

# Focal Holdings Pty Ltd

A.B.N. 16 064 243 367 RTO I.D. 90191

t/a Australian College of Hospitality; The Illawarra Business College; Australian College of Community Care

[www.tibc.nsw.edu.au](http://www.tibc.nsw.edu.au)

44 Raymond Street, BANKSTOWN NSW 2200

[info@focal.nsw.edu.au](mailto:info@focal.nsw.edu.au)

Ph: +61 2 9791 6555, 1800 501 277; 0431 296 322



## SMART & SKILLED ENROLMENT APPLICATION AND AGREEMENT

PERSONAL DETAILS – (Please use block letters)				1. Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	
2.	Given Name(s)			Other <input type="checkbox"/>	(Please specify)			
3.	Family Name			Male <input type="checkbox"/>	Female <input type="checkbox"/>	Not specified <input type="checkbox"/>		
5.	Date of Birth (Day/Month/Year):			6. USI Number				
7.	Residential Address			8. Email				
	Flat/Unit & Street No			9. Phone/Mobile Number				
	Street			Postcode		State/Territory		
	Suburb							
RESIDENCY STATUS								
10.	Country of Birth			11.	City/Town of Birth			
12.	Resident Type (please tick below whichever is applicable)							
	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"/>			
COURSE/S DETAILS - FULL QUALIFICATIONS (Please select ONE course that you wish to enrol in from the following list):								
<input type="checkbox"/>	BSB30120 Certificate III in Business	<input type="checkbox"/>	BSB40520 Certificate IV in Leadership and Management	<input type="checkbox"/>	SIT30821 Certificate III in Commercial Cookery			
<input type="checkbox"/>	BSB40120 Certificate IV in Business	<input type="checkbox"/>	BSB50420 Diploma of Leadership & Management	<input type="checkbox"/>	SIT40521 Certificate IV in Kitchen Management			
<input type="checkbox"/>	BSB50120 Diploma of Business	<input type="checkbox"/>	BSB60420 Advanced Diploma of Leadership & Management	<input type="checkbox"/>	SIT30622 Certificate III in Hospitality			
<input type="checkbox"/>	BSB60120 Advanced Diploma of Business	<input type="checkbox"/>	CHC33015 Certificate III in Individual Support	<input type="checkbox"/>	SIT50422 Diploma of Hospitality Management			
<input type="checkbox"/>		<input type="checkbox"/>	CHC43115 Certificate IV in Disability	<input type="checkbox"/>	SIT60322 Advanced Diploma of Hospitality Management			
13.	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"/>	New Entrant Apprenticeship <input type="checkbox"/>	New Entrant Traineeship <input type="checkbox"/>	School-Based Apprenticeship/Traineeship <input type="checkbox"/>				
DEMOGRAPHIC INFORMATION								
14.	Are you living in NSW Social Housing or is your household on the NSW Housing Register?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
15.	Are you applying for a Fee-Free Scholarship or being enrolled under a waiver of fees?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
16.	Are you still attending secondary school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What year are you in?				
PREVIOUS QUALIFICATIONS ACHIEVED								
17.	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):	Foundation <input type="checkbox"/>	Certificate I <input type="checkbox"/>					
	Certificate II <input type="checkbox"/>	Certificate III (or Trade Certificate) <input type="checkbox"/>	Certificate IV <input type="checkbox"/>					
	Certificate IV (or Adv Cert/Technician) <input type="checkbox"/>	Certificate IV and above with acquired disability <input type="checkbox"/>	Certificates other than the above <input type="checkbox"/>					
18.	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 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"/>	School-based Apprenticeship <input type="checkbox"/>	School-based Traineeship <input type="checkbox"/>			
19.	TCID (if applicable)	N.B. Attach evidence of your approved Training Contract						
20.	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"/>				
21.	Have you undertaken any other Smart and Skilled qualifications this calendar year?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
DISABILITY (Please tick relevant box)								
22.	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 25			
	(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)						
23.	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"/>		
24.	Are you in receipt of a Disability Support Pension (DSP)?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
25.	Are you a dependent child or spouse/partner of a person in receipt of a DSP?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
26.	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"/>		

