

## Student Enrolment & Eligibility Form (Please print clearly)

| QUALIFICATION TO BE ENROLLED IN |  |       |   | Funding Status  |  |
|---------------------------------|--|-------|---|---|--|
| Qualification 1-<br>Code        |  | Title | <b>International students only select location</b><br>Sydney<br>Melbourne<br>Adelaide | <b>Domestic</b><br><input type="checkbox"/> S&S<br><input type="checkbox"/> VSL<br><input type="checkbox"/> FFS | <b>International</b><br><input type="checkbox"/> FFS |
| Qualification 2-<br>Code        |  | Title | <b>International students only select location</b><br>Sydney<br>Melbourne<br>Adelaide | <input type="checkbox"/> S&S<br><input type="checkbox"/> VSL<br><input type="checkbox"/> FFS                    | <input type="checkbox"/> FFS                         |

Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want Yorke Institute to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.

|   |                               |   |   |                                    |  |
|---|-------------------------------|---|---|------------------------------------|--|
| <b>First Name</b><br>(Legal Given Name) |                               | <b>Middle Name</b><br>(Legal Middle Name) |   | <b>Surname</b> (Legal Family Name) |  |
| <b>Gender</b> (tick 1 box only)         | <input type="checkbox"/> Male | <input type="checkbox"/> Female           | <input type="checkbox"/> Indeterminate/Intersex/Unspecified |                                    | <b>Date of Birth</b><br>____/____/____ |
| <b>Contact Details</b><br>Home:         |                               | Work:                                     |   | Mobile                             |  |
| Email:                                  |                               |   | Email Address (alternative) optional                        |                                    |  |

### RESIDENTIAL ADDRESS

|                        |  |                  |  |             |  |
|------------------------|--|------------------|--|-------------|--|
| Building/Property Name |  | Flat/Unit Number |  | Street No.  |  |
|                        |  |                  |  | Street Name |  |
| Suburb/locality/town   |  | State/Territory  |  | Postcode:   |  |

### POSTAL ADDRESS (If different from residential address)

|                        |  |                  |  |             |  |
|------------------------|--|------------------|--|-------------|--|
| Building/Property Name |  | Flat/Unit Number |  | Street Name |  |
| Suburb/locality/town   |  | State/Territory  |  | Postcode:   |  |

### LANGUAGE AND CULTURAL DIVERSITY

|   |                                    |   |
|---|------------------------------------|---|
| <b>In which country were you born?</b>  | <input type="checkbox"/> Australia | <input type="checkbox"/> Other, please specify:   |
| Write the name of the Australian/overseas town/city where you were born   |                                    |   |
| Are you an Australian Citizen or Permanent Resident of Australia?   |                                    | <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident of Australia<br><input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Visa Holder (Humanitarian) <input type="checkbox"/> Asylum Seeker/Victim of Human Trafficking (Must have ASRC Referral) <input type="checkbox"/> Not Stated |
| <b>Do you speak a language other than English at home?</b> (If more than one language, indicate the one that is spoken most often)<br><input type="checkbox"/> No, English only <input type="checkbox"/> Yes, Other - please specify: _____ |                                    |   |
| If you speak a language other than English at home,   |                                    |   |

|                                  |                                    |                               |                                   |                                     |
|----------------------------------|------------------------------------|-------------------------------|-----------------------------------|-------------------------------------|
| rate how well you speak English? | <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Not Well | <input type="checkbox"/> Not at all |
|----------------------------------|------------------------------------|-------------------------------|-----------------------------------|-------------------------------------|

|  |   |
|--|---|
| <b>INDIGENOUS STATUS</b>   |   |
| Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.) |   |
| <input type="checkbox"/> No  | <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander |

|   |   |
|---|---|
| <b>DISABILITY STATUS</b>  |   |
| Do you consider yourself to have a disability, impairment, or long-term condition?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If Yes, please indicate the areas of disability, impairment or long-term condition: (You may include more than one area.) | <input type="checkbox"/> Hearing/deaf <input type="checkbox"/> Physical<br><input type="checkbox"/> Intellectual <input type="checkbox"/> Learning<br><input type="checkbox"/> Mental illness <input type="checkbox"/> Acquired brain impairment<br><input type="checkbox"/> Vision <input type="checkbox"/> Medical Condition<br><input type="checkbox"/> Other, please specify: |

