

Smart and Skilled Qualification Application

OVERVIEW

The eligibility form is for any prospective student wishing to apply for vocational training that is subsidised by the NSW Government under the Smart & Skills program.

Students **MUST** complete this application by lodging the completed eligibility form with all required evidences to CHP School of Hospitality – in addition to the standard enrolment form – prior to commencement and acceptance into one of the training programs offered.

NEXT STEPS:

After this application is complete:

- CHP School of Hospitality will process the Smart and Skilled enrolment
- CHP School of Hospitality will use Smart and Skilled eligibility criteria as a guide to determine the applicant's eligibility for the training program that has been applied for
- An "Enrolment Confirmation Letter" will be issued to the successful applicant with the description, delivery mode and date of training

IDENTIFICATION & ELIGIBILITY EVIDENCE:

Options for applicants to provide proof of identity and eligibility evidences:

Option 1 – In person

Applicants can visit CHP School of Hospitality to the address below with original proof of identity document and required eligibility evidences. The original proof of identity document and eligibility evidences **MUST** be sighted by CHP School of Hospitality administration staff.

Option 2 – Email or post

Applicants can either email a copy of proof of identity documents and required eligibility evidences to rto@chpsoh.com.au OR post a copy of proof of identity document and required eligibility evidences to the address below:

Canterbury-Hurlstone Park RSL Club – attention to CHP School of Hospitality
20 – 26 Canterbury Road,
Hurlstone Park NSW 2193

For more details of student eligibility criteria, please refer to the appendix below.

Smart and Skilled Qualification Eligibility Form

The following information must be collected in order to proceed for a student enrolment notification with Smart and Skilled

First Name			
Surname			
Middle name/s			
Gender	Female	Male	Not Specified
Date of Birth			
Contact Information	Phone:	Email:	
Residential Address (at time of training)	Unit No: Street No: Street Name: Suburb: State: Postcode:		
Are you living in NSW social housing; or are you or your household on the NSW housing register? ** See appendix	Yes **		No
Are you still at school?	Yes		No
What is your residency status? ** See appendix	Australian Citizen **	Australian Permanent Residence **	Humanitarian Visa **
	New Zealand Citizen **	Other	
Have you achieved any qualifications since turning 17?	Yes, while still at school	Yes, after leaving school (post school qualifications)	No
What is the highest level of any post school qualification achieved? (if applicable)	Certificate I, II, III, IV	Diploma or Advanced Diploma	Degree
Are you registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW?	Yes, registered	Yes, intending to be registered	No
Are you Aboriginal or Torres Strait Islander?	Yes		No
What is your Unique Student Identifier? (USI) www.usi.gov.au to create	_____ (10 Characters)		

Has the student undertaken any other Smart and Skilled qualification this calendar year?	If Yes, please give details			No
Do you require assistance for Language, Literacy and Numeracy (LLN)?	Yes (please give details or call 02 9559 0025 to discuss)			No
Do you have a Disability? ** See appendix	Yes **			No
If yes, please select disability assessment type	Recipient of disability support pension			Assessed by a specialist support professional as a student with disability
If no, please indicate your welfare status	I am a welfare recipient **	I am a dependent child or spouse of a welfare recipient **	I am not a welfare recipient	
If yes to being a welfare recipient <u>please specify</u> ** See appendix	Age Pension	Austudy	Carer Payment	Exceptional circumstance relief payment
	Family Tax Benefit Part A – Maximum rate	Farm Household Allowance	Newstart Allowance	Parenting Payment (single)
	Sickness Allowance	Special Benefit	Veterans Affairs Pensions	Veterans Children Education Scheme
	Widow Allowance	Widow B Pension	Wife Pension	Youth Allowance
Are you an Employment Service Provider Client?	Yes			No
If yes, to being an ESP client please indicate	Organisation ID:			Client ID:
Have you been referred to this training by an Employment Service Provider client:	Yes			No
If yes, please indicate your Employment Service Provider referral ID				
How did you hear about this program?				

Client Declaration:

I, (name) _____ understand that by signing below I agree that the details listed above are true and correct.

Signed: _____ Date: _____

PLEASE READ AND SIGN THE CONSENT FORM ON NEXT PAGE

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT AGENCIES

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 (USI), date of birth, contact details, training outcomes and performance or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by **CHP School of Hospitality** 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 **CHP School of Hospitality** for the purposes of evaluation and assessing my subsidised training.

PRINT FULL NAME OF STUDENT: _____

SIGNATURE OF STUDENT: _____ **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:** _____

**** Appendix (next page)**

** APPENDIX - Additional Evidence Requirements

If you are currently a -

- welfare recipient
- permanent resident
- humanitarian visa holder
- disability assessed or
- social housing recipient

A copy of the following additional evidence is required.

Eligibility Requirement	Evidence Required
Citizenship	<p>One of the following must be sighted:</p> <ul style="list-style-type: none"> • Australian or New Zealand birth certificate or • Australian or New Zealand Passport or • Green Medicare Card or • Naturalisation Certificate
Permanent resident or Humanitarian Visa holder	<p>One of the following must be sighted:</p> <ul style="list-style-type: none"> • Passport & use the Department of Immigration and Border Protection’s Visa Entitlement Verification Online (VEVO) facility to confirm status as Australian permanent resident • Humanitarian Visa • Certificate of Evidence of Residency Status
Welfare recipient	<ul style="list-style-type: none"> • Centrelink evidence – proof of benefit • Centrelink evidence – dependent child of a welfare recipient Example, health care card
Disability concession	<ul style="list-style-type: none"> • Centrelink evidence – proof of Disability Support pension or • AI letter of statement from one of the following “need for training support”: <ul style="list-style-type: none"> ➤ A medical practitioner ➤ An appropriate government agency ➤ Relevant specialist allied health professional • Centrelink evidence – dependent child or a recipient of a Disability Support Pension
Social Housing recipient	<ul style="list-style-type: none"> • Evidence of Commonwealth Recipient Status or • Evidence of dependent of person with Commonwealth Welfare Recipient Status