**Attachment 1 - *SKILLS FIRST* PROGRAM - EVIDENCE OF ELIGIBILITY AND STUDENT DECLARATION FORM**

**SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE**

**TO BE COMPLETED BY AN AUTHORISED DELEGATE OF THE TRAINING PROVIDER – DON’T LEAVE ANY SECTIONS BLANK**

|  |  |
| --- | --- |
| **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 Certificate of Registration by Descent |
|[ ]  A proxy declaration for individuals in exceptional circumstances as per Clauses 2.12 – 2.16 of the Guidelines About Eligibility (the Eligibility 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 | [ ]  | **[FOR TAFE/ DUAL SECTOR/ LEARN LOCAL ORGANISATIONS ENROLMENT ONLY – delete field if not required]** confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa. |
| 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 Eligibility Guidelines*]; 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 Eligibility Guidelines*]; OR |
|[ ]  relying on evidence sighted and retained as part of a previous enrolment [*in accordance with Clause 2.8 of the Eligibility Guidelines*] OR |
| 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 Eligibility Guidelines [*where verified through the DVS];* OR  |
|[ ]  declaration of sighting a digital green Medicare card [*as set out in Clause 2.5(d) of the Eligibility Guidelines*]*;* OR |
| 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 |[ ]  Not applicable |
| [ ]  | current learner permit  |[ ]  Proof of Age card |

**SECTION B1 – EDUCATION HISTORY (ENROLMENT IN A QUALIFICATION)**

**SECTION B2 – EDUCATION HISTORY (ENROLMENT IN A SKILL SET) – Removed / Not Applicable**

**TO BE COMPLETED BY THE STUDENT – DON’T LEAVE ANY SECTION BLANK UNLESS YOU ARE ASKED TO SKIP A QUESTION OR GO TO THE DECLARATION – PLEASE ASK THE TRAINING PROVIDER FOR HELP IF YOU DON’T UNDERSTAND A QUESTION**

|  |
| --- |
| A ‘**skill set’** means a course with the title ‘Course in…’ or a single subject, or small group of subjects (for example ‘Course in Family Violence’, ‘Infection control Skill Set (Retail)’). A ‘**qualification**’ means a course that has ‘Certificate’ or ‘Diploma’ in the title (for example, ‘Certificate III in Business’, ‘Diploma of Nursing’). |
| **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, for example, Certificate III in Aged Care. If you have not completed* ***any*** *qualification, write ‘none’)* |
|  |  |
| **Q2** | How many other ***Skills First* funded** qualifications have you enrolled in that have started, or will start in the **same calendar year** as the qualification/s you are applying for now? (**Don’t** include the qualification/s you are applying for now. **Do** include other qualification/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 qualification/s you are applying for now, how many other ***Skills First* funded** skill sets and/or qualifications are you doing at the moment? |
| 0 | 1 | 2 | 3 | 4+ | *(circle number)* |
| **Q4** | In your lifetime, how many **government funded** qualifications have you started that are at the same level as the one you are applying for now?  |
| 0 | 1 | 2 | 3 | 4+ | *(circle number)*  |  |
| **FOR JOBTRAINER ENROLMENT ONLY - Certificate IV in WHS only** |
| **Q9** | Are you seeking to enrol in a qualification under the JobTrainer initiative? **Note**: You can only enrol in **one qualification** under the JobTrainer initiative. |
|  | YES | NO | (circle answer) | *(If ‘NO’, go to Student Declaration)* |
| **Q10** | If you answered ‘**YES’** to Q9, have you previously started a qualification under the JobTrainer initiative? |
|  | YES | NO | (circle answer) | *(If ‘NO’, go to Q12)* |
| **Q11** | If you answered ‘**YES’** to Q10, are you applying to recommence in the same qualification that you already started under the JobTrainer initiative? |
|  | YES | NO | (circle answer) | *(If ‘YES’ or ‘NO’, go to Student Declaration)* |
| **Q12** | Are you 18 to 24 years old? |
|  | YES | NO | (circle answer) | *(If ‘YES’, go to Student Declaration)* |
| **Q13** | Are you a job seeker? |
|  | YES | NO | (circle answer) | *(If ‘NO’, go to Student Declaration)* |
| **Q14** | If you answered ‘**YES’** to Q13, tick any of these boxes if they apply to you: |
|  | [ ]   | I have a current and valid Health Care Card, Pensioner Concession Card or Veteran’s Gold Card | [ ]   | I have a letter from my employer or a company receiver on company letterhead that says I have been, or will be, made redundant or retrenched  |
|  | [ ]   | I have a separation certificate from my employer |  |
|  | *(If you* ticked *a box, go to Student Declaration)* |
| **Q15** | If you did not tick any of the boxes in Q14, you can make a declaration that you are a job seeker by ticking this box and signing this form. |
|  | [ ]  | I declare that I am currently unemployed |

**SECTION B3 – EDUCATION HISTORY (STUDENT DECLARATION)**

**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 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 – DON’T LEAVE ANY SECTIONS BLANK**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of qualifications 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 *Skills First* Entitlement eligibility requirements as set out in the VET Funding Contract (the Contract) and the Guidelines About Eligibility (the Eligibility Guidelines) and is eligible for funding under the *Skills First* Program for the following program/s:*(write the code and full title of the program/s in which the student is seeking to enrol)* |
|  |
| Where applicable I have also sighted and retained relevant evidence required to grant an exemption from eligibility requirements or other limits under any initiatives in Part C of Schedule 1 of the Contract and as specified in Attachment 4 of the Eligibility Guidelines.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** |