Eligibility Check
Vision Training Institute

Please answer the following questions to complete a Smart and Skilled subsidy eligibility check and confirm your student contribution fee. Please return it to info@visiontraininginstitute.edu.au or fax 9460 3366.

<table>
<thead>
<tr>
<th>Your details</th>
<th></th>
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<tbody>
<tr>
<td>Name (first and surname)</td>
<td></td>
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<tr>
<td>Email address</td>
<td></td>
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<tr>
<td>Telephone (mobile is OK)</td>
<td></td>
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<tr>
<td>Date of birth</td>
<td></td>
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<tr>
<td>Name of qualification/course of interest</td>
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I am 15 years old or over       | Yes ☐  No ☐                                  |
I am no longer at school        | Yes ☐  No ☐                                  |

The highest level of study I have completed in Australia or overseas is (please tick):
- ☐ School
- ☐ Certificate I
- ☐ Certificate II
- ☐ Certificate III
- ☐ Certificate IV
- ☐ Diploma
- ☐ Advanced Diploma
- ☐ Bachelors degree or higher

I live or work permanently in New South Wales. | Yes ☐  No ☐                                  |
I am an Australian citizen, Australian permanent resident or a New Zealand citizen. | Yes ☐  No ☐                                  |

I have a disability.               | Yes ☐  No ☐                                  |
If yes, does your disability require you to retrain? | Yes ☐  No ☐                                  |
I am a Commonwealth benefit recipient (this extends to your dependents as well) | Yes ☐  No ☐                                  |
This is my first Smart and Skilled enrolment | Yes ☐  No ☐                                  |

Declaration:

☐ I consent to my personal information being used to confirm my eligibility for Smart and Skilled and my contribution fee and understand this does not confirm or commit to enrolment.
☐ I declare that the information supplied on this form is correct and complete.

Signature:                      Date:   /   /
CONSENT TO USE AND DISCLOSURE OF INFORMATION TO THE DEPARTMENT OF EDUCATION AND COMMUNITIES AND OTHER GOVERNMENT AGENCIES

I _____________________________________________________________________________________________

(First, middle and last name)

of ________________________________________________________________________________________

(current residential address)

with date of birth ____________________________________________________________________________

understand and agree that my 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 Vision Training Institute may be disclosed to the Department of Industry, Skills and Regional Development (Department).

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 exercising 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 Free 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 Vision Training Institute for the purpose of evaluating and assessing my subsidised training.

Print full name: ___________________________________________________________________________

Signature: _______________________________ Date: / /

Note: If under 18 years of age at the time of giving consent, then the consent of your guardian is required

Print full name of Guardian: __________________________________________________________________

Signature of Guardian: _______________________________ Date: / /

This agreement, and the availability of complaints and appeals processes, does not remove your rights under Australian Consumer Law.