

Select a course:

- Certificate III in Individual Support
- Certificate IV in Ageing Support
- Certificate IV in Disability
- Certificate III in Early Childhood Education and Care
- Diploma of Early Childhood Education and Care

Smart and Skilled – Personal Information and Consent Form

Section A

To check your eligibility for subsidised training under Smart and Skilled and to help First Base Training obtain a quote for your student fees from State Training Services, please fill in the details below:

1. Do you live in NSW?
Yes (**skip to question 3.**)
No (**continue to question 2.**)
2. Do you work in NSW?
Yes **If yes, please specify:**
Employer's organisation name: _____
Organisation's postcode: _____
Organisation's suburb: _____
No (**STOP here, you are not eligible for this subsidised training**)
3. Please indicate (at the time of this training) your:
Residential address: _____
Postcode: _____ **Suburb:** _____
4. Are you living in NSW social housing; or are you or your household on the NSW Housing Register? Yes No
5. Are you still at school (**secondary school/high school**)?
Yes No
6. Please state your residency status:
 I am an Australian Citizen
 I am an Australian Permanent Resident
 I am a New Zealand Citizen
 None of the above
7. Have you achieved any qualifications since turning 17?
Yes, **while still at** secondary/high school (**skip to question 9.**)
Yes, **after leaving** secondary/high school (**continue to question 8.**)
No (**skip to question 9.**)
8. What is the highest level of any post school qualification achieved?
Foundation Certificate II Certificate IV & above
Certificate I Certificate III Certificate IV or above with
Acquired Disability

9. Have you undertaken any other Smart and Skilled qualification this calendar year?

Yes No

10. Are you an Aboriginal or Torres Strait Islander?

Yes (**skip to question 14.**)

No (**continue to question 11.**)

11. Please indicate your disability status:

i. I have a disability (**continue to question 12.**)

ii. No disability (**skip to question 13.**)

iii. I am a dependent child or spouse of a person in receipt of a disability support pension (**skip to question 14.**)

12. Please indicate disability assessment type:

i. Recipient of disability support pension (**skip to question 14.**)

ii. Assessed by specialist support professional as a student with disability (**skip to question 14.**)

13. Please indicate your welfare status:

i. I am a welfare recipient **If yes, please specify:** _____

ii. I am a dependent child or spouse of a welfare recipient **If yes, please specify:** _____

iii. I am not a welfare recipient

List of Welfares eligible for concession fee:

- Age Pension
- Austudy
- Carer Payment
- Exceptional Circumstance Relief Payment
- Family Tax Benefit Part A (**Please only select if on the Maximum Rate**)
- Farm Household Allowance
- Newstart Allowance
- Parenting Payment (**Please only select if you are a Single Parent**)
- Sickness Allowance
- Special Benefit
- Veterans' Affairs Pensions
- Veterans' Children Education Scheme
- Widow Allowance
- Widow B Pension
- Wife Pension
- Youth Allowance

14. Are you an Employment Service Provider client?

Yes (**continue to question 15**)

No (**please continue to Section B**)

15. Please fill in your Employment Service Provider details:

Organisation I/D: _____

Client I/D: _____

16. Were you referred to this training by an Employment Service Provider client?

Yes please specify your **Employment Service Provider referral**

ID: _____

No

17. Have you been long term unemployed for over 12 months?

Yes (**if yes, please provide a letter from your employment Service Provider**)

No

Section B

**CONSENT TO 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) [together **Personal Information**] collected by **First Base Training** may be disclosed to the Department of Education.

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside 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 also 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 **First Base Training** for the purposes of evaluating and assessing my subsidised training.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** ____/____/____

Note: If you are under 18 years of age then the consent of your guardian is required

PRINT FULL NAME OF GUARDIAN: _____

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

Unique Student Identifier

From 1 January 2015, all RTOs can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course 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 <http://www.usi.gov.au/create-your-USI/> on computer or mobile device.

1. Enter your Unique Student identifier (if you already have one)

Unique student identifier

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Unique student identifier

Additional Information for USI Application – only required if you do not already have a USI

Town/City of Birth: _____
(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 Section B is exactly the same as written in the document you provide below.

- **Australian Driver Licence**

State: _____ Licence Number: _____

- **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)

- **Australian Birth Certificate** Registration Number: _____

State/Territory: _____ Year of Registration: _____

- **Australian Passport**

Passport number: _____

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

Passport number: _____ Country of issue: _____

- **Immicard**

Immicard Number: _____

In accordance with section 11 of the *Student Identifiers Act 2014*, First Base Training 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.