



**FOR OFFICE USE ONLY**

FUNDING TYPE:       P (Skills First)       L (Skills First)       Fee For Service (S)     

**1**      Course Name ▶

Course Code ▶

**2**      Mode of Delivery ▶     Face-to-Face     Blended     Distance Learning

Work based

**3**      Title ▶     Mr.     Mrs.     Miss     Other

Surname ▶

Given Name(s) ▶

Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want KAL to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.

Gender ▶     Male     Female     Indeterminate/Intersex/Unspecified

Date of Birth ▶     (DD) /  (MM) /  (YYYY)

**4**      Building/Property Name ▶

Street Number ▶       Flat/Unit Number ▶

Street Name ▶

Suburb ▶       Post Code ▶

Postal Address ▶   
(if different from above)



**5**

Mobile ▶

Home Phone ▶  Work Phone ▶

Email ▶

Alternative Email ▶

**6**

Name ▶

Telephone ▶  Relationship ▶

**7**

Still in School ▶  Yes  No

Highest School Level ▶  Completed Year 12  Completed Year 11  
 Completed Year 10  Completed Year 9 or Equivalent  
 Completed Year 8 or Lower  Never Attended School

Year Completed ▶  Where Completed ▶

**8**

Have you SUCCESSFULLY completed any of the qualification levels listed below ▶  Yes (If Yes, please select the qualification level below)  
 No (If No, please go to Part 9)

Prior Education ▶

A	E	I	Qualification Level
			Bachelor Degree or Higher Degree
			Advanced Diploma or Associate Degree
			Diploma (or Associate Diploma)
			Certificate IV (or Advanced Certificate/Technician)
			Certificate III (or Trade Certificate)
			Certificate II
			Certificate I
			Certificates other than listed above

A = Australian    E = Australian Equivalent    I = International

Please provide certified documents for the courses that you completed.

Year Completed ▶



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Country of Birth ►  Australia  Other - please specify

Language Spoken at Home ►  English  Other - please specify

How well do you 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  Yes, Both

Place or Town of Birth ►

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Do you consider yourself to have a disability, impairment or long-term condition? ►  Yes (If Yes, please indicate the areas of condition below)  
 No (If No, please go to Part 11)

Areas of Condition ►  Hearing/Deaf  Physical  Intellectual  
 Acquired Brain Impairment  Mental Illness  Vision  
 Medical Condition  Learning  Other

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**What is your current Australian residential status?** (Please tick one box only) ►

- Australian citizen  
 Holder of a Permanent Resident Visa of Australia  
 New Zealand Citizen  
 Other Visa type (please specify)

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Study Reason ►  To develop my existing business  To try for a different career  
 Skills for community/voluntary work  I wanted extra skills for my job  
 To get better job or promotion  Requirement of my job  
 To get into another course  To Start my own business  
 Personal Interest & Self-development  To get a job  
 Other reason

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Are you seeking Recognition of Prior Learning or Credit Transfer? ►  No  Yes

If 'Yes', please contact Admissions Department for further details about the Recognition of Prior Learning (RPL) / Credit Transfer (CT) process.



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Current Employment Status ▶

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

Current/Recent Occupation ▶

- |  |   |
|--|---|
| <input type="checkbox"/> Managers                          | <input type="checkbox"/> Professionals                |
| <input type="checkbox"/> Technicians & Trade Workers       | <input type="checkbox"/> Community & Personal Service |
| <input type="checkbox"/> Clerical & Administrative Workers | <input type="checkbox"/> Sales Workers                |
| <input type="checkbox"/> Machinery Operators and Drivers   | <input type="checkbox"/> Labourers                    |
| <input type="checkbox"/> Other                             |   |

Current/Recent Industry ▶

- |   |  |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry & Fishing      | <input type="checkbox"/> Mining                                |
| <input type="checkbox"/> Manufacturing                        | <input type="checkbox"/> Electricity, Gas, Water, Services     |
| <input type="checkbox"/> Construction                         | <input type="checkbox"/> Wholesale Trade                       |
| <input type="checkbox"/> Retail Trade                         | <input type="checkbox"/> Accommodation & Food Services         |
| <input type="checkbox"/> Transport, Postal & Warehousing      | <input type="checkbox"/> Information, Telecommunication        |
| <input type="checkbox"/> Financial and Insurance Services     | <input type="checkbox"/> Rental, Hiring & Real Estate Services |
| <input type="checkbox"/> Professional, Scientific & Technical | <input type="checkbox"/> Administrative and Support Services   |
| <input type="checkbox"/> Public Administration & Safety       | <input type="checkbox"/> Education and Training                |
| <input type="checkbox"/> Health Care & Social Assistance      | <input type="checkbox"/> Arts & Recreation Services            |
| <input type="checkbox"/> Other Services                       |  |

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Are you transferring from another education provider in Australia? ▶

- No     Yes

Are you currently enrolled in another institute? ▶

- No     Yes (If 'Yes', then please provide the name of institute below)

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Enter your Unique Student Identifier (USI) ▶

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From 1 January 2015, we KAL Training can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI, you can apply for it directly <https://www.usi.gov.au/> on a computer or mobile device. If you want KAL to create USI on your behalf, please contact the Admissions Department.



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Enter your Victorian Student Number (VSN) ►

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Victorian State Education ►

Have you attended any Victorian school since 2009 or done any training with a VET registered training organisation or an Adult and Community Education provider in Victoria since 2011?

- Yes, I have attended a Victorian school since 2009 (List most recent Victorian school attended):
- No, I have not attended a Victorian school since 2009 or TAFE or other VET training provider since beginning of 2011.
- Yes, I have participated in training at a TAFE or other training organisation in Victoria since the beginning of 2011 (List the most recent training organisations)

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Please provide the following documentation if you believe you are eligible to access Skills First Program(SFP), Victorian Government Funding (VTG). You must provide original copies or certified copies.

Australian Citizen Permanent Resident New Zealand Citizen	ID Documents	Concessional (if Applicable)
<ul style="list-style-type: none"> <li>• Green Medicare Card</li> <li>• Australian Birth Certificate</li> <li>• New Zealand Passport</li> <li>• New Zealand Certificate of Status</li> <li>• Permanent Residency Visa</li> <li>• Special Category Visa</li> <li>• Temporary Residence on a pathway to permanent residency – Official letter</li> </ul>	<ul style="list-style-type: none"> <li>• Driver's License (Front and Back)</li> <li>• Rates/Utility Bills</li> <li>• Vehicle Registration Certificate</li> <li>• Official Mail from a Bank or ATO or Centrelink</li> </ul>	<ul style="list-style-type: none"> <li>• Health Care Card</li> <li>• Pensioner Card</li> <li>• Official Form Confirming a person is a dependent/partner of concession cardholder and is named on the card</li> <li>• Aboriginal or Torres Strait Islander</li> <li>• Has a disability; and</li> <li>• Adult Prisoner (HLS)</li> </ul>

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Do you have a valid Concession Card ►

- No       Yes (If yes, please specify concession type below)

Concession Type ►

- Health Care Card
- Pensioner Card
- Official Form
- Aboriginal or Torres Strait Islander
- Has a Disability
- Adult Prisoner (HLS)



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Payment Method  Cash     Direct Deposit     EFTPOS     Credit Card

Bank Details <input checked="" type="checkbox"/>	Bank	National Australia Bank
	BSB	083363
	Account Number	460873507
	Account Name	KAL Training

(Please put your full name in description of direct deposit payment)

Credit Card  I give permission for fee to be charged to my Credit Card for the selected course.

Visa Card     Master Card    Card Expiry Date

Card Number

Card Identification Number (last 3 digits located on back)

Amount to be charged \$

Card Holder's Name

Card Holder's Signature

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Information  Refer to KAL Training's policies and procedures which can be access through the KAL Training website: [www.kaltraining.com.au](http://www.kaltraining.com.au)

- Fee Refund Policy and Procedure
- Complaints and Appeals Policy and Procedure
- Code of Conduct
- Fees and Charges Policy and Procedure
- Access and Equity Policy and Procedure
- Recognition of Prior Learning
- Course Credit Policy & Procedure
- Qualification Issuing Policy and Procedure
- Privacy Policy and Procedure

**Section A – evidence of citizenship/residency**

To be completed by an authorised delegate of the training provider – **do not leave any section blank.**

<b>I confirm that for:</b> (student’s full name)	
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**I have sighted ONE of the following:**

- Australian Birth Certificate (not Birth Extract)
- current Australian Passport
- current New Zealand Passport
- Australian Citizenship Certificate
- current green Medicare card
- Australian Certificate of Registration by Descent
- New Zealand Birth Certificate
- New Zealand Citizenship Certificate
- a proxy declaration for individuals in exceptional circumstances as per Clauses 2.13 – 2.17 of the Guidelines About Eligibility
- confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student’s foreign passport or ImmiCard
- confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program.

**By either:**

- viewing an original; or
- viewing a certified copy; or
- verifying through the Document Verification Service (DVS) [where it is possible to do so, and in accordance with Clause 2.5(c) of the Guidelines About Eligibility]; or
- viewing a digital green Medicare card on a Digital Wallet app on the card holder’s mobile device [in accordance with Clause 2.5(d) of the Guidelines About Eligibility]; or
- relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Guidelines About Eligibility]; or
- verifying through VEVO, and viewing supporting evidence, if required [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility].

**And I have retained ONE of the following:**

- a copy of the original or certified copy; OR
- the certified copy; OR
- evidence as set out in Clause 2.5(c) of the Guidelines About Eligibility [where verified through the DVS]; OR
- declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility];
- evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; or
- declaration of sighting a document where a student has objected to their document being retained [as set out in clause 2.6 of the Guidelines About Eligibility].

**Section B – student declaration**

To be completed by the student – **don't leave any question blank unless you are asked to skip a question or go to the declaration. Please ask your training provider for help if you don't understand a question.**

**Q1** Write the name of the course/s you're applying for

**Q2** Are you doing, or have you done any other Skills First training in 2024? Tick your response.

- No
- Yes - write the course name(s) below. Include training you haven't started yet.

**Q3** Are you enrolled in a school, including government, non-government, independent, Catholic or home school?

- No
- Yes

**Q4** Are you enrolled in the Commonwealth Government's Skills for Education and Employment program?

- No
- Yes

**Student declaration** – read and complete the declaration below.

- I understand that my enrolment may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may affect my eligibility for more Skills First training.
- I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.
- I declare the information in this form is true and accurate.

<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	



## SECTION B2-STUDENT DECLARATION

### STUDENT DECLARATION

I, (print your full name):

In seeking to enrol in (write the code and full title of the qualification/s or skill set/s):

Declare the following to be true and accurate statements:

- I **AM** / **AM NOT** enrolled in a school, including government, non-government, independent, Catholic or home school. (circle the appropriate response)
- I **AM** / **AM NOT** enrolled in the Commonwealth Government's Skills for Education and Employment program. (circle the appropriate response)
- I understand that my enrolment in the above qualification/s and/or skill set/s may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand how my enrolment will affect my future training options and eligibility for further training under the Skills First program.
- I acknowledge and understand that I may be contacted by the Department of Education and Training or an agent to participate in a survey, interview or other questionnaire.

SIGNED:

DATE:

**Section C – training provider declaration**

To be completed by the training provider – **do not leave any sections blank**

Program(s) the student is seeking to enrol in (include program code and name):

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**Based on:**

- the evidence I have sighted and retained in Section A;
- the information the student has provided, including in Section B; and
- any additional information I acquired and recorded in the ‘notes’ section below;

**I confirm the student is eligible for Skills First funding for the program/s listed above because they:**

- are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker VET Program;
- are not enrolled in a school (except if they are doing a School Based Apprenticeship or Traineeship);
- will not be:
  - commencing more than 2 Skills First AQF qualifications in the same year
  - commencing more than 2 Skills First Skills Sets in the same year
  - doing more than 2 Skills First programs at the same time; and
- (if applicable) are enrolling in a Foundation Skills Program, and they:
  - do not currently hold a qualification at AQF level 5 (Diploma) or higher,
  - are not enrolled in the Commonwealth Government’s ‘Skills for Education and Employment’ (SEE) program.

**Authorised training provider declaration**

By signing this declaration, I acknowledge that:

- I am responsible for ensuring that all parts of this form are complete.
- I have reviewed Sections A and B and have confirmed they have been completed in full.

<b>Name:</b>	
<b>Position:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**Notes**

Record additional details or eligibility information, including information you used to verify the student’s eligibility that is not captured in Sections A or B.  If there are no notes, write N/A
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## Victorian Government VET Student Enrolment Privacy Notice

The Victorian Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in Victoria. The Victorian Government is committed to ensuring that Victorians have access to appropriate and relevant VET services. Any personal information collected by the Department for VET purposes is protected in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

### Collection of your Data

KAL Training is required to provide the Department with student and training activity data. This includes personal information collected in the KAL Training enrolment form and unique identifiers such as the Victorian Student Number (VSN) and the Commonwealth's Unique Student Identifier (USI).

A student's USI may be used for specific VET purposes including the verification of student data provided by KAL Training; the administration and audit of VET providers and programs; education-related policy and research purposes; and to assist in determining eligibility for training subsidies.

KAL Training provides data to the Department in accordance with the Victorian VET Student Statistical Collection Guidelines, available at <http://www.education.vic.gov.au/training/providers/rto/Pages/datacollection.aspx>.

### VET Data Use Statement

Under the Data Provision Requirements 2012, KAL Training is required by law to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form) may be used or disclosed by KAL Training for statistical, administrative, regulatory and research purposes. KAL Training may disclose your personal information for these purposes to

- Commonwealth and State or Territory government departments and authorised agencies; and
- NCVER.

Personal information that has been disclosed to NCVER may be used or disclosed by NCVER for the following purposes:

- populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys and data linkage;
- pre-populating RTO student enrolment forms;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

You may receive a student survey which may be administered by a government department or NCVER employee, agent, third party contractor or other authorised agencies. Please note you may opt out of the survey at the time of being contacted. NCVER will collect, hold, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth), the National VET Data Policy and NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)). For more information about NCVER's Privacy Policy go to <https://www.ncver.edu.au/privacy>.

### Disclosure of your Data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

### Legal and Regulatory

The Department's collection and handling of enrolment data and VSNs is authorised under the *Education and Training Reform Act 2006* (Vic). The Department is also authorised to collect and handle USIs in accordance with the *Student Identifiers Act 2014* (Cth) and the *Student Identifiers Regulation 2014* (Cth).

### Consequences of not providing your Information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a Victorian Government VET subsidy

### Access, Correction and Complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact KAL Training's Privacy Officer in the first instance by phone 1800 244 438 or email [info@kaltraining.com.au](mailto:info@kaltraining.com.au).

### Further Information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <http://www.education.vic.gov.au/Pages/privacypolicy.aspx>.

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.



### KAL Training Enrolment Declaration

- The information herein provided is to the best of my knowledge true, correct and complete at the time of my enrolment.
- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above. I also give my consent for KAL Training to use The Document Verification Service (DVS), a national online system that allows organisations to compare an individual's identifying information with a government record, to verify my Identification Documents.
- I confirm that I have conducted a pre-training review in which I have discussed all my training options including RPL and CT with KAL Training and that the elected course/s is the appropriate training option for me.
- I confirm and accept KAL Training's recommended learning pathway as my training program.
- I have read and understood KAL Training's Personal Information & Privacy Policy Procedure.
- I have been provided with information about/and access to KAL Training's Student Handbook, course training plan and schedule, assessment due dates and a current Statement of Fees.
- I have been informed of my rights and obligations as a student with KAL Training and agree to abide by all rules and regulations of KAL Training. I confirm that all arrangements are made to pay outstanding fees and charges applicable to this training program and that KAL Training can withhold my academic results until my debt is fully paid and any property belonging to KAL Training has been returned.
- I authorise KAL Training, in the event of illness or accident during any organized activity, and where emergency contact or next of kin cannot be contacted within reasonable time, to seek ambulance, medical or surgical treatment at my cost.
- (Optional) I hereby give my permission to KAL Training to use my (Name, Testimonial, Image / Photograph) in publications and advertisements produced by or for KAL Training. I understand that:
- These may be used for publication in film, photographs, in printed materials, electronically and on the internet.
  - The above permission will apply for three years from the date of signing this form.
  - I will not receive any compensation or payment for the above.
  - Once my personal information has been published on the internet, KAL Training has no control over its subsequent use and disclosure.
- A student's USI may be used for specific VET purposes including the verification of student data provided by KAL, the administration and audit of VET providers and program; education-related policy and research purposes, and to assist in determining eligibility for training subsidies.
- I agree to the Fee Refund Policy and Procedure.
- I have read and understood the complaints and appeals processes, my rights as a student, the Privacy Statement and my right to access Australian Consumer Protection law.
- I have completed the language literacy and numeracy indicator tool, or been given the opportunity to.
- I have also been provided with course information, duration of my course and I understand how to access support services and information I understand that access to academic records is provided free of charge.
- I acknowledge that providing false, misleading or inaccurate information may affect the acceptance of this application and/or the continued provision of training and assessment services.
- I have read and understood KAL's Statement of Fees.
- I acknowledge that all fees are payable in full on course commencement or the commencement of the term that fees are due.
- I acknowledge that I have read the Victorian Government's VET Student Enrolment Privacy Notice.

Student Signature:

Date:

Parent/Guardian Signature

Date:

Parental/guardian consent is required for all students under the age of 18.



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Please consider the qualification, the job role, and required level of language, literacy and numeracy that the vocation and industry requires.

Additional Language, Literacy, and Numeracy assistance required to achieve workplace competency?

Yes  No

Review deems proposed assessment instruments, learning material and strategies as appropriate.

Yes  No

Review deems proposed assessment instruments, learning material and strategies require adjustment. Additional language, literacy or numeracy support will be required.

Yes  No

What is applicant's capacity to benefit?

Poor  Fair  Good  Very Good Excellent

Review identified current competence (list below) (if Mutual Recognition, attach Record of Results)

Yes  No

Based on the information provided in the Pre-training review I believe the course selected is suitable for the learner.

Yes  No

- I have assessed this applicant;
- I find that the applicant is competent in language, literacy and numeracy.
- I find that the applicant is not competent in language, literacy and numeracy.

Comments if any:

## Document Checklist

- Proof of Australian citizenship/residency status or New Zealand citizenship
- Photo identification
- Proof of residential address
- Proof of age, if no Australian Driving License
- Enrolment Application Form filled and signed

## For KAL Official

Date Received:

Date Approved:

Approved by:

Signature:

## ATTACHMENT 2

### How to have a document certified

Bring both an original and a copy of the original to the certifier.

The certifier will:

1. examine the original to ensure it is not a copy or forgery
2. examine the copy to ensure it is identical to the original. A copy can be considered identical even if it is a different size or colour, so long as that does not result in the loss of any material information.

The certifier will then write or stamp the copy with the words: "Certified to be a true copy of the original seen by me." They will sign and date the copy, and write or stamp their name, personal or professional address and qualification.

If there are multiple pages to the copy, the certifier will sign or initial and number all pages.

The copy has now been certified.

### Who can certify a document

Under Section 39 of the Oaths and Affirmations Act 2018(as of 1 March 2019) the list of persons who may certify copies of original documents includes:

- A person currently licensed or registered to practice in Australia as one of the following occupations:
  - o Architect
  - o Chiropractor
  - o Conveyancer
  - o Dentist
  - o Financial adviser or financial planner
  - o Legal practitioner
  - o Medical practitioner
  - o Midwife
  - o Migration agent
  - o Nurse
  - o Occupational therapist
  - o Optometrist
  - o Patent attorney
  - o Pharmacist
  - o Physiotherapist
  - o Psychologist
  - o Trade marks attorney
  - o Veterinary surgeon
- An accountant who meets at least one of the following criteria:
  - o Fellow of the National Tax Accountants' Association
  - o Member of Chartered Accountants Australia and New Zealand
  - o Member of the Association of Taxation and Management Accountants
  - o Member of CPA Australia
  - o Member of the Institute of Public Accountants