|   |   |
|---|---|
| <b>SECONDARY SCHOOL DETAILS</b>                                     |   |
| What is your highest COMPLETED school level?<br>(Tick ONE box only) | <input type="checkbox"/> Completed Year 12 <input type="checkbox"/> Completed Year 11<br><input type="checkbox"/> Completed Year 10 <input type="checkbox"/> Completed Year 9 or Equivalent<br><input type="checkbox"/> Completed Year 8 or Lower<br><input type="checkbox"/> Never attended School |
| Are you still attending secondary school?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

|   |
|---|
| <b>Health Care Card, Pensioner card, Veteran's gold Card</b>  |
| I have a current and valid Health Care Card, Pensioner Concession Card or Veteran's Gold Card, or am the dependant of a card holder |
| <input type="checkbox"/> No <input type="checkbox"/> Yes,   |

|   |  |
|---|--|
| <b>NATIONAL UNIQUE STUDENT IDENTIFIER (USI)</b>   |  |
| <p>From 1<sup>st</sup> January 2015, we can be prevented from issuing you with a nationally recognised VET program / qualification or statement of attainment when you complete your program if you do not have a Unique Student Identifier (USI). If you have not yet obtained a USI you can apply for it directly at <a href="http://www.usi.gov.au/create-your-USI/">http://www.usi.gov.au/create-your-USI/</a> on computer or mobile device. If you would like Yorke Institute to apply for a USI on your behalf, you must authorise us to do so and declare that you have read the suggested text for inclusion in enrolment form.</p> |  |
| Enter your Unique Student Identifier (USI) Refer to <a href="http://www.usi.gov.au">www.usi.gov.au</a> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |
| <input type="checkbox"/> I do not have a USI and I authorise Yorke Institute to apply for one on my behalf<br>If you would like Yorke Institute to apply for a USI on your behalf, you must authorise us to do so and declare that you have read the privacy information at <a href="https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf">https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf</a> . You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.   |  |
| I [STUDENT NAME] .....authorise Yorke Institute to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.  |  |
| <input type="checkbox"/> I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <a href="https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf">https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf</a> , and NCVER policies, procedures and protocols published on NCVER's website at <a href="http://www.ncver.edu.au">www.ncver.edu.au</a>   |  |
| Town/City of Birth _____<br>(please write the name of the Australian or overseas town or city where you were born)  |  |

We will also need to verify your identity to create your USI.

Please provide details for one of the forms of identity below.

Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

*(In accordance with section 11 of the Student Identifiers Act 2014, Yorke Institute will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.)*

**1. Australian Driver Licence**

State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

**2. Medicare Card**

Medicare card number \_\_\_\_\_

Individual reference number (next to your name on Medicare card): \_\_\_\_

Card colour: (select which applies)

Green ☐ Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format MM/YYYY)  
(month/year)

Yellow ☐ Blue ☒ Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format DD/MM/YYYY)  
(day/month/year) -

*Note: If a yellow or blue medicare card is held by the student, they are not eligible for Skills First funding.*

**3. Australian Birth Certificate**

State/Territory \_\_\_\_\_

Details vary according to State/Territory (see note above)

**4. Australian Passport**

Passport number \_\_\_\_\_

**5. Non-Australian Passport (with Australian Visa)**

Passport number \_\_\_\_\_ Country of issue \_\_\_\_\_

**6. Immicard**

Immicard Number \_\_\_\_\_

**7. Citizenship Certificate**

Stock number \_\_\_\_\_ Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day/month/year)

**PREVIOUS QUALIFICATIONS**

**Have you SUCCESSFULLY completed any of the following qualifications in the SECONDARY SCHOOL LIST?**

☐ YES (If yes, please tick those completed in list below)  
☐ NO

**If Yes, please enter one of these Prior Education Achievement Recognition Identifiers any applicable qualification level.**

A = Australian E = Australian equivalent I = International (provide certified copy of overseas qualification)

Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use

A – Australian - 2. E – Australian equivalent - 3. I – International

A E I

☐ ☐ ☐ 008 - Bachelor Degree or Higher Degree

☐ ☐ ☐ 410 - Advanced Diploma or Associate Degree

☐ ☐ ☐ 420 - Diploma or Associate Diploma

☐ ☐ ☐ 511 - Certificate IV (or Advanced Certificate/Technician)

A E I

☐ ☐ ☐ 514 - Certificate III (or Trade Certificate)

