

### Instructions to Applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to:  
Orange International College Pty Ltd – Level 6,416–420 Collins Street Melbourne Victoria 3000

Telephone: +61 3 9670 2985 (press 5 for Traineeship/Apprenticeship) | Mobile +61 488 267 496 | Email: [traineeship@orange.edu.au](mailto:traineeship@orange.edu.au) |

[www.orange.edu.au](http://www.orange.edu.au)

- You MUST complete all details required as well as sign the Declaration on the last page (Page 4) of this form and return it to Orange College.
- You MUST provide OC with evidence of identity and other evidence of eligibility for subsidised training through NSW Smart & Skilled. OC staff will need to see your evidence and will need to copy this evidence for our records before enrolment is accepted for Smart & Skilled funding.

To enable OC to confirm your eligibility and provide you with details of course fees (if applicable) to enrol you in accredited training subsidised through NSW Smart & Skilled you MUST complete this form and return it to OC. Email [info@orange.edu.au](mailto:info@orange.edu.au).

[traineeship@orange.edu.au](mailto:traineeship@orange.edu.au)

PERSONAL DETAILS-- (Please use block letters)										
1.	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other <input type="checkbox"/>	(Please specify)					
2.	Given Name(s)									
3.	Family Name			4.	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Not specified <input type="checkbox"/>		
5.	Date of Birth (Day/Month/Year):			Are you over 15 years old?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.	USI Number									
7.	Residential Address									
	Flat/Unit & Street No			8.	Email					
	Street			9.	Phone/Mobile Number					
	Suburb			Postcode		State/Territory				
10.	In the event of an emergency, do you give the College permission to organize emergency transport and treatment, and do you agree to pay all costs related to the emergency? (This applies only to students attending classroom-based courses)						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	Emergency contact name			Relationship						
	Contact phone			Mobile						
COURSE DETAILS										
11.	Please select ONE course that you wish to enrol in from the following:									
	CPC30220 Certificate III in Carpentry <input type="checkbox"/>				CPC30620 Certificate III in Painting and Decorating <input type="checkbox"/>					
12.	What Training Program are you interested in? (Please select which types from the following list – select ONE type from each line):									
	Full Qualification <input type="checkbox"/>		Part Qualification <input type="checkbox"/>		Pre-Vocational (TNI) <input type="checkbox"/>		Others (Please specify) <input type="checkbox"/>			
13.	What Training Delivery Method are you interested in? (Please select ONE type from the following list)									
	Face-to-face <input type="checkbox"/>		On-line/Distance <input type="checkbox"/>		Work-Based <input type="checkbox"/>		Mixed Mode/Blended <input type="checkbox"/>			
14.	Have you undertaken any other Smart and Skilled qualifications this calendar year?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
RESIDENCY STATUS										
15.	Country of Birth			16.	City/Town of Birth					
17.	Resident Type									
	Australian Citizen <input type="checkbox"/>		Australian Permanent Resident <input type="checkbox"/>		New Zealand Citizen <input type="checkbox"/>		Humanitarian Visa <input type="checkbox"/>		None of these <input type="checkbox"/>	
18.	In what year did you arrive in Australia?									
LANGUAGE AND DIVERSITY										
19.	Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often.)									
	No, English only <input type="checkbox"/>			Go to Question 26			Yes, other <input type="checkbox"/>		(Please specify)	
20.	How well do you speak English?		Very well <input type="checkbox"/>		Well <input type="checkbox"/>		Not well <input type="checkbox"/>		Not at all <input type="checkbox"/>	
21.	Are you of Aboriginal or Torres Strait Islander origin?			No <input type="checkbox"/>		Yes, Aboriginal <input type="checkbox"/>		Yes, Torres Strait Islander <input type="checkbox"/>		
PREVIOUS QUALIFICATIONS ACHIEVED AND SCHOOLING										
22.	Have you SUCCESSFULLY completed any of the following qualifications since turning 17?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	If YES, then tick ANY applicable boxes and indicate the name of the qualification in the space provided:			Bachelor's degree or higher degree <input type="checkbox"/>			Advanced diploma or associate degree <input type="checkbox"/>			

