



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. 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

<input type="checkbox"/>	Age pension	<input type="text"/>
<input type="checkbox"/>	Austudy	<input type="text"/>
<input type="checkbox"/>	Carer Payment	<input type="text"/>
<input type="checkbox"/>	Exceptional circumstances Relief Payment	<input type="text"/>
<input type="checkbox"/>	Family Tax benefit Part A - Maximum rate	<input type="text"/>
<input type="checkbox"/>	Farm Household Allowance	<input type="text"/>
<input type="checkbox"/>	Newstart Allowance	<input type="text"/>
<input type="checkbox"/>	Parenting Payment (single)	<input type="text"/>
<input type="checkbox"/>	Sickness Allowance	<input type="text"/>

<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 am a migrant or refugee, and am unemployed or looking for more work. Yes No

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

27 I find it hard to make myself understood. Yes No

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

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

30 I have health problems (physical or mental health). Yes No

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

32 I have signed the consent 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

Student signature: Date:

Thank you for taking the time to complete this form.