☐ ☐ ☐ 521 - Certificate II

☐ ☐ ☐ 524 - Certificate I

☐ ☐ ☐ 990 - Certificates other than the above

|  |  |                   |  |
|--|--|-------------------|--|
| <b>CURRENT EMPLOYER DETAILS</b>  |  |                   |  |
| <b>Employer:</b>   |  |                   |  |
| <b>Work Site Address:</b>  |  |                   |  |
| <b>Contact Name:</b>   |  | <b>Phone:</b>     |  |
| <b>Email:</b>  |  |                   |  |
| <b>Date employment commenced:</b>  |  | <b>Job Title:</b> |  |
|  |  | ___/___/___       |  |
| <b>CURRENT LABOUR FORCE STATUS</b>   |  |                   |  |
| <p><b>Which of the following categories, which BEST describes your current employment status? (Tick ONE box only)</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 01 - Full-time Employee         </div> <div style="width: 50%;"> <input type="checkbox"/> 05 - Employed – unpaid worker in a family business         </div> <div style="width: 50%;"> <input type="checkbox"/> 02 - Part-time Employee         </div> <div style="width: 50%;"> <input type="checkbox"/> 06 - Unemployed - Seeking full-time work         </div> <div style="width: 50%;"> <input type="checkbox"/> 03 – Self-employed – not employing others         </div> <div style="width: 50%;"> <input type="checkbox"/> 07 - Unemployed - Seeking part-time work         </div> <div style="width: 50%;"> <input type="checkbox"/> 04 – Self-employed – employing others         </div> <div style="width: 50%;"> <input type="checkbox"/> 08 – Not employed – not seeking employment         </div> </div>   |  |                   |  |
| <b>CURRENT OR RECENT OCCUPTION</b>   |  |                   |  |
| <p><b>Which of the following classifications BEST describes your current or recent occupation? (Tick ONE box only)</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 1 – Managers         </div> <div style="width: 50%;"> <input type="checkbox"/> 6 – Sales Workers         </div> <div style="width: 50%;"> <input type="checkbox"/> 2 – Professionals         </div> <div style="width: 50%;"> <input type="checkbox"/> 7 – Machinery Operators and Drivers         </div> <div style="width: 50%;"> <input type="checkbox"/> 3 – Technicians and Trade Workers         </div> <div style="width: 50%;"> <input type="checkbox"/> 8 – Labourers         </div> <div style="width: 50%;"> <input type="checkbox"/> 4 – Community and Personal Service Workers         </div> <div style="width: 50%;"> <input type="checkbox"/> 9 – Other         </div> <div style="width: 50%;"> <input type="checkbox"/> 5 – Clerical and Administrative Workers         </div> </div>  |  |                   |  |
| <b>CURRENT OR RECENT INDUSTRY</b>  |  |                   |  |
| <p><b>Which of the following classifications BEST describes the industry of your current or previous Employer?</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> A– Agriculture, Forestry and Fishing         </div> <div style="width: 50%;"> <input type="checkbox"/> K – Financial and Insurance Services         </div> <div style="width: 50%;"> <input type="checkbox"/> B - Mining         </div> <div style="width: 50%;"> <input type="checkbox"/> L – Rental, Hiring and real Estate Services         </div> <div style="width: 50%;"> <input type="checkbox"/> C - Manufacturing         </div> <div style="width: 50%;"> <input type="checkbox"/> M – Professional, Scientific and Technical Services         </div> <div style="width: 50%;"> <input type="checkbox"/> D – Electricity, Gas, Water and Waste Services         </div> <div style="width: 50%;"> <input type="checkbox"/> N – Administrative and Support Services         </div> <div style="width: 50%;"> <input type="checkbox"/> E - Construction         </div> <div style="width: 50%;"> <input type="checkbox"/> O – Public Administration and Safety         </div> <div style="width: 50%;"> <input type="checkbox"/> F – Wholesale Trade         </div> <div style="width: 50%;"> <input type="checkbox"/> P – Education and Training         </div> <div style="width: 50%;"> <input type="checkbox"/> G – Retail Trade         </div> <div style="width: 50%;"> <input type="checkbox"/> Q – Health Care and Social Assistance         </div> <div style="width: 50%;"> <input type="checkbox"/> H – Accommodation and Feed Services         </div> <div style="width: 50%;"> <input type="checkbox"/> R – Arts and recreation Services         </div> <div style="width: 50%;"> <input type="checkbox"/> I – Transport, Postal and Warehousing         </div> <div style="width: 50%;"> <input type="checkbox"/> S – Other Services         </div> <div style="width: 50%;"> <input type="checkbox"/> J – Information Media and telecommunications         </div> </div> |  |                   |  |
| <b>WHAT IS THE MAIN REASON FOR UNDERTAKING THIS COURSE (STUDY REASON)? (Tick ONE box only.)</b>  |  |                   |  |
| <p><b>Of the following categories, which BEST describes your main reason for undertaking this program/traineeship/apprenticeship?</b><br/>(Tick ONE box only)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 01 - To get a job         </div> <div style="width: 50%;"> <input type="checkbox"/> 07 – I wanted extra skills for my job         </div> <div style="width: 50%;"> <input type="checkbox"/> 02 – To develop my existing business         </div> <div style="width: 50%;"> <input type="checkbox"/> 08 – To get into another program of study         </div> <div style="width: 50%;"> <input type="checkbox"/> 03 – To start my own business         </div> <div style="width: 50%;"> <input type="checkbox"/> 12 – For personal interest or self-development         </div> <div style="width: 50%;"> <input type="checkbox"/> 04 – To try for a different career         </div> <div style="width: 50%;"> <input type="checkbox"/> 11 – Other reasons         </div> <div style="width: 50%;"> <input type="checkbox"/> 05 – To get a better job or promotion         </div> <div style="width: 50%;"> <input type="checkbox"/> 13 – To get skills for community/voluntary work         </div> <div style="width: 50%;"> <input type="checkbox"/> 06 – It was a requirement of my job         </div> </div>   |  |                   |  |