	Diploma (or Associate Diploma) <input type="checkbox"/>	Certificate IV (or Advanced Certificate/ Technician) <input type="checkbox"/>	Certificate III (or Trade Certificate) <input type="checkbox"/>
	Certificate II <input type="checkbox"/>	Certificate I <input type="checkbox"/>	Other education including certificates or overseas qualifications not listed above <input type="checkbox"/>
23.	What is your highest COMPLETED school level?		
	Year 12 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>
	Year 9 or equivalent <input type="checkbox"/>	Year 8 or below <input type="checkbox"/>	Never attended school <input type="checkbox"/>
24.	In which YEAR did you complete that school level?		
25.	Are you registered or intending to be registered in an Apprenticeship/Traineeship for this qualification in NSW?	Yes, Registered <input type="checkbox"/>	Yes, Intending to be a Registered <input type="checkbox"/> No <input type="checkbox"/>
	(If you answered "Yes" to the above question, please select ONE type from the following list):		
	Apprenticeship <input type="checkbox"/>	New Entrant Traineeship <input type="checkbox"/>	Existing Worker Traineeship <input type="checkbox"/> Other <input type="checkbox"/>
26.	TCID (if applicable)	N.B. Attach evidence of your approved Training Contract	

**DISABILITY**

The information provided in response to the following questions will assist us in implementing any strategies or providing additional resources, etc., to assist you with your learning.

27.	Do you require any additional support or assistance to complete your studies? (If you answer "Yes", please specify below the type of assistance required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I have difficulty with comprehension/understanding tasks <input type="checkbox"/>	I have other difficulties (please provide details below) <input type="checkbox"/>	
	I have difficulty reading and/or writing <input type="checkbox"/>		
	I have difficulty in maintaining concentration <input type="checkbox"/>	I have a medical condition that may prevent me from undertaking certain tasks <input type="checkbox"/>	
28.	Do you have a disability, impairment or long-term condition? (Please tick relevant box)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Go to Question 31
	(If YES, then please indicate the areas of disability, impairment or long-term condition)		
	Hearing/Deaf <input type="checkbox"/>	Learning <input type="checkbox"/>	Vision <input type="checkbox"/> Acquired brain impairment <input type="checkbox"/>
	Physical <input type="checkbox"/>	Mental Illness <input type="checkbox"/>	Mobility <input type="checkbox"/> Medical Condition <input type="checkbox"/>
	Intellectual <input type="checkbox"/>	Other <input type="checkbox"/> (Please specify)	
29.	Have you been assessed by a specialist health professional as a student with a Disability? (If yes, please provide a supporting statement from your medical practitioner, an appropriate government agency, or a relevant specialist allied health professional).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30.	Are you in receipt of a Disability Support Pension (DSP)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31.	Are you a dependent child or spouse/partner of a person in receipt of a DSP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32.	Are you the dependent child, spouse or partner of a recipient of an eligible payment? (If "yes", please select the relevant category below):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Dependent child of a Beneficiary (excluding the Disability Support Pension (CHLD))?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Dependent spouse or partner of Beneficiary (excluding the Disability Support Pension) (PART)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Dependent child of a Disability Support Pension Beneficiary (DCH2)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• Dependent spouse or partner of a Disability Support Pension Beneficiary (DPA2)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**EMPLOYMENT STATUS**

33.	Which BEST describes your <u>current</u> employment status?		
	Employed - unpaid worker in family business <input type="checkbox"/>	Full-time employee <input type="checkbox"/>	Part-time employee <input type="checkbox"/>
	Unemployed - seeking full-time work <input type="checkbox"/>	Unemployed - seeking part-time work <input type="checkbox"/>	Not employed - not seeking employment <input type="checkbox"/>
	Other status - not specified <input type="checkbox"/>	Employer <input type="checkbox"/>	Self-employed - not employing others <input type="checkbox"/>
	Employed but at risk of unemployment and meet one of the following criteria: <input type="checkbox"/>		
	<input type="checkbox"/> Stood down/furloughed employee <input type="checkbox"/> Have been employed for 6 months or less <input type="checkbox"/> Working in a low skilled/unskilled position <input type="checkbox"/> Working in a declining industry <input type="checkbox"/> I am a veteran or a veteran's recognized partner		
34.	If you are employed, are you currently working in NSW?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