WELFARE STATUS									
<b>27.</b>	<b>Please indicate your current welfare status</b>								
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"/>	Disability Support Pension		
<input type="checkbox"/>	Exceptional Circumstances Relief Payment	<input type="checkbox"/>	Farm Household Allowance	<input type="checkbox"/>	Family Tax Benefit Part A – Maximum Rate				
<input type="checkbox"/>	Sickness Allowance	<input type="checkbox"/>	Special Benefit	<input type="checkbox"/>	Newstart Allowance (Not eligible for Traineeships)				
<input type="checkbox"/>	Parenting Payment (Single)	<input type="checkbox"/>	Veteran’s Affairs Pensions	<input type="checkbox"/>	Veteran’s Children Education Scheme				
<input type="checkbox"/>	Wife Pension	<input type="checkbox"/>	Widow Allowance	<input type="checkbox"/>	Widow B Pension	<input type="checkbox"/>	Youth Allowance		
(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)									
<b>28.</b>	<b>What Training Delivery Method are you interested in?</b> (Please select <b>ONE</b> 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"/>	
EMPLOYMENT STATUS									
<b>29.</b>	<b>Which BEST describes your <u>current</u> employment status?</b>								
	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"/>			
<b>30.</b>	<b>Are you a client of an Employment Services (Jobactive) Provider?</b> (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/I.D.:								
	Employment Services Client I.D.:								
<b>31.</b>	<b>Have you been referred to this training by an Employment Services (Jobactive) Provider?</b> (If you answer “Yes” to the above question please provide the following details):					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>32.</b>	<b>Do you have appropriate evidence of long term unemployed status?</b>					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>33.</b>	<b>Please provide your Employer details below</b> (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)								
EQUITY ASSISTANCE									
	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.								
	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"/>
CREDIT FOR PREVIOUS STUDIES									
<b>34.</b>	<b>Do you wish to apply for credit for previous studies</b> (e.g. Credit Transfer or Recognition of Prior Learning)?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure*	<input type="checkbox"/>
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.									
LANGUAGE AND CULTURAL DIVERSITY (Please tick relevant box)									
<b>35.</b>	<b>In which country were you born?</b>	Australia	<input type="checkbox"/>	Other	<input type="checkbox"/>	(Please specify)			
<b>36.</b>	<b>In what year did you arrive in Australia?</b>								
<b>37.</b>	<b>Do you speak a language other than English at home?</b> (If more than one language, indicate the one that is spoken most often.)								
	No, English only	<input type="checkbox"/>	<b>Go to Question 19</b>		Yes, other	<input type="checkbox"/>	(Please specify)		
<b>38.</b>	<b>How well do you speak English?</b>	Very well	<input type="checkbox"/>	Well	<input type="checkbox"/>	Not well	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
SCHOOLING (Please tick ONE box only)									
<b>39.</b>	<b>What is your highest COMPLETED school level?</b>								
	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"/>	<b>Go to Question 29</b>		
<b>40.</b>	<b>In which YEAR did you complete that school level?</b>								
STUDY REASON									
<b>41.</b>	<b>Which BEST describes your main reason for undertaking this course/traineeship/apprenticeship?</b> (Please tick <b>ONE</b> 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"/>			
EMERGENCY CONTACT DETAILS									

42.	In the event of an emergency do you give the College permission to organise emergency transport and treatment and 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"/>
	<b>Contact Name:</b>			<b>Relationship:</b>	
	<b>Contact Phone:</b>			<b>Mobile:</b>	

### DECLARATION AND AGREEMENT

- By signing the declaration below, I agree that I have read and understand and agree to be bound by:
  - the terms and conditions set out in this form and agree that, if I accept an offer of enrolment at the College, the terms and conditions on this form will form part of the written agreement with the College);
  - the policies of The Illawarra Business College ('College') as amended from time to time and available electronically at [www.tibc.nsw.edu.au](http://www.tibc.nsw.edu.au);
  - the regulations set out in the Student Handbook as amended from time to time and made available electronically at [www.tibc.nsw.edu.au](http://www.tibc.nsw.edu.au);
- 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 [www.tibc.nsw.edu.au](http://www.tibc.nsw.edu.au):
  - Course Progress Policy;
  - Deferring, Suspending or Cancelling Enrolment Policy;
  - Course Credit Policy;
  - '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.
  - 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
  - Privacy policy.
- I confirm that I:
  - have read and understand the pre-enrolment information made available electronically by the College and located at [www.tibc.nsw.edu.au](http://www.tibc.nsw.edu.au);
  - 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;
  - will update the College immediately upon changing my address or other personal or contact details;
  - 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;
  - can be contacted by the College by any written, verbal or electronic means including email, facsimile, sms, telephone or post;
  - understand that tasks need to be regularly submitted to facilitate successful progression through the course;
  - 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;
  - 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 and Communities (or its successors) to that Department.
  - 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.
- 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 USI Application and I am required to activate this through the USI portal <http://usi.gov.au>.
- 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.
- 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
  - Department of Education and Communities (State Training NSW)
  - The Australian Skills Quality Authority (ASQA)
  - National Centre for Vocation Education Research (NCVER)
  - Jobactive/Employment Services Provider
- As a Registered Training Organisation (RTO) Focal 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)
- I understand that any information provided in this application may be provided to the above-mentioned parties.

<b>Signature of Applicant:</b>		<b>Date:</b>	
--------------------------------	--	--------------	--

### 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 authorise 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

Focal Holdings Pty Ltd ('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:

- Cash directly to the College;
- Bank Cheque or Money Order payable to Focal Holdings Pty Ltd (**no personal or business cheques are accepted**);
- Credit Card (Visa or MasterCard);
- Direct Deposit to: Focal Holdings Pty Ltd:  
**Bank:** Westpac Bank **Branch:** Corrimal

**Account Name:** Focal Holdings Pty Ltd; **BSB:** 032-061 **Account:** 30-9104

#### 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 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 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 Focal Holdings Pty Ltd ('Focal'), its officers, trainers, employees, representatives, assigns, 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 Focal, 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 Focal and agrees also to fully indemnify Focal 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 Focal or of which Focal has knowledge.

<b>PROOF OF ELIGIBILITY CHECKLIST: -</b>			
Original <u>MUST</u> be sighted and copy <u>MUST</u> be provided and retained by College (please indicate document sighted on line below each item number. Please tick if document attached to this application.)	College Authorised 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)			<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 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, or sensitive personal information (including my ethnicity or health information) – (together called **Personal Information**) collected by the College may be disclosed to the Department of Education and Communities (**Department**) or its successors.

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

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

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

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

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)

TIBC Representative name:

TIBC 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.

<b>Signature of Applicant:</b>		<b>Date:</b>	
--------------------------------	--	--------------	--

#### 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

#### Eligibility Requirements

To be eligible for a Fee-Free\* place you must meet the Smart and Skilled Eligibility - click on the link at <https://smartandskilled.nsw.gov.au> or call 1300 772 104 for more information.

#### 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**

<b>Signature of Applicant:</b>		<b>Date:</b>	
--------------------------------	--	--------------	--