## Medical Disclosure

The following questionnaire is to be completed on commencement of your training with Yorke Institute  
Please disclose whether you suffer from a medical condition to help us create a safer learning environment for you.  
Please tick as applicable, your signature below acknowledges you have understood and answered the following questions to the best of your ability.

|  |                             |   |
|--|-----------------------------|---|
| Are you under 18 years of age?                                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes                |
| Have you been medically diagnosed with Anaphylaxis?                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes                |
| If Yes, do you have your action plan and in date Epi/Ana Pen on your | <input type="checkbox"/> No | <input type="checkbox"/> Yes                |
| Have you been medically diagnosed with Epilepsy?                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes Please Specify |
| Have you been medically diagnosed with Asthma?                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes Please Specify |
| Do you have any other allergies or intolerances?                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes Please Specify |
| Do you have any other type of medical condition?                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes Please Specify |

## Consent and Release Form

Please read this form carefully and, if you agree, sign and hand it back to us before you start. Please talk to us if you have any questions or concerns.

### Marketing and promotional material

Like any business, we are involved in marketing and promotional activities to ensure our success. The marketing and promotional activities we engage in are broad and varied and include traditional marketing methods, such as advertising and the preparation and distribution of marketing material, as well as various reverse marketing strategies.

Throughout your program, we will collect and prepare material to market and promote our services and to attract prospective students and potential business allies.

By signing this form:

- **You acknowledge that the material which we will collect and prepare to market and promote our services:**
  - may include photos of our students (past and present);
  - may include any testimonials given by our students;
  - may include any comments or statements made by our students and posted to our Facebook page;
  - may be reproduced for any promotional purpose; and
  - will, where applicable, be collected and disclosed in accordance with our Privacy Policy.
- **You acknowledge that, where necessary, we will take all reasonable steps to protect any material which we collect for marketing and promotional purposes from misuse, unauthorised access, modification and/or non-permitted disclosure.**
- **You consent to us:**
  - taking your photo and reproducing it for any promotional purpose, including;
    - in any publication or other form of marketing material;
    - at Yorke Institute' website (or as accessible from it); and
    - at sites such as Facebook.
- **Using any testimonial which you may give and reproducing it for any promotional purpose, including;**
  - in any publication or other form of marketing material;
  - at Yorke Institute's website (or as accessible from it); and
  - at sites such as Facebook.
- **Using any comment or statement which you may post to our Facebook page for any promotional purpose, including;**
  - in any publication or other form of marketing material;
  - at Yorke Institute's website (or as accessible from it); and
  - at social media sites other than Facebook.
- **You agree to release us from any claim or cause of action which you might otherwise have had in respect of the reproduction of your photo or any testimonial or post.**

## Student Acceptance Agreement (To be completed for ALL enrolments)

I understand that:

**Yorke Institute** is required to provide the New South Wales Government, through the Department of Education, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the New South Wales VET Student Statistical Collection Guidelines. . The Department may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, the Department may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations. I have been advised by the training organisation that I may be contacted and requested to participate in a National Centre for Vocational Education Research survey or a Department-endorsed project or audit or review.