35.	Are you a client of an Employment Services (Jobactive) Provider? (If you answer "Yes" to this question please provide the following details):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Employment Services (Jobactive) Provider name/ID:		
	Employment Services Client I.D.:		
36.	Have you been referred to this training by an Employment Services (Jobactive) Provider? (If you answer "Yes" to the above question please provide the following details):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37.	Do you have appropriate evidence of long-term unemployed status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38.	Please provide your Employer details below (if applicable):		
	Employer's Organisation Name:		
	Employer's Contact Name:		
	Employer's Business Address:	Level/Suite & Street No	Street:
		Suburb	Postcode:

(Only respond to the following questions if you are not currently working on a full-time basis)

**WELFARE STATUS**

39.	Are you a NSW resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40.	Are you living in NSW Social Housing or is your household on the NSW Housing Register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
41.	Are you applying for a Fee-Free Scholarship or being enrolled under a waiver of fees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
42.	Are you still attending secondary school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If yes, what year are you in?	
43.	Please indicate your current welfare status		
	Dependent Child or Spouse of a welfare recipient <input type="checkbox"/>	Welfare recipient <input type="checkbox"/>	Not a welfare recipient <input type="checkbox"/>
	(If Yes, please indicate the type of payment from the list below):		
	<input type="checkbox"/> Age Pension	<input type="checkbox"/> Austudy	<input type="checkbox"/> Carer Payment
	<input type="checkbox"/> Exceptional Circumstances Relief Payment	<input type="checkbox"/> Farm Household Allowance	<input type="checkbox"/> Disability Support Pension
	<input type="checkbox"/> Sickness Allowance	<input type="checkbox"/> Special Benefit	<input type="checkbox"/> Family Tax Benefit Part A – Maximum Rate
	<input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Veteran's Affairs Pensions	<input type="checkbox"/> Newstart Allowance (Not eligible for Traineeships)
	<input type="checkbox"/> Wife Pension	<input type="checkbox"/> Veteran's Children Education Scheme	<input type="checkbox"/> Youth Allowance
	<input type="checkbox"/> Widow Pension	<input type="checkbox"/> Widow Allowance	<input type="checkbox"/> Widow B Pension

(N.B. Attach either a letter or a current Income Statement from the Dept of Human Services (Centrelink), a current Concession Card or any other evidence that shows the CRN and benefit category)

**STUDY REASON**

44.	Which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? (Please tick ONE box only)			
	Get a job <input type="checkbox"/>	Requirement of my job <input type="checkbox"/>	Get a better job/promotion <input type="checkbox"/>	Personal interest <input type="checkbox"/>
	Extra skills for my job <input type="checkbox"/>	Start my own business <input type="checkbox"/>	Another course of study <input type="checkbox"/>	Other reasons <input type="checkbox"/>
	Try for a different career <input type="checkbox"/>	Self-development <input type="checkbox"/>	Develop my existing business <input type="checkbox"/>	

**CREDIT FOR PREVIOUS STUDIES**

45.	Do you wish to apply for credit for previous studies (e.g. Credit Transfer or Recognition of Prior Learning)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure* <input type="checkbox"/>
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If you are claiming Credit Transfer or Recognition of Prior Learning, please submit an application. Copies of previous academic records must be certified by a Public Notary or Justice of the Peace or legal practitioner and certified copies must be attached to this application. Official English language translations must also be attached if this documentation has been issued in another language. If more than one qualification has been completed, please attach separately. \*If unsure, please advise at a later date – preferably within 2 weeks of course commencement.

