

Attachment 3

SKILLS FIRST PROGRAM

EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A - To be completed by an authorised delegate of the Training Provider

Evidence of citizenship/residency and age

I confirm that in relation to _____
(Student's full name)

I have sighted: an original; or a certified copy; or I have verified through use of a document verification service (where it is possible to do so) **one** of the following:

- | | |
|---|--|
| <input type="checkbox"/> an Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> a current Australian Passport |
| <input type="checkbox"/> a current New Zealand Passport | <input type="checkbox"/> a naturalisation certificate |
| <input type="checkbox"/> a current <u>green</u> Medicare Card | <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 documentation issued by the Australian Department of Immigration and Border Protection confirming permanent residence | <input type="checkbox"/> an Australian citizenship by descent extract |

OR if the individual is undertaking training under the Asylum Seeker VET Program and meets the requirements set out in Clause 17 of Schedule 1 of the VET Funding Contract, I have sighted:

- a Referral Letter from the Asylum Seeker Resource Centre or the Australian Red Cross, or
- for TAFE Institutes and Learn Locals organisations only, an electronic or printed record demonstrating that the student holds a current valid Bridging Visa Class E (BVE), Safe Haven Enterprise Visa (SHEV) or Temporary Protection Visa (TPV) as verified via the Commonwealth's *Visa Entitlement Verification Online* (VEVO).

AND I have retained:

- a copy of the original or certified copy, or
- the certified copy, or
- secure login access to the administrative function of a document verification service whereby a record can be viewed or extracted that confirms that the individual's name and date of birth were verified to match a valid document number;

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, I have also sighted and retained a copy of:

- a current drivers licence, or a current learner permit, or a Proof of Age card, or a 'Keypass' card

NB: The Training Provider must retain a copy of all documentation used in Section A, as per Section 2 of these Guidelines.

Section B - To be completed by the student

Education history

Q1. The highest qualification I have *completed* OR *will have completed at the time the training that I am seeking to enrol in is scheduled to start* is:

(Include full title of qualification, eg. Certificate III in Aged Care)

Q2. Not including the course/s you are seeking to enrol in now, how many other government funded courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.

0 1 2 3 4+ (circle number)

Q3. Not including the course/s you are seeking to enrol in now, how many other government funded courses are you undertaking training in 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? Don't answer this question if you are seeking to enrol in a course on the Foundation Skills List.

0 1 2 3 4+ (circle number)

Q5. **(FOR TAFE/DUAL SECTOR ENROLMENT ONLY)** If you are seeking to enrol in a course on the 'Free TAFE for Priority Courses List' at a TAFE or Dual Sector University, have you previously commenced a course on the 'Free TAFE for Priority Courses List' and received a fee waiver/exemption for that course?

YES NO (circle answer)

Q6 **(FOR TAFE/DUAL SECTOR ENROLMENT ONLY)** If your response to question 5 is 'YES', are you seeking to recommence the same course for which you previously received a fee/waiver exemption?

YES NO (circle answer)

Student declaration

I _____, in seeking to enrol in
(Student's full name)

(Include full title of qualification/s in which you are seeking to enrol)

declare the following to be true and accurate statements:

- a. I AM / AM NOT enrolled in a school, including government, non-government, independent, Catholic or home school. (circle appropriate response)
- b. I AM / AM NOT enrolled in the Commonwealth Government's *Skills for Education and Employment* program. (circle appropriate response):
- c. I understand that my enrolment in the above qualification/s may be subsidised by the Victorian and Commonwealth Governments 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.
- d. I acknowledge and understand that I may be contacted by the Department or an agent to participate in a student survey, interview or other questionnaire.

Signed: _____ Date: _____

Section C - To be completed by an authorised delegate of the Training Provider

Number of courses student is currently eligible for: 1 2

Training Provider declaration

Based on discussion with the student, the above 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

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:

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

Authorised Training Provider delegate:

Name: _____

Position: _____

Signed: _____ Date: _____

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