

SKILLS FIRST PROGRAM 2024

EVIDENCE OF STUDENT ELIGIBILITY AND STUDENT DECLARATION

Section A- EVIDENCE OF CITIZENSHIP/RESIDENCY

To be completed by an authorised delegate of ITHEA - DO NOT LEAVE ANY SECTION BLANK

I confirm that for: Lamya Hassan (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 checked="" 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 2.13 – 2.17 of the Guidelines About Eligibility	<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"/> Confirmation that the student meets the eligibility criteria for the Asylum Seeker VET Program.	

By EITHER

<input type="checkbox"/> Viewing an original; OR	<input type="checkbox"/> Viewing a certified copy; OR
<input type="checkbox"/> Verifying through the Document Verification Services (DVS) [where it is possible to do so, and in accordance with Clause 2.5 (c) of the Guidelines About Eligibility]; OR	
<input type="checkbox"/> 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	
<input type="checkbox"/> Relying on evidence sighted and retained as part of a previous enrolment [in accordance with Clause 2.10 of the Guidelines About Eligibility]; OR	
<input type="checkbox"/> 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:

<input type="checkbox"/> A copy of the original or certified copy, <u>OR</u>	<input type="checkbox"/> The certified copy, <u>OR</u>
<input type="checkbox"/> Evidence as set out in Clause 2.5 (c) of the Guidelines About Eligibility (where verified through the DVS); OR	
<input type="checkbox"/> Declaration of sighting a digital green Medicare Card [as set out in Clause 2.5 (d) of the Guidelines About Eligibility]; OR	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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

Certificate 3 in individual support (disability)

(write the code and full title of the qualification/s or skill set/s)

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.

(write the code and full title of the qualification/s or skill set/s)

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.

Full Name:

Lamya Hassan

Signed:



Date:

20/12/2024

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

(write the code and full title of program/s in which the student is seeking to enrol)

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.

Authorised ITHEA delegate :

..... Name Position Signature/...../..... Date
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Notes Record additional detail or eligibility information, including information you have used to verify the student's eligibility that is not captured in Sections A or B. **If there are no notes, write N/A.**