**FEE EXEMPTION**

46.	Do you wish to claim fee exemption?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(If yes, please tick the option that applies to you)	Recipient of Fee-Free Scholarship, which includes the following: <input type="checkbox"/>	
	Aboriginal or Torres Strait Islander <input type="checkbox"/>	Refugee or asylum seeker	<input type="checkbox"/>
	Student with disability <input type="checkbox"/>	Aged 15-17 years old and currently in out-of-home care	<input type="checkbox"/>
	Dependent of a person with disability <input type="checkbox"/>	Aged 18-30 years old and previously in out-of-home care	<input type="checkbox"/>
		Aged between 15 and 30 at the start date for training and eligible for concession fee (i.e. a Commonwealth Government benefit recipient)	<input type="checkbox"/>

**REFERRAL SOURCE**

47.	How did you hear about Orange College?			
	Facebook <input type="checkbox"/>	Google <input type="checkbox"/>	Instagram <input type="checkbox"/>	LinkedIn <input type="checkbox"/>
	X (formerly Twitter) <input type="checkbox"/>	<a href="http://www.orange.edu.au">www.orange.edu.au</a> <input type="checkbox"/>	Word of mouth <input type="checkbox"/>	Others (please specify) <input type="checkbox"/>

**DECLARATION AND AGREEMENT**

1. By signing the declaration below, I agree that I have read and understand and agree to be bound by:
  - 1.1. the terms and conditions set out in this form and agree that, if I accept an offer of enrolment with Orange College (the College), the terms and conditions on this form will form part of the written agreement with the College);
  - 1.2. the policies of the College as amended from time to time and available electronically at <https://www.orange.edu.au/>
  - 1.3. the regulations set out in the Student Handbook as amended from time to time and made available electronically at <https://www.orange.edu.au/>
2. POLICIES: In addition, by signing this declaration, I agree that I have read and understand the following policies made available electronically by the College and located at <https://www.orange.edu.au/>
  - 2.1. Course Progress Policy;
  - 2.2. Deferring, Suspending or Cancelling Enrolment Policy;
  - 2.3. Course Credit Policy;
  - 2.4. 'Smart and Skilled Fee Administration Policy' and agree to pay the relevant student fee contribution (as per quotation/Commitment I.D. provided by the College) as advised upon successful outcome of application.
  - 2.5. Consumer Protection Policy and Students Complaints and Appeals Policy and understand that the availability of a complaints and appeals process does not remove the right to take further action under Australia's consumer protection laws; and
  - 2.6. Privacy policy.
3. I confirm that I:
  - 3.1. have read and understand the pre-enrolment information made available electronically by the College and located at <https://www.orange.edu.au/>
  - 3.2. have the financial capacity (full fee-paying students only) to pay all fees due on or before the due date and declare that I have the financial capacity to meet such fees and understand that my qualification may be withheld until my account is successfully finalised;
  - 3.3. will update the College immediately upon changing my address or other personal or contact details;
  - 3.4. agree that the College has the right to change conditions, course timetables and class locations and to cancel or defer courses at any time without notice;
  - 3.5. can be contacted by the College by any written, verbal or electronic means including email, facsimile, SMS, telephone or post;
  - 3.6. understand that tasks need to be regularly submitted to facilitate successful progression through the course;
  - 3.7. confirm that all information and documents submitted by me as part of this Application for Enrolment are my own and are true and correct in all details;
  - 3.8. understand that if I have provided false and/or misleading information, it may affect my enrolment and I could be required to pay back any subsidies received from the NSW Department of Education –Training Services Division (or its successors) to that Department.
  - 3.9. understand that if my enrolment is terminated any further submissions of tasks will not be marked and a Statement of Attainment will be issued for completed units only.
4. UNIQUE STUDENT IDENTIFIER: I understand that I am required to have a Unique Student Identifier (USI) which I can obtain from <http://usi.gov.au>. In the event that I do not obtain my own USI, I give permission for the College to obtain my USI upon submission of the USI Application and I am required to activate this through the USI portal <http://usi.gov.au>
5. I understand my USI will be used in the Notification of Enrolment Process and used when reporting Training Activity Data to the Department and I consent for my USI to be used for these purposes.
6. I understand and consent for the information provided in this application to be disclosed to the following:
  - Department of Human Services (Centrelink)
  - Department of Industry
  - NSW Department of Education –Training Services Division the Australian Skills Quality Authority (ASQA)
  - National Centre for Vocation Education Research (NCVER)
  - Jobactive/Employment Services Provider
7. As a Registered Training Organization (RTO) OC Holdings Pty Ltd is required under the Apprenticeships and Traineeships Act 2001 to disclose information to the following:
  - Your employer
  - Australian Apprenticeship Centres (AAC)
  - NSW State Training Services (Department of Education and Communities)
8. I understand that any information provided in this application may be provided to the above-mentioned parties.

