

Skills First

2025 - Evidence of Student Eligibility and Student Declaration

Section A - To be completed by an authorised delegate of Milcom Institute

Do not leave any section 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 green Medicare card
<input type="checkbox"/> Australian Citizenship Certificate
<input type="checkbox"/> Australian Certificate of Registration by Descent
<input type="checkbox"/> confirmation via the Visa Entitlement Verification Online System (VEVO) of permanent residence AND the student's foreign passport or ImmiCard | <input type="checkbox"/> New Zealand Birth Certificate (not Birth Extract)
<input type="checkbox"/> New Zealand Citizenship Certificate
<input type="checkbox"/> current New Zealand Passport
<input type="checkbox"/> a proxy declaration for individuals in exceptional Guidelines About Eligibility
<input type="checkbox"/> 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 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
- a 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].

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Section B – To be completed by the student

Do not leave any question blank unless you are asked to skip a question or to go to the declaration.
Please ask your training provider for help if you don't understand a question.

Student Declaration

1. Write the name of the course/s you're applying for:

(Qualification Code)

(Qualification Title)

2. Are you currently enrolled in, or have you done any other Skills First training in 2025?

No

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

(Qualification Code)

(Qualification Title)

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

Yes

No

4. Are you enrolled in the Commonwealth Government's Skills for Education and Employment program?

Yes

No

Student declaration – read and complete the declaration below

I, (student's full name) _____ declare that:

- 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

Signed _____

Date _____

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Section C – To be completed by an authorised delegate of Milcom Institute

Do not leave any section blank

Training provider declaration

Program(s) the student is seeking to enrol in (include program code and name):

(Qualification Code) (Qualification Title)

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 (student's full name) _____ 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;

Authorised training provider delegate 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 _____

Signed _____ **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, tick N/A

N/A