

SMART AND SKILLED APPLICATION AND CONSENT



PERSONAL DETAILS	
1. Please enter your full legal name.	
Family name (surname)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Given name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Middle name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile	<input type="text"/> <input type="text"/> <input type="text"/>
Email address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Qualification to be completed	3. Region
<input type="checkbox"/> AVI20208 Certificate II in Aviation (Flight Operations)	<input type="checkbox"/> Hunter <input type="checkbox"/> Mid North Coast <input type="checkbox"/> Central Coast <input type="checkbox"/> Murray
<input type="checkbox"/> AVI30208 Certificate III in Aviation (Flight Operations)	<input type="checkbox"/> Hunter <input type="checkbox"/> Mid North Coast <input type="checkbox"/> Central Coast <input type="checkbox"/> Murray
<input type="checkbox"/> AVI30510 Certificate III in Aviation (Rescue Crewman)	<input type="checkbox"/> Hunter <input type="checkbox"/> Mid North Coast <input type="checkbox"/> Central Coast <input type="checkbox"/> Murray
<input type="checkbox"/> HLT21112 Certificate II in Emergency Medical Service First Response	<input type="checkbox"/> Hunter
<input type="checkbox"/> PUA20613 Certificate II in Public Safety (Firefighting and Emergency Operations)	<input type="checkbox"/> Hunter <input type="checkbox"/> Mid North Coast <input type="checkbox"/> Central Coast <input type="checkbox"/> Murray
<input type="checkbox"/> PUA20713 Certificate II in Public Safety (Firefighting Operations)	<input type="checkbox"/> Murray
<input type="checkbox"/> PUA30613 Certificate III in Public Safety (Firefighting and Emergency Operations)	<input type="checkbox"/> Hunter <input type="checkbox"/> Mid North Coast <input type="checkbox"/> Central Coast <input type="checkbox"/> Murray
USI (UNIQUE STUDENT IDENTIFIER) DETAILS	
4. Do you already have a Unique Student Identifier?	
<input type="checkbox"/> Yes – Please provide your USI below. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> No – Please complete a RR+R <i>USI Application Form</i> and return it to RR+R with this form.

Risk Response + Rescue ACN 082 420 620 ABN 41 082 420 620 RTO Provider Code 90774

T +612 4283 9300 Unit 1, 277 Princes Hwy, info@riskresponse.com.au
F +612 4285 9008 Corrimal NSW 2518 Australia www.riskresponse.com.au

Specialised training, equipment and consultancy for high risk operational environments
Land + Alpine + Underground + Aviation + Maritime

ELIGIBILITY QUESTIONS – all potential participants must complete all questions.	
5. Please enter your full date of birth	
Date of Birth (Day/Month/Year)	□□/□□/□□□□
6. Which of the following best describes your citizenship/immigration status?	
<input type="checkbox"/> An Australian Citizen	<input type="checkbox"/> A permanent Australian resident
<input type="checkbox"/> A humanitarian visa holder	<input type="checkbox"/> A New Zealand Citizen
<input type="checkbox"/> None of the above	
Note: You must attach a verified or certified copy of your: <ul style="list-style-type: none"> Australian or New Zealand birth certificate; OR Australian or New Zealand passport; OR A Certificate of Evidence of Resident Status (CERS), which confirms status as an Australian permanent resident; OR Humanitarian visa. 	
<input type="checkbox"/> Certified Evidence attached	
7. Are you still attending secondary school?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. What is the location of your usual residence?	
Please provide the town/suburb and postcode where you usually reside, rather than any temporary address at which you reside for training, work or other purposes before returning to your home.	
Suburb, locality or town	□□□□□□□□□□□□□□□□□□□□
State/territory	□□□
Postcode	□□□□
9. What is the location of your usual workplace?	
Suburb, locality or town	□□□□□□□□□□□□□□□□□□□□
State/territory	□□□
Postcode	□□□□
10. What is the highest post-school qualification you have completed in the past?	
<input type="checkbox"/> Bachelor degree or higher degree	<input type="checkbox"/> Certificate III (or trade certificate)
<input type="checkbox"/> Advanced diploma or associate degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma (or associate diploma)	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or advanced certificate/technician)	<input type="checkbox"/> Certificates other than the above

