|  |
| --- |
| **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) |  |

**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 2.14 – 2.18 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 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 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 |
|[ ]  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]; |
|[ ]  evidence as set out in Clause 2.5(e) or (f) or 2.7(a) or (b) of the Guidelines About Eligibility [where verified through VEVO]; or |
|[ ]  declaration of sighting a document where a student has objected to their document being retained [as set out in clause 2.6 of the Guidelines About Eligibility]. |

|  |
| --- |
| **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 the name of the course/s you’re applying for

|  |
| --- |
|  |

**Q2** Are you doing, or have you done any other Skills First training in 2025? Tick your response.

[ ]  No

[ ]  Yes - write the course name(s) below. Include training you haven’t started yet.

|  |
| --- |
|  |

**Q3** Are you enrolled in a school, including government, non-government, independent, Catholic or home school?

[ ]  No

[ ]  Yes

**Q4** Are you enrolled in the Commonwealth Government’s Skills for Education and Employment program?

[ ]  No

[ ]  Yes

**Student declaration** – read and complete the declaration below.

* I understand that my enrolment may be subsidised by the Victorian and Commonwealth Government under the Skills First Program. I understand my enrolment may affect my eligibility for more 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 declare the information in this form is true and accurate.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

|  |
| --- |
| **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

|  |  |  |
| --- | --- | --- |
| Course name | What year did you start this course? | Did you complete this course? |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |

|  |
| --- |
| **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 I have sighted and retained in Section A;
* the information the student has provided, including in Section B; and
* any additional information I acquired and recorded in the ‘notes’ section below;

**I confirm the student is eligible for Skills First funding for the program/s listed above because they:**

☐ are an Australian or New Zealand citizen, or permanent resident of Australia, or eligible for the Asylum Seeker VET Program;

☐ are not enrolled in a school (except if they are doing a School Based Apprenticeship or Traineeship);

☐ will not be:

* commencing more than 2 Skills First AQF qualifications in the same year
* commencing more than 2 Skills First Skills Sets in the same year
* doing more than 2 Skills First programs at the same time; and

☐ (if applicable) are enrolling in a Foundation Skills Program, and they:

* do 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 training provider declaration**

By signing this declaration, I acknowledge that:

* I am responsible for ensuring that all parts of this form are complete.
* I have reviewed Sections A and B and have confirmed they have been completed in full.

|  |  |
| --- | --- |
| **Name:**  |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |

**Notes**

|  |
| --- |
| Record additional details or 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 |