

Postal: PO Box 5013, Chittaway Bay NSW 2260 Street: 1/16 Reliance Drive, Tuggerah Business Park Email: info@tlkcc.com.au Web: www.tlkcc.com.au

Phone: (02) 43 530017

National RTO No: 90381 ABN: 47 568 269 236

## Subsidised Training Eligibility Form For NSW Smart and Skilled Training, including Adult and Community Education Programs. This training is subsidised by the NSW Government.

	Instructions	
•	this form to the College. The information provided is used to <b>determine your eligibility emption</b> . All sections should be completed (as applicable), including your consent for use information.	
Applicant Details		
	Concession or Exemption Expression of Interest	
Full Name (First, Last)		
Email		
Phone Number		
Address		
Course/Program Name:	Enrolment Form Completed $\square$ Yes $\square$ No	
✓ <b>Tick As Applicable</b> Evidence May Be Required		
I am an Australian citizen, Australian permanent resident, Australian permanent humanitarian visa holder or New Zealand citizen.   I am 15 years or older.   I am living and/or working in NSW.   I am not at School.   I hold a completed a nationally recognised Certificate I or higher full qualification?   Yes   No   No   No   No   No   No   No   N		

Consent to Use and Disclose Personal Information – All Applicants		
I Date of b	irth:	
(First, middle and last name)		
Of(Current residential address)		
understand and agree that, under the <i>Data Provision Requirements (2012)</i> , TLK Commu personal information (including information/opinions) from me, or my parent/guardian Unique Student Identifier, date of birth, contact details, training outcomes and perform information (including my ethnicity or health information) and other enrolment and tra (collectively referred to as 'Personal Information') and disclose that Personal Information Vocational Education Research Ltd (NCVER).	if applicable, such as my name, ance, sensitive personal ining activity-related information	
<ul> <li>My Personal Information (including Personal Information contained on my enrolment for may be used or disclosed by TLK Community College for statistical, regulatory and search College may disclose my personal information for these purposes to third parties, including A School – if I am a secondary student undertaking VET, including a school-based ap</li> <li>An Employer – if I am enrolled in training paid by my employer;</li> <li>Commonwealth and State or Territory government departments and authorised age Department of Industry (Department);</li> <li>NCVER;</li> <li>Organisations conduct student surveys; and</li> </ul>	h purposes. TLK Community ding: prenticeship or traineeship;	
<ul> <li>Researchers</li> <li>Personal Information disclosed to NCVER may be used or disclosed for the following pure Issuing a VET Statement of Attainment or VET Qualification, and populating Authent</li> <li>Facilitating statistics and research relating to education, including surveys;</li> <li>Understanding how the VET mark operates, for policy, workforce planning and cons</li> <li>Administering VET, including program administration, regulation, monitoring and ev</li> <li>I may receive an NCVER student survey which may be administered by an NCVER employed may opt out of the survey at the time of being contacted.</li> </ul>	icated VET Transcripts; umer information; and aluation.	
NCVER will collect, hold, use and disclose my Personal Information in accordance with the <i>Privacy Act 1988</i> (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at <a href="https://www.ncver.edu.au">www.ncver.edu.au</a> )		
The Department may disclose my Personal Information to other Australian government States and Territories outside of New South Wales.	· · · · · · · · · · · · · · · · · · ·	
The above government agencies may use my Personal Information for any purpose rela government functions, including but not limited to the evaluation and assessment of meligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Fedisclosed to other third parties if required by law.	y training, the determination of my	
I also acknowledge and agree that the Department may contact me by telephone, emai ceased subsidised training with TLK Community College for the purpose of evaluating an		
I declare that the information I have provided to the best of my knowledge is true and $\sigma$	orrect.	
I consent to the collection, use and disclosure of my Personal Information in the manne	r outlined above.	
Signature:	Date:	
Print Full Name:		
Note: If under 18 years of age at the time of giving consent, then parent/guard	ian consent is also required.	
Parent/Guardian Signature:	_ Date:	
Print Full Parent/Guardian Name:	Date:	
Office Use Only		
☐ Evidence sighted and verified. Fee concession/exemption (circle) approved: ☐ Yes ☐ No. CSO approved: ☐ Yes ☐ No. Reason if not approved:		
Delegate's Signature Name/Position	_	