Signature of Applicant:		Date:	
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**TERMS & CONDITIONS****COURSE BREAKS**

You may not take holidays at any other times than the College's scheduled holiday periods, except in emergencies, when "special leave" may be granted at the discretion of the College. In cases where special leave is granted, course fees for the period of leave will not be credited to an extension of the course.

**UNIQUE STUDENT IDENTIFIER:** The College can be prevented from issuing you with a nationally recognised VET qualification or Statement of Attainment if you complete your course but do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-USI/> or you can authorize the College to do so on your behalf.

**MARKETING AND ADVERTISING**

By signing this form I consent to the College using my photograph, image, likeness and/or comments for marketing and promotional materials use. If you wish to withdraw your consent at any time, please notify the College in writing.

**COURSE DELIVERY MODES**

Courses may be delivered in a number of modes including face to face, online and may include practical and/or work experience components (which may be delivered outside the College's main campus).

**LITERACY AND NUMERACY:** To successfully complete your training, you must be able to check and record competently, read, comprehend, estimate, measure and calculate. If required, the College may refer you to Literacy and Numeracy training in identified areas to ensure that you meet the requirements of your training. Students may be asked to complete an on-line LLN test prior to enrolment or at induction in an endeavour to assist students by determining any special needs they may have to complete their studies.

**PRIVACY NOTICE:**

Information is collected on this form and during your enrolment in order to meet our obligations under the VET Quality Framework and to meet obligations under Australian laws generally. Information collected on this form and otherwise includes, but is not limited to, personal and contact details, course enrolment details and changes. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government, the NSW Government and designated authorities and, if relevant, the Australian Student Tuition Assurance Scheme and/or agencies. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

**INSURANCE**

The College holds public liability insurance cover and takes all reasonable care to prevent injury to students and comply with all relevant laws, including the Work Health and Safety Act, as amended from time to time.

**PAYMENTS –****Payment is required at the time of enrolment.**

Once fees are paid, receipts will be issued directly to students. Payments must be made in Australian Dollars. Payments can be made by Direct Deposit to Orange International College Pty Ltd thus:

**Bank:** ANZ

**BSB:** 0113304 **Account:** 641517122

**Account Name:** Orange International College Pty Ltd;

**SAFETY**

**You** (the student) agree that some of the activities undertaken at the College may involve some risk or hazard and by signing this form you agree to abide by all safety directions and instructions issued by the College. You agree to advise the College immediately if you contract a disease or illness or sustain an injury which is likely to be detrimental to the health or wellbeing of other students or any officers, employees or agents of the College.

In the event of an accident or illness, you authorise the College and its employees, officers and agents to obtain medical assistance for me and You agree to pay the expenses.

**INDEMNITY:** By signing this declaration, the student agrees that the College, its officers, trainers, employees, representatives, assignees, associated entities and/or agents shall not be held responsible and/or be under any liability as far as permitted by the laws of Australia (including the laws of the Commonwealth or of any State or Territory) and/or will not make any claim against them for the student's death, bodily injury, disability, loss, damages and/or property damage which may be sustained by the student. This includes claims which may be caused by the student in connection with or during the period of the student's attendance at any premises operated by OC, the student attending activities and/or excursions and/or in any accommodation arranged for the student. The student agrees to pay any direct and/or indirect costs incurred by the College and agrees also to fully indemnify the College for any costs and/or liabilities in relation to these activities and/or excursions organised by or on behalf of or with the assistance of the College or of which the College has knowledge.

