

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)	
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I have sighted ONE of the following:

- | | |
|--|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract) | <input type="checkbox"/> New Zealand Birth Certificate |
| <input type="checkbox"/> current Australian Passport | <input type="checkbox"/> New Zealand Citizenship Certificate |
| <input type="checkbox"/> current New Zealand Passport | <input type="checkbox"/> a proxy declaration for individuals in exceptional circumstances as per Clauses 2.13 – 2.17 of the Guidelines About Eligibility |
| <input type="checkbox"/> Australian Citizenship Certificate | <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"/> current green Medicare card | <input type="checkbox"/> confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program. |
| <input type="checkbox"/> 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

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Q2 Are you doing, or have you done any other Skills First training in 2024? Tick your response.

☐ No

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

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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 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):

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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