

Attachment 3 - 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 – DO NOT LEAVE ANY SECTIONS BLANK

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

I have **SIGHTED** one of the following:

- | | |
|---|---|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> Current Australian Passport |
| <input type="checkbox"/> Current New Zealand Passport | <input type="checkbox"/> Australian Citizenship certificate |
| <input type="checkbox"/> Current green Medicare card | <input type="checkbox"/> Australian citizenship by descent extract |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per Clauses 2.16 – 2.20 of these Guidelines | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard. |
| <input type="checkbox"/> a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> [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**:

- | |
|--|
| <input type="checkbox"/> viewing an original; OR |
| <input type="checkbox"/> viewing a certified copy; OR |
| <input type="checkbox"/> verifying through the Document Verification Service (DVS) [<i>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</i>]; OR |
| <input type="checkbox"/> [FOR TAFE/ DUAL SECTOR/ LEARN LOCAL ORGANISATIONS ENROLMENT ONLY – delete field if not required] viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.. |

AND I have **RETAINED** one of the following:

- | |
|--|
| <input type="checkbox"/> a copy of the original or certified copy; OR |
| <input type="checkbox"/> the certified copy; OR |
| <input type="checkbox"/> evidence as set out in Clause 2.2(iii) of these Guidelines [<i>where verified through the DVS</i>]; OR |
| <input type="checkbox"/> [FOR TAFE/ DUAL SECTOR/ LEARN LOCAL ORGANISATIONS ENROLMENT ONLY – delete field if not required] a printed or electronic copy of a record from VEVO that confirms the student holds a valid Bridging Visa Class E, Safe Haven Enterprise Visa or Temporary Protection Visa.. |

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:

- | | |
|--|---|
| <input type="checkbox"/> current drivers licence | <input type="checkbox"/> 'Keypass' card |
| <input type="checkbox"/> current learner permit | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 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 have started, or 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

[FOR TAFE/DUAL SECTOR ENROLMENT ONLY – delete Q5, Q6 and Q7 if not required]

Q5 If you are applying for a course on the 'Free TAFE for Priority Courses List', do you want to access your opportunity to receive a Fee Waiver for this course? **Note:** You can only receive a Fee Waiver for one course on this list.

YES NO Not applicable *(circle answer)* *(If 'NO', or 'not applicable' proceed to Student Declaration)*

Q6 If you answered 'YES' to Q5, have you already received a Fee Waiver for this course or for any other course on the 'Free TAFE for Priority Courses List'?

YES NO *(circle answer)* *(If 'NO', proceed to Student Declaration)*

Q7 If you answered 'YES' to Q6, are you applying to recommence in the same course for which you previously received a Fee Waiver?

YES NO *(circle answer)*

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