**The Department of Education requires Yorke Institute to collect and disclose my personal information for a number of purposes including the allocation to me of a New South Wales Student Number and updating my personal information on the USI Student Register.**

For more information in relation to how student information may be used or disclosed please contact 0390420231

or email [admin@yorkeinstitute.edu.au](mailto:admin@yorkeinstitute.edu.au)

- ☐ I acknowledge and agree to the terms described in this privacy statement:
- ☐ I agree to allow Yorke Institute to supply information regarding my training progress, attendance records and results to my employer and/or my employment services provider and/or my secondary school.
- ☐ I declare that the information provided to Yorke Institute in the application for study is to the best of my knowledge true, correct and complete at the time of my enrolment/application
- ☐ I acknowledge that providing any false information and/or failing to disclose any information relevant to my application for enrolment and/or failure to complete an application/enrolment form may result in the withdrawal of any offer, particularly as it relates to my eligibility to obtain an offer for government subsidised training, and/or cancellation of enrolment at the discretion of Yorke Institute.
- ☐ I understand that it is my responsibility to provide all relevant and required documentation
- ☐ I agree that the qualification stream and selection of units is appropriate.
- ☐ I acknowledge the information I have provided in this enrolment documentation may be shared with the allocated placement facility.
- ☐ I indemnify Yorke Institute from any claim or action and for any liability, which may arise or accrue as a result of participation in this training.
- ☐ I understand and accept the fees, charges and refunds that may be applied for this enrolment and the circumstances in which they apply.
- ☐ I have read, downloaded, and accept the Statement of Fees provided by Yorke Institute on its website and agree to pay the requirement amount to Yorke Institute Admissions Account BSB 013 200 Account No: 454780662 (applicable to Domestic students under the Smart & Skilled Program
- ☐ I declare that I have not been offered an inducement to undertake the program.
- ☐ I have read and accept the information provided in the Medical Disclosure to be true
- ☐ I have read and consent to the information in the Consent and Release Form
- ☐ I have been provided with a copy of the Student Handbook and the contents have been explained to me.
- ☐ I have read and accept the process for Withdrawals as outlined in the Student Handbook
- ☐ I authorise Yorke Institute to obtain any information regarding my enrolment and participation in any training and assessment program provided by any educational institution. This information may include details of qualifications obtained, Statements of Attainment, Statements of Results and dates on which these were achieved and awarded.
- ☐ By completing a program with us, you will automatically be added to the Yorke Institute marketing database. If you wish to be removed, you may unsubscribe at any time

### Privacy Statement:

#### Student enrolment privacy notice

#### New South Wales Government VET Student Enrolment Privacy Notice

The New South Wales Government, through the Department of Education and Training (the Department), develops, monitors and funds vocational education and training (VET) in New South Wales.

### Collection of your data

Yorke Institute is required to provide the Department with student and training activity data. This includes personal information collected in the Yorke Institute enrolment form and unique identifiers such as the New South Wales Student Identifier Number and the Commonwealth's Unique Student Identifier (USI).

Yorke Institute provides data to the Department in accordance with the New South Wales VET Student Statistical Collection Guidelines, available at <https://education.nsw.gov.au/about-us/education-data-and-research/cese/data-services/data-collections>

### Use of your data

The Department uses student and training data, including personal information, for a range of VET purposes including administration, monitoring and planning, including interaction between the Department and Student where appropriate.

The data may also be subjected to data analytics, which seek to determine the likelihood of certain events occurring (such as program or subject completion), which may be relevant to the services provided to the student.

### Disclosure of your data

As necessary and where lawful, the Department may disclose VET data, including personal information, to its contractors, other government agencies, professional bodies and/or other organisations for VET-related purposes. In particular, this includes disclosure of VET student and training data to the Commonwealth and the National Centre for Vocational Education Research (NCVER).

