

Course Application Form



Please ensure to answer all questions. Incomplete applications will not be processed.

Personal Details

Title:	Mr	Mrs	Miss	Ms	Other: _____	Date of Birth:								
First Name:					Middle Name:									
Surname (Family name):					Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male								
Unique Student Identifier Number (USI)														
					You can obtain a USI from: http://www.usi.gov.au/Pages/default.aspx#									
Mobile:					(Delete not applicable) <table border="1"> <tr> <td>Home Phone</td> <td>Work Phone</td> <td colspan="3"></td> </tr> </table>					Home Phone	Work Phone			
Home Phone	Work Phone													
Email:														
Address:														
Suburb:					State:		Postcode:							
Country of Birth:					Town/City of Birth:									

Copies of identification (e.g. driver's licence/passport) are required for USI application on your behalf.

Eligibility and General Information

1	Are you living in NSW social housing or are you or your household on the NSW Housing Register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Are you still at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Select your citizenship/residency status: <input type="checkbox"/> An Australian Citizen <input type="checkbox"/> On a humanitarian visa <input type="checkbox"/> An Australian permanent resident <input type="checkbox"/> Other <input type="checkbox"/> A New Zealand citizen _____ → Please provide/attach evidence of citizenship/residency status		
4	Have you achieved any qualifications since turning 17? <input type="checkbox"/> Yes, while <u>still at school</u> . List qualification/s _____ Institution: _____ <input type="checkbox"/> Yes, <u>after leaving school</u> . List qualification/s _____ Institution: _____ <input type="checkbox"/> No		
5	Are you registered for a traineeship in NSW? <input type="checkbox"/> Yes, registered <input type="checkbox"/> Yes, intending to be registered <input type="checkbox"/> No If yes, name your Apprenticeship Centre & contact person: _____		
6	Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both		
7	Are you enrolled, or have you undertaken a NSW Smart and Skilled subsidised qualification THIS calendar year. If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Name of Course: _____ Provider Name: _____ Completion Date: _____		
8	a) Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, go to question 9 b) If yes, would you like to request learning support? <input type="checkbox"/> Yes (also complete Section 13) <input type="checkbox"/> No c) Are you on a disability support pension? <input type="checkbox"/> Yes (also complete Section 13) <input type="checkbox"/> No d) Have been assessed by a specialist support professional as having a disability? <input type="checkbox"/> Yes (also complete Section 13) <input type="checkbox"/> No		
9	Are you a dependent child or spouse of a person in receipt of a disability support pension? <input type="checkbox"/> Yes (also complete Section 13) <input type="checkbox"/> No		

Course Application Form

Eligibility and General Information - continued

10 Please select **ONE** option only:
 I am a job seeker (go to questions 11 - 14) **OR** I am currently working (go to 11 - 14 for concession/ scholarship/exemptions/Fee Free Scholarships or go to 15)

11 I am with an Employment Service Provider (Job Service Provider)? Yes No
 If yes; Name of Employment Service Provider (Job Service Provider & Contact Person) _____
 Employment Service Provider Client ID (JSID) _____

11 Were you referred to this training by your Employment Service Provider? Yes No
 If yes, Employment Service Provider Referral ID _____

Have you been unemployed greater than 52 weeks? Yes No
 If yes, please attach evidence with this application.

Concessions: Appropriate evidence must be provided (Only for Government Subsidised Programs)

12 I am currently receiving the following Entitlement(s):

<input type="checkbox"/> Age Pension	<input type="checkbox"/> Farm Household Allowance	<input type="checkbox"/> Veterans' Children Education Scheme
<input type="checkbox"/> Austudy	<input type="checkbox"/> Newstart Allowance	<input type="checkbox"/> Widow Allowance
<input type="checkbox"/> Carer Payment	<input type="checkbox"/> Parenting Payment (Single)	<input type="checkbox"/> Widow B Pension
<input type="checkbox"/> Exceptional Circumstances Relief Payment	<input type="checkbox"/> Sickness Allowance	<input type="checkbox"/> Wife Pension
<input type="checkbox"/> Family Tax Benefit Part A (maximum rate)	<input type="checkbox"/> Special Benefit	<input type="checkbox"/> Youth Allowance
<input type="checkbox"/> Veterans' Affairs Pensions		

➔ You must attach suitable evidence to qualify for a concession:

<input type="checkbox"/> Centrelink Income Statement, or
<input type="checkbox"/> Pensioner Concession Card, or
<input type="checkbox"/> Centrelink evidence – dependent child of a specified welfare recipient, or
<input type="checkbox"/> A letter from Centrelink or Veterans' Affairs

A NSW New Entrant Trainee on a Newstart Allowance is **NOT** eligible for a concession fee. (Proceed to Q15)

Exemptions: Appropriate evidence must be provided (Only for Government Subsidised Programs)

13 I am an Australian Aboriginal and/or Torres Strait Islander; **OR**
 I am currently receiving a Disability Support Pension; **OR**
 I have a written letter/statement about my disability from an appropriate specialist or health support professional; **OR**
 I am a dependant of Disability Support Pension recipient.

Please indicate dependency status: Dependent Child **OR** Dependent Spouse or Partner

➔ You must attach suitable evidence to qualify for an exemption:

<input type="checkbox"/> Letter from Centrelink confirming receipt of the Disability Support Pension, or
<input type="checkbox"/> Letter from Centrelink indicating dependent of a recipient of a Disability Support pension, or
<input type="checkbox"/> Current Disability Pensioner Concession Card, or
<input type="checkbox"/> Centrelink Income Statement, or
<input type="checkbox"/> Documentary evidence regarding the applicant's disability from an appropriate medical professional.

Fee-Free Scholarships: Appropriate evidence must be provided (Only for Government Subsidised Programs)

14 Must meet Smart & Skilled eligibility criteria (see sections 2-5 of this form; & studying Certificate I-IV), and

Be aged between 15 & 30 years when training starts & either:

- Eligible for a Smart & Skilled concession fee; or
- Meet the out-of-home care criteria. **OR**

Other extenuating circumstances [no upper age limit] - Please request Smart & Skilled Fee Free Scholarships fact sheet *Information for Students* from Benchmark College

➔ You must attach suitable evidence to qualify for a Fee-Free Scholarship:
 (Eligible students are entitled to 1 Fee-Free Scholarship per financial year, maximum of 2 from July 2015 – 30 June 2019)

<input type="checkbox"/> Out-of-home care criteria 15-17 years:	<input type="checkbox"/> Out-of-home care criteria 18-30 years:
<ul style="list-style-type: none"> ○ Copy of expired Children's Court Care Order, or ○ Confirmation of Placement letter, or ○ Letter from Family & Community Services or the Out-of-Home Care Designated Agency verification of statutory or supported care, or ○ Any other evidence which clearly shows that you are in out-of-home care 	<ul style="list-style-type: none"> ○ Copy of expired Children's Court Care Order, or ○ Copy of 'leaving care' letter from the Minister for Family & Community Services, or ○ Letter from Family & Community Services or the Out-of-Home Care Designated Agency verification of previous statutory or supported care, or ○ Any other evidence which clearly shows that you were in out-of-home care
<input type="checkbox"/> Other extenuating circumstances [no upper age limit] – Criteria available on request	

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Course Preferences

Please note that not all courses are available at all locations

	Certificate II in	Certificate III in	Certificate IV in	Diploma of
15	<input type="checkbox"/> Business (BSB20115)	<input type="checkbox"/> Business (BSB30115) <input type="checkbox"/> Business Administration (BSB30415) <input type="checkbox"/> Early Childhood Education and Care (CHC30113) <input type="checkbox"/> Individual Support (CHC33015) [Aged Care] <input type="checkbox"/> Retail Operations (SIR30212) <input type="checkbox"/> Warehousing Operations (TLI31616)	<input type="checkbox"/> Business (BSB40215) <input type="checkbox"/> Business Administration (BSB40515) <input type="checkbox"/> Training & Assessment (TAE40110)	<input type="checkbox"/> Business (BSB50215) <input type="checkbox"/> Early Childhood Education and Care (CHC50113) <input type="checkbox"/> Leadership & Management (BSB51915)

16	Please indicate if you have a planned training start date and/or completion date:	
	Planned Training Start Date: _____ Planned Training End date: _____	
Delivery Method		
<input type="checkbox"/> Classroom Preferred Location: _____ <input type="checkbox"/> Traineeship <input type="checkbox"/> Work-based Training and Assessment		<input type="checkbox"/> Self-Directed Learning <input type="checkbox"/> Blended (a mix of delivery methods) <input type="checkbox"/> RPL (Recognition of Prior Learning) <input type="checkbox"/> Assessment Only

17	Are you wishing to apply for credit transfer or RPL?	Credit Transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please attach relevant evidence (transcripts, resume, etc.)	RPL	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education/ Work History/ Course Reasons

List any qualifications and/or courses you have successfully completed (**attach copies of results/ certificates**). Please indicate if any of these courses were completed whilst in **High School** or **Overseas**.

Qualification/Course Name	Training Provider	Year Completed	Overseas Y/N	School Based Y/N

Fees and Charges

18	Please tick one of the funding options below:
	<input type="checkbox"/> NSW Government funding - <i>Smart and Skilled subsidy (eligibility criteria apply)</i> <input type="checkbox"/> VET FEE-HELP (<i>Diploma qualifications and selected Certificate IV qualifications only - eligibility criteria apply</i>) <input type="checkbox"/> Fee for Service (<i>payment plans available, see below</i>)

Payment of course fee

19	Select from the list below:
	<input type="checkbox"/> I, the applicant, will be paying the full course fee or approved concession fee (see payment options below) <input type="checkbox"/> My Employer / JA / DSA / Jobsearch will be paying the course fee: Contact Person: _____ Phone or Email: _____ Purchase Order # _____ <input type="checkbox"/> I am applying for a scholarship/full exemption of the course fee (refer to sections 13/14 & attach required evidence)
	Payment Options upon receipt of invoice:
	<input type="checkbox"/> By direct deposit & email the transaction receipt <input type="checkbox"/> By credit card & will contact the College with details <input type="checkbox"/> 20% deposit and the balance by direct debit instalments through Ezidebit. Please ask Benchmark College for the Ezidebit form (Ezidebit have their own fees and charges).

Please refer to the *Course Information Flyer* and *website* for specific information about the course you are applying for. This information is available at www.benchmark.edu.au

Course Application Form



→ Please complete if you want to apply for NSW Government Subsidised Funding for Student Fees or Exemptions

Consent to use and disclosure of personal information to the Department of Education and Communities and other government agencies – NSW GOVERNMENT SMART & SKILLED FUNDING APPLICANTS ONLY

I _____
(First, middle and surname)

Of _____
(Current residential address)

With date of birth _____

Understand and agree that personal information 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 and health information) collected by Benchmark College may be disclosed to the Department of education and Communities (the 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 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 Benchmark College for the purposes of evaluating and assessing my subsidised training.

→ FULL NAME: _____

→ SIGNATURE: _____ DATE: ____ / ____ / ____

NOTE: If applicant is under 18 years of age at the time of giving consent, then the consent of a guardian is required.

GUARDIAN FULL NAME: _____

GUARDIAN SIGNATURE: _____ DATE: ____ / ____ / ____

→ Applicant Declaration – ALL APPLICANTS TO COMPLETE

For the purposes of this application:

- I verify that all information has been completed by me personally and this information is true and correct.
- I provide consent for this information to be used by Benchmark College, the National VET Regulator and the Department of Education and Communities (the Department) for enrolment and auditing purposes – see below for detailed consent (NSW Government funding applicants, including New Entrant Trainees).
- I am aware of the Notification of Enrolment Process and consent to Benchmark College submitting my information to the Department.
- I consent / authorise Benchmark College to apply/verify my Unique Student Identifier.
- I have been provided with all relevant pre-enrolment information prior to my application.
- I am aware of the Benchmark College Consumer Protection Policy.
- I am aware of the Benchmark College Policy on Withdrawal and Deferral of Studies.
- I am aware of the mandatory fees and charges associated with this program and agree to pay all fees within the terms of conditions outlined in Benchmark Colleges Fees and Charges Policy and Procedure.
- I have been made aware of how to locate Benchmark College student-related policies and procedures.
- I understand that if my application is incomplete it will not be processed.
- I understand that this application does not guarantee a place in a course.

→ Signature: _____ Date: ____ / ____ / ____