

PERSONAL

FIRST NAME _____ MIDDLE NAME _____
 SURNAME _____ DATE OF BIRTH / /

GENDER (Please circle) **FEMALE** / **MALE**

DO YOU CURRENTLY LIVE IN NSW? **YES** / **NO** SUBURB: _____ POSTCODE: _____

COURSE WANTING TO ENROL IN:

STUDENT USI NUMBER : _____

INDIGENOUS STATUS

- Aboriginal Aboriginal and TSI
 Torres Strait Islander Neither Aboriginal nor TSI

CURRENT STATUS

Do you live in NSW Social Housing or are you on the NSW Housing Register? YES / NO

Are you currently at School YES / NO

What is your current residential status?

- Australian citizen / Australian permanent resident _____ None of the above
 Australian permanent humanitarian visa holder
 New Zealand citizen

TRAINING

Have you achieved any qualifications since turning 17?

- YES WHILE STILL AT SCHOOL
 YES AFTER LEAVING SCHOOL (post school qualification)
 NO

Have you undertaken any other Smart and Skilled Qualification this Calendar year? YES / NO

DISABILITY/ WELFARE STATUS

Are you looking to apply for an exemption/concession due to a disability YES / NO

Are you currently receiving a Welfare Payment YES / NO

Please nominate which payment _____

Are you able to provide evidence, for the purpose of this eligibility check? YES / NO

EMPLOYMENT STATUS

Are you currently Employed YES / NO Employer's Name _____

Organisation Postcode _____ Organisation Suburb _____

Are you intending to be registered in an apprenticeship or traineeship for this qualification in NSW? YES / NO

Are you with an Employment Service Provider Client YES / NO

Service Provide Name _____ Consultant Name _____

Contact phone Number _____ Branch _____

Coures Referral Number _____

Have you been registered as unemployed for longer than 12 months? YES / NO (please provide documentary evidence)

I declare the information above to be true and accurate.

Signature _____

Date _____

PRIVACY CONSENT FORM

CONSENT TO THE 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, Date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) collected by Aspire Training and Development may be disclosed to the Department of Education and Communities.

The Department may disclose my personal information to other Australian government agencies, including those located in States and Territories outside of 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 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 Aspire Training and Development 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 consent by a guardian is required)

PRINT FULL NAME OF GUARDIAN: _____

SIGNATURE OF GUARDIAN: _____ DATE: ____/____/____