### Legal and Regulatory

The Department's collection and handling of enrolment data is authorised under the Department of Education. The Department is also authorised to collect and handle USIs in accordance with the Student Identifiers Act 2014 (Cth) and the Student Identifiers Regulation 2014 (Cth).

### Survey participation

You may be contacted to participate in a survey conducted by NCVER or a Department-endorsed project, audit or review relating to your training. This provides valuable feedback on the delivery of VET programs in New South Wales. Please note you may opt out of the NCVER survey at the time of being contacted.

### Consequences of not providing your information

Failure to provide your personal information may mean that it is not possible for you to enrol in VET and/or to obtain a New South Wales Government VET subsidy.

### Access, correction and complaints

You have the right to seek access to or correction of your own personal information. You may also complain if you believe your privacy has been breached.

For further information, please contact Yorke Institute's Privacy Officer in the first instance by phone 02 8075 4527 or e-mail at [admin@yorkeinstitute.edu.au](mailto:admin@yorkeinstitute.edu.au).

### Further information

For further information about the way the Department collects and handles personal information, including access, correction and complaints, go to <https://education.nsw.gov.au/rights-and-accountability/privacy>

For further information about Unique Student Identifiers, including access, correction and complaints, go to <http://www.usi.gov.au/Students/Pages/student-privacy.aspx>.

I acknowledge and understand that I may be contacted by the Department of Education and Training or an agent to participate in a survey, interview or other questionnaire.

☐ I agree to allow Yorke Institute to apply or verify a Unique Student Identifier on my behalf.

|                      |                          |             |
|----------------------|--------------------------|-------------|
| <b>Student Name:</b> | <b>Student Signature</b> | <b>Date</b> |
|----------------------|--------------------------|-------------|

**New South Wales – Smart & Skilled program**  
**NOT FOR OVERSEAS STUDENTS OR FEE FOR SERVICE**  
**2023 EVIDENCE OF STUDENT ELIGIBILITY & STUDENT DECLARATION**

This form is only for the purpose of certifying that eligibility evidence has been sighted & that an applicant has stated their qualifications. It is not intended to constitute the sole process for assessing an individual's eligibility for the Smart & Skilled program.

**SECTION A – EVIDENCE OF CITIZENSHIP/RESIDENCY AND AGE**

**TO BE COMPLETED BY AN AUTHORISED DELEGATE OF THE TRAINING PROVIDER – DO NOT LEAVE ANY SECTIONS BLANK**

I confirm that for:  
(student's full name):

I have sighted **ONE** of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Australian Birth Certificate (not Birth Extract)   | <input type="checkbox"/> Current Australian Passport   |
| <input type="checkbox"/> Current New Zealand Passport   | <input type="checkbox"/> Australian Citizenship certificate  |
| <input type="checkbox"/> Current <b>green</b> Medicare card   | <input type="checkbox"/> Australian Certificate of Registration by Descent   |
| <input type="checkbox"/> New Zealand Birth Certificate  | <input type="checkbox"/> New Zealand Citizenship Certificate   |
| <input type="checkbox"/> A proxy declaration for individuals in exceptional circumstances as per Clauses 2.11 – 2.15 of the Guidelines About Eligibility (the Eligibility Guidelines) | <input type="checkbox"/> Formal confirmation of permanent residence granted by the Department of Home Affairs (or its successor) AND the student's foreign passport or ImmiCard.   |
| <input type="checkbox"/> a Referral to Government Subsidised Training - Asylum Seekers' form from the Asylum Seeker Resource Centre or the Australian Red Cross                       | <input type="checkbox"/> Confirmation obtained from the Visa Entitlement Verification Online System (VEVO) that the student holds a valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa, Bridging visa class F, or Humanitarian Stay (Temporary) (subclass 449) visa. |

**AND** I have **RETAINED one** of the following:

- ☐ a copy of the original or certified copy; OR
- ☐ the certified copy; OR
- ☐ evidence as set out in Clause 2.5(c) of the Eligibility Guidelines [where verified through the DVS]; OR
- ☐ declaration of sighting a digital green Medicare card [as set out in Clause 2.5(d) of the Eligibility Guidelines]; OR
- ☐ a printed or electronic copy of a record from VEVO that confirms the student holds a valid Bridging visa class E, Safe Haven Enterprise visa, Temporary Protection visa Bridging visa class F, or Humanitarian Stay (Temporary) (subclass 449) visa.