**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** | | | | |