SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE

I confirm that in relation to:
(student’s full name):

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 citizenship by descent extract
☐ A proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 – 2.20 of these Guidelines
☐ Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student’s foreign passport or ImmiCard.
☐ a Referral to Government Subsidised Training - Asylum Seekers’ form from the Asylum Seeker Resource Centre or the Australian Red Cross

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 2.2(b)(iii) of the Guidelines About Determining Student Eligibility and Supporting Evidence];

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 2.2(iii) of these Guidelines [where verified through the DVS];

AND if the student’s age is relevant to their eligibility, and the document produced from the list above does not include a date of birth (or if the date of birth has not been verified through use of the DVS), I have also SIGHTED and RETAINED a copy of ONE of the following:

☐ current drivers licence
☐ ‘Keypass’ card
☐ current learner permit
☐ Not applicable
☐ Proof of Age card
SECTION B – EDUCATION HISTORY

TO BE COMPLETED BY THE STUDENT – DO NOT LEAVE ANY SECTIONS BLANK – PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DO NOT UNDERSTAND A QUESTION

Q1 What is the highest qualification (not including secondary or high school) that you have COMPLETED, or EXPECT TO COMPLETE at the time the training you are applying for is scheduled to start? (include code and full title of qualification if possible, eg Certificate III in Aged Care. If you have not completed any qualification, write ‘not applicable’)

Q2 How many other government funded courses have you enrolled in that will start in the same calendar year as the course/s you are applying for now? (DON’T include the course/s you are applying for now. DO include other course/s at this and other training providers you’ve enrolled in, but haven’t started yet).

0 1 2 3 4+ (circle number)

Q3 Not including the course/s you are applying for now, how many other government funded courses are you doing at the moment?

0 1 2 3 4+ (circle number)

Q4 In your lifetime, how many government funded courses have you started (commenced) that are at the same level as the one you are applying for now? If you are applying for a course on the Foundation Skills List, tick ‘not applicable’.

0 1 2 3 4+ (circle number) □ not applicable

STUDENT DECLARATION

I, (print your full name):

In seeking to enrol in (write the code and full title of the qualification/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 may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand how enrolling in the above qualification/s will affect my future training options and eligibility for further government subsidised 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

Number of Courses Student is currently eligible for: ☐ 0 ☐ 1 ☐ 2

Eligibility exemption granted: ☐ YES ☐ NO

Based on:
• discussion with the student;
• the evidence I have sighted (and retained a copy of) in Section A; and
• the information provided to me by the student in Section B of this form;

I believe that the above individual satisfies the Entitlement to Funded Training eligibility criteria as set out in the VET Funding Contract and is eligible for funding under the Skill First Program for the following qualification/s:

(write the code and full title of the qualification/s in which the student is seeking to enrol)

I have also sighted and retained (where applicable) relevant evidence required to grant an exemption from eligibility requirements or other limitations pursuant to any initiatives in Part C of Schedule 1 of the VET Funding Contract and as specified in Clause 2.21 of the Guidelines About Determining Student Eligibility and Supporting Evidence.

I acknowledge that as the Training Provider’s authorised delegate, I am responsible for ensuring that all parts of this form are complete. By signing this Declaration, I acknowledge that I have reviewed Sections A and B and have confirmed they have been completed in full.

Authorised Training Provider Delegate:

Name:

Position:

Signed

Date:

NOTES

Use this section to record additional detail, relevant eligibility information, including information used by the Training Provider to verify the student's eligibility that is not captured in Sections A or B.

If there are no notes, write N/A