



ASSESSMENT FOR ELIGIBILITY FOR NSW GOVERNMENT SUBSIDISED TRAINING

Student Name []

Proposed Course []

Please answer the following:

- 1 I am 15 years of age or older Yes [] No []
2 I have left school Yes [] No []
3 I live or work in NSW Yes [] No []
4 I am an Australian citizen or Australian permanent resident or humanitarian visa holder or New Zealand citizen (The College may request evidence of citizenship) Yes [] No []

If you answered Yes to ALL the questions above, please now complete the following:

5 Residential postcode []

6 Suburb []

7 I am living in NSW social housing; or my household is on the NSW Housing Register Yes [] No []

8 I have achieved qualifications since turning 17 Yes [] No []

9 If yes, the highest level of any post school qualification I have achieved is []

10 I am registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW Yes [] No []

11 I am an Aboriginal or Torres Strait Islander Yes [] No []

12 I have undertaken Smart and Skilled qualifications this calendar year Yes [] No []

13 I consider myself to have a disability, impairment or long term condition Yes [] No []

14 My disability status is: [] I have a disability [] I am the dependent child or spouse of a person in receipt of a disability support pension

15 My disability assessment type is: [] Recipient of disability support pension Pension or Concession No: []

[] Assessed by specialist support professional as a student with disability Specialist advice provided. Yes [] No []

16 I am a welfare recipient: Yes [] No [] (Please go to Q19)

17 My welfare status is: [] I am a welfare recipient

[] I am the dependent child or spouse of a welfare recipient

18 Please indicate welfare benefit received by you or your parent or spouse

- [] Age pension
[] Austudy
[] Carer Payment
[] Exceptional circumstances Relief Payment
[] Family Tax benefit Part A - Maximum rate
[] Farm Household Allowance
[] Newstart Allowance

Table with 2 columns: Benefit Name, Pension or Benefit No.

<input type="checkbox"/>	Parenting Payment (single)	
<input type="checkbox"/>	Sickness Allowance	
<input type="checkbox"/>	Special Benefit	
<input type="checkbox"/>	Veterans Affairs Pension	
<input type="checkbox"/>	Veteran's Children Education Scheme	
<input type="checkbox"/>	Widow Allowance	
<input type="checkbox"/>	Widow B Pension	
<input type="checkbox"/>	Wife pension	
<input type="checkbox"/>	Youth Allowance	

19 Unique Student Identifier (Must be supplied prior to commencement of course)

20 I have been referred to this training by an Employment Service Provider client. Yes No
Go to Q21 Go to Q 24

21 Employment Service Provider Organisation/ID

22 Employment Service Provider Client ID

23 Employment Service Provider referral ID

24 I have appropriate evidence of long term unemployed status Yes No

25 I find reading, writing and/or maths difficult Yes No

26 I find it hard to make myself understood Yes No

27 I find it hard to understand people when listening and talking in English Yes No

28 I feel that I am not ready for work or would have difficulty at work Yes No

29 I have health problems (physical or mental health) Yes No

30 What types of things make it difficult for you to take part in training regularly?

31 I have signed the Consent to Use and Disclosure of Personal Information statement within my Enrolment Form Yes No

I _____ confirm that all information provided in this form to Riverina Community College is true, accurate, complete and not misleading in any way. I confirm that evidence of citizenship will be provided upon request.

Student signature:

Date:

Parent/Guardian signature:

Date:

Parent / Guardian signature is required for all students under the age of 18

Thank you for taking the time to complete this form