11. Not including the course you are seeking to enrol in now, how many other government subsidised courses have you enrolled to undertake this year? Include training you have enrolled in to undertake at this and other training providers but not yet started.
<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more <input type="checkbox"/> None
12. Not including the course you are seeking to enrol in now, how many other government subsidised courses are you undertaking training in at the moment?
<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more <input type="checkbox"/> None

FEE EXEMPTION CATEGORIES Participants applying for a fee exemption must complete the questions and provide evidence as shown below. Information on Evidence Certification is included in Attachment 1 to this Form.	
13. Are you of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: You must be able to provide documentary evidence of community identification, if required.	
14. Are you seeking a fee exemption on the basis of a disability?	
This fee exemption applies both to participants with a disability and participants who are the dependent child, spouse or partner of someone with a disability.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: A student who seeks a fee exemption on the basis of disability needs to provide:	
<ul style="list-style-type: none"> • A letter from Centrelink confirming receipt of the Disability Support Pension. The letter should clearly show the Centrelink Reference Number (CRN); or • A current Disability Pensioner Concession Card that shows the CRN; or • A current Centrelink income statement for the Disability Support Pension, which clearly shows that income is for the disability pension and also shows the CRN; or • Any other evidence that clearly shows the CRN and confirms receipt of the Disability Support Pension; or • Documentary evidence of support needs due to the student's disability. This evidence must be a letter or statement from: <ul style="list-style-type: none"> - A medical practitioner; or - An appropriate government agency such as Veteran's Affairs or a TAFE NSW teacher consultant (for students with a disability), a school counsellor or special education coordinator, Centrelink, a Disability Service RTO, or a Job Capacity Assessor; or - A specialist allied health professional (including a rehabilitation counsellor, psychologist, speech pathologist, or occupational therapist). 	
An individual who is seeking an exemption as a dependent child, spouse or partner of someone who is receiving a Commonwealth Disability pension must provide documentary evidence that Centrelink recognises the individual as a dependant. The evidence should clearly show the CRN of the Disability Pension Recipient.	
Exemption from Certificate IV or higher qualification rule under the entitlement	
If a student has a Certificate IV or higher qualification, the student will not be eligible for subsidised training under the Smart and Skilled program. An exception to this rule is for a student with an acquired disability. A person seeking an exemption from this rule will need to provide evidence from a medical practitioner that their disability was acquired after achieving their post-school Certificate IV or higher qualification.	
The person will also need to provide documentary evidence that the new qualification for which they are enrolling is necessary as part of a rehabilitation program.	
Such evidence can include a letter or a statement from:	
<ul style="list-style-type: none"> • A medical practitioner; or • An appropriate government agency or TAFE NSW teacher consultant for students with a disability, a school counsellor or special education coordinator, Centrelink, a Disability Service RTO, or a Job Capacity Assessor; or • A specialist allied health professional (including a rehabilitation counsellor, psychologist, speech pathologist, or occupational therapist). 	
<input type="checkbox"/> Original document or Certified Evidence attached	

FEE CONCESSION CATEGORIES	
Participants applying for a fee exemption must complete the questions and provide evidence as shown below. Information on Evidence Certification is included in Attachment 1 to this Form.	
15. Are you receiving, or are you the dependant of someone receiving, any of the following Commonwealth Benefits and Allowances? Concession fees apply both to participants who receive an eligible allowance/benefit and participants who are the dependent child, spouse or partner of someone who receives an allowance/benefit.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Please indicate which benefit applies:	
<input type="checkbox"/> Age Pension	<input type="checkbox"/> Special Benefit
<input type="checkbox"/> Austudy	<input type="checkbox"/> Sickness Allowance
<input type="checkbox"/> Carer Payment	<input type="checkbox"/> Veterans' Children Education Scheme
<input type="checkbox"/> Disability Support Pension	<input type="checkbox"/> Veterans' Affairs Pensions
<input type="checkbox"/> Exceptional Circumstances Relief Payment	<input type="checkbox"/> Widow B Pension
<input type="checkbox"/> Farm Household Allowance	<input type="checkbox"/> Widow Allowance
<input type="checkbox"/> Family Tax Benefit Part A	<input type="checkbox"/> Youth Allowance
<input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Wife Pension
<input type="checkbox"/> Newstart Allowance	
Note: The recipient of a specified Commonwealth benefit or allowance must provide the following proof of eligibility for a concession: <ul style="list-style-type: none"> • A letter from the Department of Human Services (Centrelink) confirming receipt of the benefit. The letter should clearly show the Centrelink Reference Number (CRN); or • A current concession card that shows the CRN; or • A current Centrelink income statement that clearly shows the benefit or allowance category and the CRN; or • Any other evidence that clearly shows the CRN and the benefit or allowance category; or • For people applying for Austudy or Newstart allowance, an approval letter from Centrelink that shows the CRN and indicates that commencement date of their benefit is within two weeks of their enrolment or two weeks within the date of the first class attendance or participation in training. An individual who is seeking a concession as a dependent child, spouse or partner of someone who is receiving a specified Commonwealth benefit or allowance must provide documentary evidence that Centrelink recognises the individual as the dependant. The evidence should clearly show the CRN of the benefit or welfare recipient.	
<input type="checkbox"/> Original document or Certified Evidence attached	

