

Australian Hair and Beauty College
Provider: 91006 CRICOS: 02606J
INTERNATIONAL LEARNER CONTRACT
WRH30106 Certificate III in Hairdressing

This learning contract sets out the responsibilities of the student and provider as required under the ESOS Act 2000 and the National Code of Practice for Providers of Educational and Training to Overseas Students.

Australian Hair and Beauty College is fully compliant with all requirements for CRICOS and AQTF. Within this compliance are the various safeguards for the student in the provision of quality, nationally endorsed educational standards and qualifications. The student will receive their own copy of the Student Handbook and Code of Practice on their first day during the orientation program.

The student, in entering into this Learner Contract, is assured that all information is true and correct, without any misleading or untrue information given.

The student also understands that the provider has obligations to report non-attendance to the Department of Immigration and Citizenship (DIAC) and that DIAC has the right to inspect the student file at any time. Full time study must be undertaken and maintained at a minimum of 80% of the full time load, the student also undertakes to complete the learning program within agreed timeframe.

The student also understands that they are required to notify AHBC of any change in contact details and other requirements as defined by their visa and within 7 working days.

AHBC undertakes to keep all student information confidential as defined under the Legislation. However some government departments may access student information without written consent from the student.

Websites of help to the student

Australian Hair and Beauty College

www.hairbeautyaustralia.com.au

NSW Department of Education Employment and Training

www.deewr.gov.au

ESOS Assurance Fund

www.esosassurancefund.com.au

NSW Vocational Education & Training Accreditation Board

www.vetab.nsw.gov.au

Department of Immigration & Citizenship

www.immi.gov.au

Commonwealth Register of Institutions & Courses for Overseas Students

www.cricos.deewr.gov.au

Student name: _____ Signature: _____ Date: _____

The Following must be understood by you the learners, please sign if you agree:

Statement	Student Signature
1. I must attend the College as per the induction and my planned shifts.	
2. I must wear the appropriate clothing as well as an apron and closed toed shoes at all times.	
3. I understand that not paying my fees on time could lead to the College intent to cancel my enrolment and incur a late payment fee.	
4. I know that I must finish my course on time and understand the College intervention strategy regarding course progress.	
5. I understand that breaches of the attendance requirement may lead to a visa cancellation.	
6. I know that I must first complete Salon Fundamentals in Certificate III in Hairdressing before commencing with Hair design.	
7. I know that if I go out of the College for Lunch I must inform the educator allocated to my discipline immediately (complete log out sheet).	
8. I am aware that DIAC can access my attendance record at anytime	
9. I know that I must first report to the Attendance Enforcement Officer and then report to my allocated educator for the discipline I am studying to have my name highlighted.	
10. I am aware that I must speak English whilst on College premises.	
11. I understand that I must wear my student id card when attending the College – losing my student id card will result in a \$20.00 payment to have a new one issued	
12. I understand that practical assessments for Certificate III must be booked in advance and have been shown where to book in for assessments.	
13. I understand that I must allocate my set shifts on the Student allocated shift sign in sheets 4-6 weeks in advance.	
14. I understand that I must contact the Attendance Enforcement Officer and notify them of any absences as soon as possible. I must supply evidence of my absence and I know to maintain the minimum of 80% and understand medical certificates will only be accepted if my current attendance pattern is satisfactory.	
15. I understand that holidays will only be granted where students academic progress is satisfactory, outstanding fees have been paid and my current attendance pattern is satisfactory.	
16. I understand the College code of behavior and understand the consequences of breaching the College code of behavior (suspension, expulsion and penalty fees may apply).	
17. I understand that the college may take photographs of me for marketing purposes / student ID cards.	
18. I understand that if I fail my computer exams I must pay a reassessment fee of \$100.00 to re-sit the exam again. This is to encourage me to study before my exams.	
19. I am aware and understand what RPL and RCC is.(Recognition of Prior Learning or Recognition of Current Competence and Credit Transfer)	
20. I have been offered RPL by the College.	
21. I have been asked if I require extra support during the course and know who to contact should I need the support.	
22. I am aware that due to continuous improvement the College may change their management systems at any time.	

Completion of the Learner Contract

The college representative will complete the details column and the student will sign their initials indicating understanding and acceptance of each line.

The college representative and the student will then complete the signatory panel in front of a witness, to show agreement and acceptance of this Learner Contract.

Information	Details	Please sign
Course title	WRH30106 Certificate III in Hairdressing	
Total hours Please inform of any RPL/RCC	840hrs (Cert III)	
Total weeks	52 weeks (Cert III)	
Total contact hours per week	20 hours	
Total hours per week that you will attend if you wish to attend more than 20 hours per week		
Total shifts per week		
Course commencement date		
Course completion date		
I have read and understood the orientation and handbook.	Student Signature:	Date:

STUDENT	
Printed Name:	
Address:	Signature:
STUDENT EMERGENCY CONTACT NUMBER (FRIEND OR FAMILY MEMBER)	
Name:	
Contact Number:	

OFFICE USE ONLY

NAME OF AHBC STAFF DETAILING THIS CONTRACT:	
Print Name:	
Date:	Signature:
WITNESS	
Name:	
Signature:	

Administration sign to acknowledge the contract

Sign and print: _____

- Administrator please scan and save to student electronic file upon completion.