox"/> <b>Employer *</b>       |  |   |  |                                |   |
| <b>Payment Terms</b>   | *(If ticked, please ensure Employer Declaration is signed.)                              |  |   |  |                                |   |
|  | <input type="checkbox"/> <b>Job Network/ Other</b>                                       |  |   |  |                                |   |
|  | Payment to be made within 7 days of receiving invoice.                                   |  |   |  |                                |   |
| <b>Recognition of Prior Learning (RPL) &amp; Reassessment Fees Table</b>   | <b>Qualification Level</b>   |  | <b>Amount (\$) per unit</b>                         |  |                                |   |
|  | Cert III level   |  | \$250.00  |  |                                |   |
|  | See P-057.2 Training and Assessment Policy & Procedure for more information.             |  |   |  |                                |   |
| <b>Student Non-Tuition Fees</b>  | Administration fees (\$0.00) Resource fees (\$0.00) Reprint of Cert/Award (\$85.00)      |  |   |  |                                |   |
| <b>Practical Placement Check Fees</b><br><i>You must apply for these as part of your practical placement component</i><br><br><i>V=Volunteer (No-Fee)</i><br><i>W=Workers (\$)</i> | <b>Qualification Name</b>  | <b>Police Clearance (V, W \$54.90)</b> | <b>Blue Card (V, W \$101.30 or \$153 incl NDIS)</b> | <b>NDIS Worker Screening Check (V, W\$138)</b> | <b>Vax Status (Up to Date)</b> | <b>Flu Shot (Up to Date)</b>            |
|  | HLT33115 - Certificate III in Health Services Assistance                                 | Yes                                    | Yes   | Yes  | Yes                            | Yes                                     |
| <b>Course Funding Eligibility Info Acknowledgement of Obligations</b>  | <b>Please tick the option that applies to you.</b>                                       |  |   |  |                                |   |
|  | This training  | <input type="checkbox"/>               | <b>IS</b>   | <input type="checkbox"/>                       | <b>IS NOT</b>                  | provided with State Government Funding. |

**Other Information**

- 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
- I confirm that my signature and date below confirm the date that I was provided with this information

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.

For detailed information on course fees and how they are handled (e.g., refunds, payment 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.

|                      |  |              |  |
|----------------------|--|--------------|--|
| <b>Student Name:</b> |  | <b>Date:</b> |  |
| <b>Signature:</b>    |  |              |  |

**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-033.2 Fees Charges and Refunds Policy & Procedure on the RTO website.
- I understand that if the employment status of the student changes I must notify the RTO.

**For Employers**

- I confirm I have read and understood the D-005.2 Employer Information Guide.

|                       |  |                           |  |
|-----------------------|--|---------------------------|--|
| <b>Employer Name:</b> |  | <b>Employer Position:</b> |  |
| <b>Signature:</b>     |  | <b>Date:</b>              |  |