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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I confirm that for:**  (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 |
|  | New Zealand Birth Certificate | |  | New Zealand Citizenship Certificate |
|  | A proxy declaration for individuals in exceptional circumstances as per Clauses 2.12 – 2.16 of the Guidelines About Eligibility (the Eligibility Guidelines) | |  | Confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student’s foreign passport or ImmiCard |
|  |  | | ☐ | Confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program. |
| 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 2.9 of the Eligibility Guidelines] OR | | |
|  | | verifying through VEVO,and viewing supporting evidence, if required [in accordance with Clause 2.5(e) or (f) or 2.6(a) or (b) of the Eligibility Guidelines]. | | |
| 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 | | | |
|  | | evidence as set out in Clause 2.5(e) or (f) or 2.6(a) or (b) of the Eligibility Guidelines [where verified through VEVO]. | | | |

**SECTION B1 – ENROLMENT IN A QUALIFICATION AND/OR SKILL SET**

**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’).  A ‘**qualification**’ means a course that has ‘Certificate’ or ‘Diploma’ in the title (for example, ‘Certificate III in Business’, ‘Diploma of Nursing’). | | | | | | | | | | | | | | | | | | | |
| **Q1** | If you are enrolling in a qualification, how many other **Skills Firstfunded 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 you’ve enrolled in at this or another training provider, but haven’t started yet. | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | N/A | 0 | 1 | 2 | 3 | 4+ | *(circle answer)* | | | | | | | | | | | | | | | | | | | |
| **Q2** | If you are enrolling in skill set, how many other **Skills First funded** skill sets have you enrolled in that have started, or will start in the **same calendar year** as the skill set you are applying for now?  **Don’t** include the skill set you are applying for now.  **Do** include other skill set/s you’ve enrolled in at this or another training provider, but haven’t started yet. | | | | | | | | | | | | | | | | | | |
|  | N/A | 0 | | | 1 | | 2 | | | | | 3 | | | 4+ | *(circle answer)* | |
| **Q3** | Not including the qualification or skill set/s you are applying for now, how many other **Skills First funded** qualifications and/or skill sets are you doing at the moment? | | | | | | | | | | | | | | | | | | |
|  | | 0 | | 1 | | | 2 | | | 3 | | | 4+ | | *(circle answer)* | | | |
| **Q4** | If you are enrolling in a Foundation Skills program, do you have a qualification at a Diploma level or higher? | | | | | | | | | | | | | | | | | | |
|  | N/A | | | Yes | | | | | | No | | | | | | *(circle answer)* | | | |
| **[FOR TAFE/DUAL SECTOR ENROLMENT ONLY – delete Q5 – Q9 if not required]** | | | | | | | | | | | | | | | | | | | |
| **Q5** | If you are applying for a qualification on the ‘Free TAFE for Priority Courses List’, do you want to access your Fee Waiver for this qualification? **Note:** You can only receive a Fee Waiver for **one qualification** on this list unless you’re eligible to do a further qualification(s) as part of a Free TAFE pathway. | | | | | | | | | | | | | | | | | | |
| YES | | | | | NO | | | N/A | | | | (*circle answer*) | | | | *(If ‘NO’, or ‘not applicable’ go to Student Declaration)* | | |
| **Q6** | If you answered **‘YES’** to Q5, have you already received a Fee Waiver for **this qualification** or for **any other qualification** on the ‘Free TAFE for Priority Courses List? | | | | | | | | | | | | | | | | | | |
|  | YES | | | | | NO | | | | | | | (*circle answer*) | | | | *(If ‘NO’, go to Student Declaration)* | | |
| **Q7** | If you answered ‘**YES’** to Q6, are you applying to recommence in the same qualification for which you previously received a Fee Waiver? | | | | | | | | | | | | | | | | | | |
| YES | | | | | NO | | | | | | | (*circle answer*) | | | | *(If ‘YES’ go to Student Declaration)* | | |
| **Q8** | If you answered ‘**NO**’ to Q7, did you receive the Fee Waiver for a qualification under the **JobTrainer** initiative? | | | | | | | | | | | | | | | | | | |
|  | YES | | | | | NO | | | | | | | (*circle answer*) | | | |  | | |
| **Q9** | For which qualification(s) have you already received a Fee Waiver? | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | |  |

**SECTION B2–STUDENT DECLARATION**

**STUDENT DECLARATION**

|  |  |
| --- | --- |
| **I,** *(print your full name)*: |  |
|  | |
| **In seeking to enrol in** *(write the code and full title of the qualification/s or skill set/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 and/or skill set/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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Based on:   * my discussion with the student * the evidence I have sighted and retained in **Section A** * the information provided to me by the student in **Section B**   I confirm that the student is: **[CHOOSE ONE]**   |  |  | | --- | --- | |  | eligible for Skills First funding for the program/s listed below | |  | not eligible for Skills First funding | |  | not eligible for Skills First funding, but I have granted an eligibility exemption for the program/s listed below. |   *(write the code and full title of the program/s in which the student is seeking to enrol)* | |
|  | |
| 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 you used to verify the student’s eligibility that is not captured in Sections A or B.  **If there are no notes, write N/A** | |