

This form will be used to determine your eligibility for NSW Smart and Skilled subsidised training. Please complete all of the areas below.

Full Name:			
Date of Birth:		Current age	
What is your residency status:			
<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Humanitarian Visa <input type="checkbox"/> New Zealand Citizen			
Have you achieved any qualifications since leaving school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please indicate the highest level qualification you have achieved _____			
Are you registered or intending to be registered as a NSW New Entrant trainee for the qualification in which you are seeking subsidised training? <input type="checkbox"/> Yes <input type="checkbox"/> No			

YOU MAY BE ELIGIBLE FOR A CONCESSION OR FEE-FREE SCHOLARSHIP. THE FOLLOWING INFORMATION WILL BE USED TO DETERMINE ELIGIBILITY

Are you Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you undertaken any other Smart & Skilled qualifications this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you in receipt of a Disability Support Pension (DSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a dependent child or spouse of a person in receipt of a DSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been assessed by a specialist health professional as a student with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you in receipt of an eligible welfare payment from Centrelink? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify _____	
Are you a dependent child or spouse of a person in receipt of an eligible welfare payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify _____	
I am currently receiving the following Entitlements(s):	
<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Exceptional Circumstances Relief Payment <input type="checkbox"/> Family Tax Benefit Part A (maximum rate) <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Newstart Allowance* *Not eligible for traineeships	<input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Payments <input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow Pension <input type="checkbox"/> Widow 'B' Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance
I am currently a dependent child, spouse or partner of a recipient of an eligible payment:	
<input type="checkbox"/> Dependent child of a Beneficiary (Excluding the Disability Support Pension) (CHLD) <input type="checkbox"/> Dependent spouse or partner of Beneficiary (excluding the Disability Support Pension) (PART)	<input type="checkbox"/> Dependent child of a Disability Support Pension Beneficiary (DCH2) <input type="checkbox"/> Dependent spouse or partner of a Disability Support Pension Beneficiary (DPA2)
Evidence that Centrelink accepts the child/spouse/partner as a dependent must be sighted. A concession or exemption of the student fee will be determined based on this information. If your circumstances change after enrolment, this will not change your fees. Acceptable proof of concession eligibility includes:	
<ul style="list-style-type: none"> ○ A letter from Centrelink confirming receipt of the benefit clearly showing your Centrelink Reference Number. (CRN) ○ A current Centrelink Income Statement that clearly shows the benefit or allowance category & the CRN 	

<ul style="list-style-type: none"> ○ A current concession card showing the CRN (PPS only) ○ Evidence that Centrelink accepts you as the dependent child, spouse of partner of a beneficiary receiving a benefit or allowance 	
Are you a client of an Employment Service Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please indicate Employment Service Provider Organisation/ID _____ Employment Service Provider Client ID _____ Have you been referred to this training by an Employment Service Provider client? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Employment Service Provider referral ID _____ Employment Service Provider letter of confirmation of Long term Unemployed (over 12 Months) to be provided.	
Are you living in NSW Social Housing? This includes	
Public housing (owned and managed by the NSW Government or managed by a community housing provider)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community housing (owned and/or managed by community housing providers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal housing (owned and/or managed by the Aboriginal Housing Office (AHO) and Aboriginal Community Housing Providers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clients receiving crisis accommodation/supported accommodation (Specialist Homelessness Services)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clients receiving private rental assistance funded by Family and Community Services (for example: private rental subsidy, rental bond loans, tenancy guarantees).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proof of eligibility document check list – copy MUST be provided and retained

Document	Sighted by	Date
Identity (including full name, date of birth & residential address) – please indicate document type:		
Citizenship (Australian Birth Certificate, passport, Certificate of Evidence of Resident Status (CERS) or Humanitarian Visa		
Certified copies of Certificates or Statements of Attainment including transcripts		
TCID or Training Plan Proposal for New Entrant trainees		
Centrelink evidence – proof of DSP or other Eligible Benefit		
Employment Service Provider letter		

Declaration

I _____

of

hereby declare the above information to be true and correct. In understand that providing false information could mean paying back funding subsidies to the NSW Department of Education and Communities

Signed: _____

Date: _____