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Australian Public Service employee engaged on an ongoing basis with 5 or more years of continuous service who is not otherwise authorised
- Australian Consular Officer or Australian Diplomatic Officer
- Bailiff
- Bank officer with 5 or more continuous years of service
- Building society officer with 5 or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with 5 or more years of continuous service
- Employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not otherwise authorised
- Employee of the Australian Trade and Investment Commission who is authorised in writing by the Secretary of DFAT to collect fees under s 3(d) of the Consular Fees Act 1955, if at a place outside Australia and in the course of the employee's duties at that place
- Employee of the Commonwealth who is authorised in writing by the Secretary of DFAT to collect fees under s 3(d) of the Consular Fees Act 1955, if at a place outside Australia and in the course of the employee's duties at that place
- An engineer who meets at least one of the following criteria:
  - o A member of Engineers Australia, other than a student
  - o A Registered Professional Engineer of Professionals Australia
  - o Registered as an engineer under a law of the Commonwealth or a State or Territory
  - o Registered on the National Engineering Register by Engineers Australia
- Finance company officer with 5 or more years of continuous service
- Holder of a Commonwealth statutory office not otherwise specified
  - o For example, Director of the Australian Institute of Family Studies
- IBAC Officers
- Judge
- Justice of the Peace
- Local government Councillor
- Magistrate
- Registered marriage celebrant
- Master of a court
- Member of the Australian Defence Force who meets at least one of the following criteria:
  - o An officer
  - o A non-commissioned officer with 5 or more years of continuous service
  - o A warrant officer
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Governance Institute of Australia Ltd

- Member of the Parliament of a State
- Member of a Territory legislature
- Member of a local government authority
- Registered minister of religion
- Notary public, including a notary public exercising functions at a place outside either the Commonwealth or the external Territories of the Commonwealth
- Permanent employee of the Australian Postal Corporation with 5 or more years continuous service who is employed in an office providing postal services to the public
- Permanent employee with 5 or more years of continuous service who is not otherwise specified, if employed at one of the following:
  - o State
  - o Territory
  - o State authority
  - o Territory authority
  - o Local government authority
- Police officer
- Police reservist
- Protective service officer (PSO)
- Registrar, or Deputy Registrar, of a court
- A school principal
- Senior executive employee of a Commonwealth authority
- Senior executive employee of a State or Territory
- Senior Executive Service employee of the Commonwealth
- Sheriff
- Sheriff's officer
- State Trustees officer or employee with a classification level of 2 or above
- Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution
- Transport Accident Commission officer or employee with a classification of level 2 or above
- VicRoads officer or employee with a classification of level 2 or above
- Victorian Inspectorate Officer
- A Victorian Public Service employee with a prescribed classification level of 2 or above
  - o For example, a project officer employed as a VPS4 or an administrative assistant employed as a VPS2
- Victorian WorkCover Authority officer or employee with a classification of band 2 or above
- Any authorised affidavit taker, including:
  - o A judicial officer
    - For example, a judge or magistrate
  - o An associate to a judicial officer
  - o An honorary justice
  - o The prothonotary or a deputy prothonotary of the Supreme Court
  - o The registrar of probates or an assistant registrar of probates



- o The registrar or a deputy registrar of the County Court
- o The principal registrar, a registrar or a deputy registrar of the Magistrates' Court
- o The principal registrar, a registrar or a deputy registrar of the Children's Court
- o The principal registrar, a registrar or a deputy registrar of VCAT
- o The principal registrar or a registrar of the Coroners Court
- o A member of VCAT
- o A member or former member of either House of the Parliament of Victoria
- o A member or former member of either House of the Parliament of the Commonwealth
- o A public notary
- o A senior officer of a Victorian municipal Council who meets one of the following criteria:
  - Chief Executive Officer
  - A member of Council staff with management responsibilities and reporting directly to the Chief Executive Officer
  - Any other member of Council staff earning a salary of at least \$124,000 (or a higher threshold, if specified by the Minister under s 97B of the Local Government Act 1989)
- o A fellow of the Institute of Legal Executives (Victoria)
- o A person acting judicially
  - For example, an arbitrator or any person or body with authority to hear, receive and examine evidence
- o Any other officer or person empowered, authorised or permitted by or under any Act or rules of a court or rules of a tribunal to administer affidavits

**Source:** Department of Justice and Community Safety

**Further information:** <https://www.justice.vic.gov.au/certifiedcopies>