PROOF OF ELIGIBILITY CHECKLIST:			
Original <b>MUST</b> be sighted and copy <b>MUST</b> be provided and retained by the college (please indicate document sighted online below each item number. Please tick if the document is attached to this application.)	College Authorized Signature	Date	Tick Box
A. Identity (including full name, date of birth, and residential address) – Driver’s Licence, Proof of Age Card			<input type="checkbox"/>
B. Citizenship (Australian Birth Certificate, Passport, Certificate Residency Status, Humanitarian Visa, Medicare Card (green)			<input type="checkbox"/>
C. Certified copies of Certificates or Statements of Attainment (including transcripts)			<input type="checkbox"/>
D. Training Plan Proposal or TCID for New Entrant Trainees			<input type="checkbox"/>
E. Centrelink Evidence – proof of DSP or other Eligibility Benefit			<input type="checkbox"/>
F. Employment Service Provider Letter			<input type="checkbox"/>
G. Aboriginal and/or Torres Strait Islander – proof of identity and Australian Citizenship			<input type="checkbox"/>
H. Medical Practitioner and/or Relevant Specialist/Allied Health Professional certification:			<input type="checkbox"/>

**CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION AND COMMUNITIES AND OTHER AUTHORISED AGENCIES**

I, \_\_\_\_\_  
 (provide First, middle and Surname)

of: \_\_\_\_\_  
 (provide current residential address)

Born on: \_\_\_\_\_  
 (provide date of birth)

Understand and agree that, under the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020, [insert name of the Provider is required to collect personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together Personal Information) and disclose that Personal Information to the Nat Onal Centre for Vocational Education Research Ltd (NCVER).

My Personal Information (including the personal information contained on my enrolment form and my training activity data) may be used or disclosed by (Insert name of the Provider] for statistical, regulatory and research purposes. [insert name of the Provider! may disclose my personal information for these purposes to third parties, including:

- School –if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer –if I am enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorized agencies, including the NSW Department of Education (Department);
- NCVER;
- Organizations (including the Department) conducting student surveys; and
- Researchers.

Personal Information disclosed to NCVER may be used or disclosed for the following purposes:

- issuing a VET Statement of Attainment or VET Qualification, and populating Authenticated VET Transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including program administration, regulation, monitoring and evaluation.

I may receive an NCVET student survey which may be administered by an NCVET employee, agent or third-party contractor. I may opt out of the survey at the time of being contacted.

NCVET will collect, hold, use and disclose my Personal Information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVET policies and protocols (including those published on NCVET's website at www.ncvet.edu.au).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidized training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I also acknowledge and agree that the Department may contact me by telephone, email, or post, during or after I have ceased subsidised training with [ insert name of the Provider] for the purposes of evaluating and assessing my subsidised training.

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

PRINT FULL NAME:

SIGNATURE:

DATE:

/ /

Note: if under 18 years of age at the time of giving consent, the consent of your parent/guardian is required.

PRINT FULL NAME OF PARENT/GUARDIAN:

DATE:

/ /

SIGNATURE OF PARENT/GUARDIAN:

DATE:

/ /

**ADMINISTRATION USE ONLY:**

- Evidence for exemption or concession has been provided with this application
- USI has been received and verified as valid
- RPL and/or Credit Transfer applications received (if applicable)

OC Representative name:

OC Representative signature:

Date received:

DATE CHECKED:

CHECKED BY:

ELIGIBLE / NOT ELIGIBLE

DATE APPLICANT NOTIFIED:

NOTIFIED BY:

**QUOTE**

DATE QUOTE PROVIDED TO APPLICANT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Received notification from applicant they wish to proceed with enrolment  YES  NO DATE ADVISED OF ACCEPTANCE OF QUOTE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COPY OF QUOTE ATTACHED TO THIS FORM

**NOTIFICATION OF ENROLMENT/COMMITMENT ID**

DATE COMMITMENT ID PROVIDED TO APPLICANT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PROVIDED

BY: \_\_\_\_\_

COPY OF COMMITMENT ID ATTACHED

**PROOF OF CONCESSION CHECKLIST:**

You may be eligible for a concession fee if you are currently receiving a benefit from Department of Human Services (Centrelink) or are a dependent child of a specified welfare recipient.

