Section A – evidence of citizenship/residency							
To be completed by an authorised delegate of the training provider – do not leave any section blank .							
I confirm that for: (student's full name)							
	<u> </u>						
I have	sighted ONE of the following:						
	Australian Birth Certificate (not Birth Extract)		New Zealand Birth Certificate				
	current Australian Passport		New Zealand Citizenship Certificate				
	current New Zealand Passport		a proxy declaration for individuals in exceptional circumstances as per Clauses 2.13 – 2.17 of the Guidelines About Eligibility				
	Australian Citizenship Certificate		confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student's foreign passport or ImmiCard				
	current green Medicare card		confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program.				
	Australian Certificate of Registration by Descent						
By eit	her:						
	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 Guidelines About Eligibility]; 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 Guidelines About Eligibility]; or						
	relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Guidelines About Eligibility]; or						
	verifying through VEVO, and viewing supporting evidence, if required [in accordance with Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility].						
And I	have retained ONE of the following:						
	a copy of the original or certified copy; OR						
	the certified copy; OR	the certified copy; OR					
	evidence as set out in Clause 2.5(c) of the Gu	evidence as set out in Clause 2.5(c) of the Guidelines About Eligibility [where verified through the DVS]; OR					
	declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Guidelines About Eligibility];						
П	evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Fligibility (where verified						



through VEVO]; or

in clause 2.6 of the Guidelines About Eligibility].

declaration of sighting a document where a student has objected to their document being retained [as set out

Section B - student declaration

To be completed by the student – don't leave any question blank unless you are asked to skip a question or go to the declaration. Please ask your training provider for help if you don't understand a question.

Q1	Write t	Write the name of the course/s you're applying for				
Q2	Are you doing, or have you done any other Skills First training in 2024? Tick your response.					
		No				
-		Yes - write the course name(s) below. Include training you haven't started yet.				
Q3		u enrolled in a school, including government, non-government, independent, Catholic or school?				
		No				
		Yes				
Q4	Are you enrolled in the Commonwealth Government's Skills for Education and Employment program?					
		No				
		Yes				
Stuc	lent decl	aration – read and complete the declaration below.				
•	Gover	rstand that my enrolment may be subsidised by the Victorian and Commonwealth nment under the Skills First Program. I understand my enrolment may affect my eligibility for Skills First training.				
•	I understand that the Department of Jobs, Skills, Industry and Regions may contact me to participate in a survey or interview.					
•	I decla	are the information in this form is true and accurate.				
Name:						
Signature:						
Date:						

Attachment 1 - Skills First program - evidence of eligibility and student declaration form

Section B - Free TAFE [Questions 5-7 below are for TAFEs only, delete if n/a]

Q5 Are you applying for a Free TAFE course? Tick your response							
		No – go to Student Declaration					
		Yes – go to Q6					
Q6	Do you want to use your Free TAFE fee waiver for this course? Tick your response						
		No – go to the Student Declaration					
		Yes – go to Q7					
Q7	Have you had a fee waiver for a Free TAFE course before? Tick your response						
		No - go to the Student Declaration					
		Yes - write the course name/s below					
	Cour	se name	What year did you start this course?	Did you complete this course?			
				☐ Yes ☐ No			
				□ Yes □ No			
				□ Yes □ No			

Attachment 1 - Skills First program - evidence of eligibility and student declaration form

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Section C -	- training provider declaration				
To be completed by the training provider – do not leave any sections blank					
Program(s) the	student is seeking to enrol in (include program code and name):				
Based on:					
• the evidence	ce I have sighted and retained in Section A;				
• the informa	ation the student has provided, including in Section B; and				
 any additio 	nal information I acquired and recorded in the 'notes' section below;				
I confirm the s	student is eligible for Skills First funding for the program/s listed above because they:				
	Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker ogram;				
□ are not	enrolled in a school (except if they are doing a School Based Apprenticeship or Traineeship);				
□ will not	be:				
• C	commencing more than 2 Skills First AQF qualifications in the same year				
• C	commencing more than 2 Skills First Skills Sets in the same year				
• d	loing more than 2 Skills First programs at the same time; and				
☐ (if appl	icable) are enrolling in a Foundation Skills Program, and they:				
■ d	lo not currently hold a qualification at AQF level 5 (Diploma) or higher,				
	are not enrolled in the Commonwealth Government's 'Skills for Education and Employment' (SEE) program.				
Authorised tra	ining provider declaration				
By signing this	declaration, I acknowledge that:				
• I am res	sponsible for ensuring that all parts of this form are complete.				
• I have r	reviewed Sections A and B and have confirmed they have been completed in full.				
Name:					
Position:					
Signature:					
Date:					
Notes					
	onal details or eligibility information, including information you used to verify the student's eligibility that d in Sections A or B.				
	notes, write N/A				