

ATTACHMENT 1 - 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 2.11 – 2.15 of the Guidelines About Eligibility (the Eligibility Guidelines) | ☐ Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard. |
| ☐ a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | ☐ Confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa, Bridging visa class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa. |

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 2.8 of the Eligibility Guidelines] OR
- ☐ viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa, Bridging visa class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa.

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
- ☐ 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, Temporary Protection visa Bridging visa class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa.

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 Are you already enrolled in any **Skills First funded** training?

Yes

No

(circle answer)

If "NO" go to Q4

Q2 How many other **Skills First funded qualifications or skill sets** 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 or skill sets you are applying for now.

Do include other qualification/s or skill sets you've enrolled in at this or another training provider, but haven't started yet.

Qualifications 0 1 2 3 4+ (circle number)

Skill sets: 0 1 2 3 4+ (circle number)

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 number)

Q4 If you are enrolling in a Foundation Skills program, do you have a qualification at a Diploma level or higher?

Yes

No

N/A

(circle answer)

[FOR TAFE/DUAL SECTOR ENROLMENT ONLY – delete Q5 – Q8 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 do a further qualification as part of a Free TAFE pathway.

YES

NO

Not applicable

(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, what was the qualification(s) for which you previously 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