

SECTION A – TO BE COMPLETED BY AN AUTHORISED DELEGATE OF MILCOM INSTITUTE

(Don't Leave any Sections Blank)

Evidence of citizenship/residency and age

I confirm that in relation to _____

(Student's full name)

 I have sighted **ONE** of the following:

- | | |
|---|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> Current Australian Passport |
| <input type="checkbox"/> Current New Zealand Passport | <input type="checkbox"/> Australian Citizenship Certificate |
| <input type="checkbox"/> Current green Medicare card | <input type="checkbox"/> Australian Certificate of Registration by Descent |
| <input type="checkbox"/> New Zealand Birth Certificate | <input type="checkbox"/> New Zealand Citizenship Certificate |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per Clauses 2.11 – 2.15 of the Guidelines About Eligibility (the Eligibility Guidelines) | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard. |
| <input type="checkbox"/> a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross | <input type="checkbox"/> 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, or Humanitarian Stay (Temporary) (subclass 449) 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, or Humanitarian Stay (Temporary) (subclass 449) 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, or Humanitarian Stay (Temporary) (subclass 449) visa..

 And if the student's age is relevant to their eligibility, and **ONLY IF** the evidence of citizenship/residency does not show a date of birth, I have also sighted and retained a copy of one of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> current drivers licence | <input type="checkbox"/> 'Keypass' card | <input type="checkbox"/> current foreign passport |
| <input type="checkbox"/> current learner permit | <input type="checkbox"/> Proof of Age card | <input type="checkbox"/> Not applicable |

SECTION B1 - TO BE COMPLETED BY THE STUDENT (ENROLMENT IN A QUALIFICATION)

NOTE: Please ensure that the form is correctly completed. Failure to complete all student areas may result in not being accepted for funding unless you are asked to skip a question.

Education history

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. The highest qualification I have completed or **EXPECT TO COMPLETE** at the time the training I am applying for is scheduled to start is:

(Include code and full title of qualification if possible, e.g. 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 qualification/s you are seeking to enrol in now, how many other Skills First Funded skill sets and/or courses are you undertaking training in at the moment?

0 1 2 3 4+ (circle number)

Q4. In your lifetime, how many government funded qualifications have you started (commenced) that are at the same level as the one you are applying for now? Please tick 'not applicable' if you are seeking to enrol for Foundation Skills Program.

0 1 2 3 4+ (circle number) not applicable

SECTION B2 - TO BE COMPLETED BY THE STUDENT (ENROLMENT IN A SKILL SET)

NOTE: Please ensure that the form is correctly completed. Failure to complete all student areas may result in not being accepted for funding unless you are asked to skip a question.

Education history

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. 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)

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Q2. Not including the qualification/s you are seeking to enrol in now, how many other Skills First Funded skill sets and/or courses are you undertaking training in at the moment?

0 1 2 3 4+ (circle number)

Q3. Please tick any of these boxes if you are doing, or will start, one of the skill sets on this list:

Construction Industry Skill Set Course in Identifying and Responding to Family Violence Risk

Q4. Do you have a qualification at a Diploma level or higher?

YES NO (circle answer)

Q5. Are you seeking to enrol in a skill set under the JobTrainer? Note: You can only enrol in one course under the JobTrainer.

YES NO (circle answer) (If 'NO', proceed to Student Declaration)

Q6. If you answered 'YES' to Q5, have you previously started a course under the JobTrainer initiative?

YES NO (circle answer) (If 'NO', proceed to Q 8)

Q7. If you answered 'YES' to Q6, are you applying to recommence in the same skill set that you already started under the JobTrainer?

YES NO (circle answer) (Proceed to Student Declaration)

Q8. Are you 17 to 24 years old?

YES NO (circle answer) (If 'YES', proceed to Student Declaration)

Q9. Are you a job seeker?

YES NO (circle answer) (If 'NO', proceed to Student Declaration)

Q10. If you answered 'YES' to Q9, tick any of these boxes if they apply to you:

- I have a current and valid Health Care Card, Pensioner Concession Card or Veteran's Gold Card or am the dependant of card holder
- I have a letter from my employer or a company receiver on company letterhead that says I have been, or will be, made redundant or retrenched
- I have a separation certificate from my employer

(If you ticked a box, proceed to Student Declaration)

Q11. If you did not tick any of the boxes in Q10, you can make a declaration that you are a job seeker by ticking this box and signing this form.

I declare that I am currently unemployed.

SECTION B3 – EDUCATION HISTORY (STUDENT DECLARATION)**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 of education and training or an agent to participate in a survey, interview or other questionnaire.

Signed: _____ Date: _____

SKILLS FIRST PROGRAM
2022 EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

SECTION C - TO BE COMPLETED BY AN AUTHORISED DELEGATE OF THE TRAINING PROVIDER

Number of courses student is currently eligible for: 0 1 2

Eligibility Exemption granted: YES NO

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.

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

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:

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 used by the Training Provider to verify the student's eligibility that is not captured in Sections A or B.*