



# Skills First Funding

## 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](mailto: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
<b>Fitness Courses</b>			
<input type="checkbox"/> SIS30321 Certificate III in Fitness ( <i>ONLY</i> )	\$2,150	\$1,350	\$270
<input type="checkbox"/> SIS40221 Certificate IV in Fitness ( <i>ONLY</i> )	\$2,150	\$950	\$190
<b>Personal Trainers Course</b>			
<input type="checkbox"/> SIS30321 Certificate III in Fitness <b>AND</b> SIS40221 Certificate IV in Fitness	\$4,300	\$2,100	\$460
<b>Massage / Myotherapy Courses</b>			
<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

A holder of a permanent visa

A New Zealand Citizen

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) 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 you've enrolled in at this or another training provider but haven't started yet).

0  1  2  3  4+  (tick number)

b) 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)

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 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.

[Signature box]

[Date box]

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:**

- Australian Birth Certificate (not Birth Extract)
- Current Australian Passport
- New Zealand Birth Certificate
- Current green Medicare Card
- Australian Citizenship certificate
- New Zealand Citizenship Certificate
- Australian citizenship by descent extract
- Current New Zealand Passport
- A proxy declaration for individuals in exceptional circumstances as per Clauses 2.11 – 2.15 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
- Confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa, Bridging visa class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa.

**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]
- viewing a printed or electronic record from VEVO that confirms a student holds valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa, Bridging visa class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa.

**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];
- a printed or electronic copy of a record from VEVO that confirms the student holds a valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa Bridging visa class F, Humanitarian Stay (Temporary) (subclass 449) visa, or Temporary (Humanitarian Concern) (subclass 786) visa.

**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 ONLY IF the evidence of citizenship/residency does not show a date of birth, I have also sighted and retained a copy of one of the following:**

- Current drivers licence,
- Proof of Age card,
- Current Foreign Passport
- Current learner permit,
- 'Keypass' card
- Not applicable



**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 Start Date:

Expiry 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:

Valid to Date:

Document number:

**ACFB Delegate Declaration**

Based on my 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 confirm that the student is: [CHOOSE ONE]

eligible for Skills First funding for the program/s listed below

not eligible for Skills First funding

not eligible for Skills First funding, but I have granted an eligibility exemption for the program/s listed below.

(Include full title of qualification/s in which the student is seeking to enrol)

Where I have granted an exemption under any initiatives in Part C of Schedule 1 of the Contract, I have sighted and retained any additional evidence specified in Part C of Schedule 1 of the Contract.

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: \_\_\_\_\_