Concessions are available only to those who meet the Smart and Skilled eligibility requirements and for qualifications up to and including Certificate IV. Evidence for concession must be provided at the time of enrolment and cannot be adjusted.

Please select from one of the options below:

OPTION 1

I am currently in receipt of one of the benefits below:

- Age Pension
- Austudy
- Disability Support Pension
- Carer Payment
- Exceptional Circumstances Relief Payment
- Family Tax Benefit A – Maximum Rate
- Farm Household Allowance
- Newstart Allowance (not eligible for concession)
- Special Benefit
- Veterans’ Affairs Pensions
- Veterans’ Children Education Scheme
- Widow Allowance
- Widow B Pension
- Wife Pension
- Youth Allowance
- Parenting Payment (Single)
- Sickness Allowance

I have provided (please select one of the following) as evidence of receipt of the above benefit:

- Letter from the Department of Human Services (Centrelink)
- Current Pension Concession Card
- Current Department of Human Services (Centrelink) Income Statement

OPTION 2

I am currently a dependent child, spouse or partner of a recipient of an eligible Entitlement. Please select from the list below:

- I am a dependent child of a Beneficiary (excluding the Disability Support Pension)
- I am a spouse or partner of a Beneficiary (excluding the Disability Support Pension)
- I am a child of a Disability Support Pension (Centrelink/Veterans’ Affairs) Beneficiary
- I am a dependent spouse or partner of a Disability Support Pension (Centrelink/Veteran’s Affairs) Evidence must be provided at the

time of enrolment.

A letter or income statement from Centrelink/Veterans' Affairs must show CRN and clearly state the applicant is a dependent of the beneficiary.

Signature of Applicant:		Date:	
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FEE Protection

We are aware of our obligations as a Registered Training Organisation to protect any student fees paid in advance. To this effect, we do not collect fees in advance of more than \$1500.00

Refund Policy

Please refer to the Smart and Skilled Student Information Kit found on our website. This provides detailed information relating to fees and our refund policy.

**FEE-FREE SCHOLARSHIPS**

I wish to apply for Fee-Free Scholarships and I:

- meet the Smart and Skilled personal and program eligibility rules
- am aged between 15-30 years old at the time of this enrolment
- want to study a Smart and Skilled subsidised Certificate IV (or higher) qualification (listed on the NSW Skills List)
- am eligible for Smart and Skilled Concession Fee (I am currently a recipient listed under Option 1 or Option 2 as indicated in the Concession benefits and evidence listed above)

OR

- am a person with a disability (or their dependent) who are concession eligible undertaking their second Smart and Skilled qualification in the calendar year

Priority guarantee will be given to applicants who meet both the above criteria and who are also living in or currently on the waiting list for NSW Social Housing. To meet the requirements, you must meet one of the below.

I am currently (please tick below which applies to your current situation):

- a tenant of public housing (owned and managed by NSW Government or managed by a community housing provider)
- a tenant of community housing (owned and/or managed by community housing providers)
- a tenant of Aboriginal housing (owned and/or managed by the Aboriginal Housing Office (AHO) and Aboriginal Community Housing Providers)
- receiving crisis accommodation/support accommodation (Specialist Homelessness Services)
- receiving private rental assistance funded by Family and Community Services (e.g. private rental subsidy, rental bond loans, tenancy guarantees)

OR

- I am not currently a tenant of any of the above but I am currently on the waiting list and meet the eligibility for NSW social housing

By signing below, you are declaring that the information you have provided regarding your eligibility for Fee-Free Scholarships and Social Housing status is true and correct

Signature of Applicant:		Date:	
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