DECLARATION

I declare the following to be true and accurate statements:

- All information provided above is true, accurate, complete and not misleading in any way.
- I am not enrolled in a school, including government, non-government, independent, Catholic or home school.
- I understand that this submission does not guarantee me a place in the Smart and Skilled program until I am sent an official quote.
- I understand that my enrolment in the above qualification/s may be subsidised by the NSW and Commonwealth Governments under the NSW Smart & Skilled Program. I understand that enrolling in the above qualification/s may affect my future training options and eligibility for further government subsidised training under the Smart & Skilled Program.

PARTICIPANT:

Participant Signature: Date: / /

If the applicant is under the age of 18 years, the enrolment application must also be signed by a relevant parent or guardian:

Parent/Guardian Name:

Parent/Guardian Signature: Date: / /

PRIVACY AND DISCLOSURE CONSENT

I,

(First, middle and last Name)

of

(current residential address)

with 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 Personal Information) collected by Risk Response + Rescue may be disclosed to the Department of Education and Communities (Department).

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

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 Risk Response + Rescue 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, then the consent of their guardian is required

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ DATE: //

CERTIFIED EVIDENCE

If you have the originals and are near the RR+R Support Centre, you can bring your evidence in and one of our authorised representatives will sight and certify it for you.

If you are not near our RR+R Support Centre, please take both the original and a copy to a person who is on the list of approved witnesses to be sighted and certified. People who can certify and sight the copy for you are:

1. a person who is currently licensed or registered under a law of a State or Territory to practise in one of the following occupations:
 - Chiropractor
 - Dentist
 - Legal practitioner
 - Medical practitioner
 - Nurse
 - Optometrist
 - Patent attorney
 - Pharmacist
 - Physiotherapist
 - Psychologist
 - Trade marks attorney
 - Veterinary surgeon
2. a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
3. a person who is in the following list:
 - Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
 - Bailiff
 - Bank officer with 5 or more continuous years of service
 - Building society officer with 5 or more years of continuous service
 - Chief executive officer of a Commonwealth court
 - Clerk of a court
 - Commissioner for Affidavits
 - Commissioner for Declarations
 - Credit union officer with 5 or more years of continuous service
 - Employee of the Australian Trade Commission who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(d) of the Consular Fees Act 1955; and
 - exercising his or her function in that place
 - Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place
 - Fellow of the National Tax Accountants' Association
 - Finance company officer with 5 or more years of continuous service
 - Holder of a statutory office not specified in another item in this list
 - Judge of a court
 - Justice of the Peace
 - Magistrate
 - Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
 - Master of a court
 - Member of Chartered Secretaries Australia
 - Member of Engineers Australia, other than at the grade of student
 - Member of the Association of Taxation and Management Accountants
 - Member of the Australasian Institute of Mining and Metallurgy

- Member of the Australian Defence Force who is:
 - an officer; or
 - a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or
 - a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - the Parliament of the Commonwealth; or
 - the Parliament of a State; or
 - a Territory legislature; or
 - a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority; or
 - a local government authority;with 5 or more years of continuous service who is not specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution.