NSW SMART AND SKILLED ELIGIBILITY CHECKLIST AND CONSENT FORM

I, **(First, middle and last name)** _____

Of (**Current residential address)** _____

Date of birth_____

Please answer the following questions and sign the consent at the bottom of this form.
(If you have any questions, please contact our office 0357953276)

1. Are you currently living or working in NSW?
   ☐ Yes ☐ No
2. Have you undertaken any other Smart and Skilled qualifications this calendar year?
   ☐ No ☐ Yes *(if yes indicate status)* ☐ Completed ☐ Not Started ☐ Currently Studying
3. Have you achieved any qualification since turning 17?
   ☐ Yes ☐ No
4. Do you have a disability or are the dependent child or spouse of a person in receipt of a disability support pension?
   ☐ Yes ☐ No
5. Are you a welfare recipient or the dependent child or spouse of a welfare recipient?
   ☐ Yes ☐ No
6. Are you living in NSW Social housing or are they or their household on the NSW Register?
   ☐ Yes ☐ No

Please read.

Understand and agree that, under the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020, **4 Up Skilling PTY LTD** is required to collect 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, sensitive personal information (including my ethnicity or health information) and other enrolment and training activity-related information (together **Personal Information**) and disclose that Personal Information to the National Centre for Vocational Education Research Ltd (NCVER)

My Personal Information (including the personal information contained on my enrollment form and my training activity data) may be used or disclosed by **4 Up Skilling PTY LTD** for statistical, regulatory and research purposes. **4 Up Skilling PTY LTD** may disclose my personal information for these purposes to third parties, including:

- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer – if I am enrolled in training paid by my employer.
- Commonwealth and State or Territory government departments and authorized agencies, including the NSW Department of Education (Department).
- NCVER.
- Organisations (including the Department) conducting student surveys; and
- Researchers.
- Personal Information disclosed to NCVER may be used or disclosed for the following purposes.
- Issuing a VET Statement of Attainment or VET Qualification and populating Authenticated VET Transcript.
- Facilitating statistics and research relating to education, including surveys.
- Understanding how the VET market operates, for policy, workforce planning and consumer information; and

- Administering VET, including program administration, regulation, monitoring and evaluation.

I may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. I may opt out of the survey at the time of being contacted.

NCVER will collect, hold, use and disclose my Personal Information in accordance with the Privacy Act 1988 (Cth), the VET Data Policy and all NCVER policies and protocols (including those published on NCVER's website at www.ncver.edu.au).

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 also acknowledge and agree that the Department may contact me by telephone, email, or post, during or after I have ceased subsidised training with **4 Up Skilling PTY LTD** for the purpose of evaluating and assessing my subsidised training.

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

By signing below, I agree to;

1. ***Consent to 4 Up Skilling using my Personal Information for the purpose of enrolment, to the Department of Industry, Skills and Regional Development and Other Government Agencies***
2. ***All information provided to 4 Up Skilling PTY LTD in connection with the notification of the enrolment process is true, accurate complete and not misleading in any way.***
3. ***That the notification of enrolment process has not concurrently been completed for the same qualification and/or the same units of competency for the same or other qualification(s).***
4. ***That I have been provided with a statement of fees for my enrolment.***
5. ***That I have been provided with the 4 Up Skilling Student handbook.***

PRINT FULL NAME _____

SIGNATURE _____ **DATE: / /**

Note; if under 18 years of age at time of giving consent, then the consent of their guardian is required.

PRINT FULL NAME _____

OF GUARDIAN _____

SIGNATURE OF

GUARDIAN _____ **DATE: / /**