



Skills First Funding & JobTrainer

Evidence of Eligibility and Student Declaration Form

Instructions

If you wish to apply for government funding through the Skills First Funding scheme please complete **Sections A & B**, as well as the **Student Declaration & Privacy Notice of this form** and submit it with your enrolment forms.

Once completed, please email to Administration at admin@acfb.edu.au and either bring in your original documents or mail original certified documents as part of the required evidence as outlined below.

SECTION A - TO BE COMPLETED BY THE STUDENT

DO NOT LEAVE ANY SECTIONS BLANK – Please ask ACFB for help if you do not understand a question

Student Details

(Given Name) _____ (Family Name) _____

(Address) _____

(Suburb) _____ (State) _____ (Postcode) _____

(Phone) _____ (Gender) _____ (Date of Birth) _____

(Email Address) _____

Course Selection

I am seeking to enrol in the following qualification(s):	Standard	Funded	Concession
Fitness Courses			
<input type="checkbox"/> SIS30315 Certificate III in Fitness <i>(ONLY)</i>	\$2,150	\$1,350	\$270
<input type="checkbox"/> SIS40215 Certificate IV in Fitness <i>(ONLY)</i>	\$2,150	\$950	\$190
Personal Trainers Course			
<input type="checkbox"/> SIS30315 Certificate III in Fitness AND SIS40215 Certificate IV in Fitness	\$4,300	\$2,100	\$460
Massage / Myotherapy Courses			
<input type="checkbox"/> HLT42015 Certificate IV in Massage Therapy	\$4,450	\$950	\$190
<input type="checkbox"/> HLT52015 Diploma of Remedial Massage	\$13,990	\$8,750	
<input type="checkbox"/> 22316VIC Advanced Diploma of Myotherapy	\$8,450	\$4,125	

Please note: In establishing your eligibility and collecting your evidence, ACFB will need to either:

- View and retain an original; OR view and retain 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*



SECTION A (Continued)

I declare that the following to be true and accurate statements:

I reside in Victoria

a) I meet the following citizenship/residency requirements:

- Australian Citizen. Australian Permanent Resident (holder of a permanent visa). A New Zealand Citizen

b) AND are any of the following:

- A young person under 20 years; (as at the 1st of January in the year of commencement of training)
An applicant who is an Apprentice; or
An applicant seeking a higher qualification than the highest qualification already held

SECTION B - TO BE COMPLETED BY THE STUDENT

To be completed by the student – do not leave any sections blank unless you are asked to skip a question or go to the declaration – please ask ACFB for help if you do not understand a question.

A 'qualification' means a course that has 'Certificate' or 'Diploma' in the title (for example 'Certificate III in Business', Diploma of Nursing'). 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', Infection control Skill Set (Retail)).

a) What is the highest qualification (not including secondary or high school) that you have COMPLETED, or EXPECT TO COMPLETE at the time the training you are applying for is scheduled to start? (include code and full title of qualification if possible, eg Certificate III in Aged Care. If you have not completed any qualification, write 'not applicable')

[Empty text box for qualification details]

(Include full title of qualification, eg. Certificate III in Aged Care. Sighted originals or original certified copies MUST be provided for the qualification you list in this field)

b) How many other Skills First funded qualifications have you enrolled in that have started, or will start in the same calendar year as the qualification/s you are applying for now? (DON'T include the qualification/s you are applying for now. DO include other qualification/s at this and other training providers you've enrolled in, but haven't started yet).

0 [] 1 [] 2 [] 3 [] 4+ [] (tick number)

c) Not including the qualification/s you are applying for now, how many other Skills First funded skill sets and/or qualifications are you doing at the moment?

0 [] 1 [] 2 [] 3 [] 4+ [] (tick number)

d) In your lifetime, how many government funded qualifications have you started that are at the same level as the one you are applying for now? If you are applying for a qualification on the Foundation Skills List, tick 'not applicable'.

0 [] 1 [] 2 [] 3 [] 4+ [] (tick number) [] (not applicable)



SECTION B (Continued)

e) Are you seeking to enrol in a course under the JobTrainer Initiative? Note: You can only enrol in one course under the JobTrainer initiative.

