

SMART AND SKILLED APPLICATION

Please complete all fields before returning this form to UNE Partnerships.

1 PERSONAL DETAILS

Title	First Name	Surname
Email	Date of Birth	

2 LIVING OR WORKING IN NSW

Do you live or work in New South Wales?

Yes, please indicate:

Provide one or more of the following items to demonstrate that you live and/or work in NSW:

- Drivers Licence
- Any Commonwealth or NSW Government issued document providing evidence of your living location.
- Employer-issued document confirming employment in NSW

Please contact us if you would like to discuss your eligibility requirements.

3 CITIZENSHIP REQUIREMENT

Are you an Australian citizen, New Zealand citizen, permanent Australian resident, or Humanitarian Visa Holder?

Yes, please indicate:

Provide one or more of the following items to demonstrate your eligibility:

Australian Citizen or Permanent Resident

- Green Medicare Card
- Australian Birth Certificate
- Australian Passport
- Certificate of Australian Citizenship
- Certificate of Evidence of Resident Status (CERS)

New Zealand Citizen

- Green Medicare Card
- New Zealand Birth Certificate
- New Zealand Passport

Humanitarian or Partner Visa Holder

- Visa documentation
- ImmiCard (where appropriate)

Please contact us if you would like to discuss your eligibility requirements.

4 SMART AND SKILLED QUALIFICATION

Have you enrolled in another Smart and Skilled qualification this calendar year?

No Yes, name of course(s):

SMART AND SKILLED APPLICATION FORM

5 ELIGIBILITY FOR CONCESSION

Are you a welfare recipient?

No Yes, indicate benefit:

Are you a dependent child or partner of a person in receipt of a disability support pension?

No Yes, indicate benefit:

Are you registered as long term unemployed (i.e. unemployed for 12 months or more)?

No Yes

Are you registered with an employment service provider?

No Yes, name provider:

Were you referred to this training by an employment service provider?

No Yes

Provide one or more of the following items to demonstrate eligibility for concession:

- A current Concession Card
- Documentary evidence from Centrelink (Services Australia)
- Documentary evidence from the Department of Veterans' Affairs (DVA)

Please contact us if you would like to discuss your eligibility requirements.

6 DECLARATION

I declare that all information provided by myself to UNE Partnerships Pty Ltd in connection with the Notification of Enrolment Process is true, accurate, complete and not misleading in any way. I have been informed of:

- Any sub-contracting arrangements for this course
- The fees chargeable and
- The Student Information as follows:
 - Recognition of Prior Learning and Credit Transfer
 - Consumer protection information
 - Subcontractor information if relevant
 - What a student should do if they wish to defer or discontinue training
 - How students can access support during training
 - Contact details for any support services provided.

Please enter full name

Date

Agree

(Ticking this box acts as your signature and is required to enrol)

SMART AND SKILLED APPLICATION FORM

7 CONSENT TO USE AND DISCLOSE PERSONAL INFORMATION

I understand and agree that, under the Data Provision Requirements 2012, UNE Partnerships Pty Ltd is required to collect personal information (information or an opinion about me), collect 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 with Personal Information) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER).

My Personal Information (including personal information contained on my enrolment form and my training activity data) may be used or disclosed by UNE Partnerships Pty Ltd for statistical, regulatory and research purposes. UNE Partnerships 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 authorised agencies, including NSW Department of Industry (Department);
- NCVER
- Organisations 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 a NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my Personal Information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.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 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 also acknowledge and agree that the Department may contact me by telephone, email or post during or after I have ceased subsidised training with UNE Partnerships for the purposes of evaluation and assessing my subsidised training.

I declare that the information I have provided is to the best of my knowledge, true and correct. I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

Please enter full name of student

Date

Please enter current residential address for student

Date of birth

Agree (Ticking this box acts as your signature and is required to enrol. Note: if the student under 18 years of age at time of giving consent, then the consent of their parent/guardian may be required).

Please enter full name of parent/guardian

Date

Please enter current residential address of parent/guardian

Agree (Ticking this box acts as your signature and is required to enrol the student, who at the time of enrolling is under the age of 18 years and consent from the parent/guardian is required).