

**PROOF OF STUDENT ELIGIBILITY CHECKLIST (FOR SMART & SKILLED FUNDED TRAINING).**

- You **MUST** complete all details required as well as sign the Declaration on the last page (Page 4) of this form and return to Illawarra ITeC.
- You **MUST** provide ITeC with **evidence of identity and other evidence of eligibility for subsidised training through NSW Smart & Skilled.** ITeC staff will need to sight your evidence and will need to copy this evidence for our records prior to enrolment being accepted for Smart & Skilled funding.

To enable ITeC 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 to ITeC. Email [itec@illawarraitec.com.au](mailto:itec@illawarraitec.com.au), or Post: **PO Box 1700, Wollongong 2500** or delivering personally to: **1-5 Miller Street, Coniston. 2500**

<b>Qualification Name and Course Dates (if confirmed)</b>		
<b>Smart and Skilled Program Eligibility Requirements</b>  <b>(Examples of evidence required)</b>	<b>Student Information, Declaration and Signatures required</b>  <b>STUDENT'S MUST COMPLETE THIS COLUMN</b>	<b>EVIDENCE:</b> Copies of all evidence must be retained on file for Departments verification.
Full Name  <b>Proof of Identity:</b> Photo ID (eg: <i>Current Driver's Licence, Passport, or Student Photo ID</i> ).	First Name: _____  Middle Name (if applicable): _____  Last Name: _____	<b>Refer attached copy (circle one):</b> Current Driver's Licence / Proof of Age Current Passport Student Photo ID
Date of Birth  <b>Proof of Identity:</b> Photo ID (eg: <i>Current Driver's Licence, Passport, or Student Photo ID</i> ).	Date of Birth: <i>(Date/Month/Year)</i>  _____ / _____ / _____	<b>Refer attached copy (circle one):</b> Current Driver's Licence / Proof of Age Current Passport Student Photo ID
Full Residential Address  <i>(including Post Code):</i>	Address: _____  _____ Postcode: _____	<b>Refer attached copy (circle one):</b> Current Driver's Licence / Proof of Age Student Photo ID Other valid document

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<p>You <b>must</b> be:</p> <p>an Australian Citizen <b>or</b> Permanent Resident <b>or</b> Humanitarian Visa Holder</p> <p><b>Original documents or certified copies of any of the following:</b></p> <p><i>(eg Australian Birth Certificate, Australian Passport, Certificate of Evidence of Residence Status which confirms status as an Australian permanent resident, or Humanitarian Visa Holder).</i></p> <p><b>NOTE: If you do not meet this eligibility criteria please speak to one of Illawarra ITeCs staff about other options to complete this training.</b></p>	<p><i>(Tick appropriate document provided)</i></p> <p><input type="checkbox"/> Australian Birth Certificate</p> <p><input type="checkbox"/> Australian Passport</p> <p><input type="checkbox"/> Evidence of Permanent Residency</p> <p><input type="checkbox"/> Humanitarian Visa</p> <p><input type="checkbox"/> Medicare Card (green)</p>	<p>Copy/s of evidence must be retained on file for department verification.</p>
<p>Unique Student Identifier (USI)</p> <p><b>Refer</b> Student Pre-enrolment information herewith for details. ITeC will need to check with Office of USI Registrar to confirm.</p>	<p>Unique Student Identifier (USI) Number:</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Evidence verified with <i>Office of USI Registrar</i>. Printout from USI must be kept on file.</p> <p><input type="checkbox"/> Yes</p>
<p>Are you <b>currently</b> registered as a NSW Apprentice or New Entrant Trainee?</p> <p><i>Training Contract Identifier (TCID). Department's system checks against Training Contract details stored at State Training Services.</i></p>	<p><i>(Tick appropriate box)</i></p> <p><input type="checkbox"/> Yes - TCID No: _____</p> <p><input type="checkbox"/> No</p>	
<p>You must live or work in NSW</p> <p><b>You must sign the Student Declaration below to confirm this.</b></p>	<p>I declare I live or work in NSW. <input type="checkbox"/> Yes</p>	

<p>Previous highest qualification</p> <p>You must sign the Student Declaration below to confirm this. <i>(Department's system checks against Smart and Skilled records and checks against USI transcript).</i></p>	<p>I declare my previous highest qualification is:</p>	
<p>Do you have a disability? <b>OR</b></p> <p>Are you receiving Disability Support Pension or a dependent child of a recipient of a Disability Support Pension?</p> <p>Evidence to support this is required.</p> <p>Centrelink Evidence: proof of Disability Support Pension.</p> <p><i>(Additional Information: Documentary evidence of training support needs due to disability. A letter or statement from:</i></p> <ul style="list-style-type: none"> <li>- A medical practitioner</li> <li>- An appropriate government agency or</li> <li>- Relevant specialist allied health professional).</li> </ul> <p>or</p> <p>Centrelink Evidence: proof of dependent child of a recipient of a Disability Support Pension.</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If Yes, describe evidence provided:</p>	<p>Copy/s of evidence must be retained on file for department verification. State evidence being used.</p>
<p>Disability Student:</p> <p>I am entitled to exemption or concession in the year.</p> <p>You must sign the Student Declaration below to confirm this. <i>Department's system checks against Smart and Skilled records for enrolments, commencements and completions in the year.</i></p>	<p><input type="checkbox"/> I declare that I have not enrolled in any other courses with fee exemptions in <b>this</b> year.</p> <p><input type="checkbox"/> Not Applicable</p>	<p>Copy/s of evidence must be retained on file for department verification. State evidence being used.</p>

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<p>Are you a welfare recipient? <b>OR</b></p> <p>Are you a dependent child of a parent/carer in receipt of a Centrelink Benefit?</p> <p>Evidence to support this is required.</p> <p>Centrelink Evidence: proof of benefit e.g. health care card, letter from Job Active Provider, statement from Centrelink</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If Yes, describe evidence provided:</p> <p>Type of Centrelink Benefit: _____</p> <p>Jobactive/DES Provider: _____</p> <p>Contact Person: _____</p> <p>Phone No: _____</p>	<p>Copy/s of evidence must be retained on file for department verification. State evidence being used.</p>
<p>Are you classified as being long term unemployed (continuously for more than 52 weeks)?</p> <p>Evidence to support this is required.</p> <p>Required: letter from Centrelink or Job Active Provider</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If Yes, describe evidence provided:</p>	<p>Copy/s of evidence must be retained on file for department verification. State evidence being used.</p>
<p>Do you live in NSW Social Housing or are listed on the NSW Social Housing Register?</p> <p>Evidence to support this is required</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If Yes, describe evidence provided:</p>	<p>Copy/s of evidence must be retained on file for department verification. State evidence being used.</p>
<p>Are you of Aboriginal descent?</p> <p>You must sign the Student Declaration below to confirm this.</p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>	
<p><b>I (insert FULL NAME) _____ declare and confirm that the above information is true and correct.</b></p>		
<p><b>Signature: _____ Date: _____</b></p>		