Yes - **ONLY applicable if you are enrolling in the Certificate IV in Massage Therapy AND if you have confirmed this with an ACFB Course Consultant. Answer questions below.**

No **(If NO, proceed to Student Declaration on the following page)**

f) If you answered 'YES' to Question (e), have you previously started a course under the JobTrainer initiative.

Yes No (If NO, proceed to Question (h)

g) If you answered 'YES' to Question (f), are you applying to recommence the SAME course that you already started under the JobTrainer initiative.

Yes No **(If NO, proceed to Student Declaration on the following page)**

h) Are you 17 to 24 years old?

Yes No **(If YES, proceed to Student Declaration on the following page)**

i) Are you a job seeker?

Yes No **(If NO, proceed to Student Declaration on the following page)**

j) If you answered 'YES' to Question (i), 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

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

k) If you did not tick any of the boxes in Question (j), 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.



STUDENT DECLARATION

I declare that 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. *(tick appropriate response)*

b) ***I AM*** / ***AM NOT*** enrolled in the Commonwealth Government's Skills for Education and Employment program. *(tick appropriate response)*

I am aware that I may only enrol, or be enrolled in a maximum of two (2) government subsidised courses per year and at any one time, and;

I understand that my enrolment in the above qualification/s and/or skill set/s may be subsidised by the Victorian and Commonwealth Government under the *Skills First* Program. I understand how my enrolment will affect my future training options and eligibility for further training under the *Skills First* program.

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

I hereby state, that the information I have provided is true and correct and agree to the terms and conditions of my selected course(s) as outlined in ACFB's Enrolment Form and Student Handbook.

Student Signature

Date



OFFICE USE ONLY - ACFB Declaration

To be completed by an authorised delegate of ACFB

I confirm that in relation to (Student's full name) _____

I have sighted one of the following:

- an Australian Birth Certificate (not Birth Extract)
a current Australian Passport
a current New Zealand Passport
an Australian Citizenship certificate
a current green Medicare Card
an Australian citizenship by descent extract
a proxy declaration for individuals in exceptional circumstances as per Clauses 2.12 – 2.16 of the Guidelines About Eligibility (the Eligibility Guidelines)
Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard.
a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross

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]

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];

And I have sighted and retained acceptable evidence if the student's previous qualification(s) is relevant to their eligibility;

- certificate & transcripts

And if the student has a valid concession card issued by Centrelink;

- valid concession card

AND if the student's age is relevant to their eligibility, and the document produced from the list above does not include a date of birth (or if the date of birth has not been verified through use of the DVS), I have also SIGHTED and RETAINED a copy of ONE of the following:

- a current drivers licence, a Proof of Age card, Not applicable
a current learner permit, a 'Keypass' card

Eligibility exemption granted YES NO

Number of qualifications this student is currently eligible for: 0 1 2



OFFICE USE ONLY - ACFB Declaration (Cont)

To be completed by an authorised delegate of ACFB

Evidence of Eligibility for a General Concession (if applicable)

I (ACFB delegate)

Have sighted a digital concession card of:

(Students Name)

Date the digital concession card was sighted:

Document number of concession card:

Card Date:

Document type:

Evidence of Eligibility for a Digital Green Medicare Card (if applicable)

I (ACFB delegate)

Have sighted a digital green Medicare card displayed on a Digital Wallet through Express Plus Medicare mobile application on the cardholder's mobile device.

(Students Name)

Date the digital Medicare card was sighted:

Document number:

ACFB Delegate Declaration

Based on; discussion with the student, the 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 (listed on the previous page) satisfies the Skills First Entitlement eligibility requirements as set out in the VET Funding Contract (the Contract) and the Guidelines About Eligibility (the Eligibility Guidelines) 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)

Where applicable I have also sighted and retained relevant evidence required to grant an exemption from eligibility requirements or other limits under any initiatives in Part C of Schedule 1 of the VET Funding Contract and as specified in Attachment 4 of the Eligibility Guidelines.

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 RTO delegate:

Name: _____ Position: _____

Signed: _____ Date: _____