

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:	Day	Month	Year
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Family Name (Surname):	Given Name/s:
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Gender: Female Male Other

NOTE: From 1 January 2015, Benchmark College 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). In addition, we are required to include your USI in the data we submit to NCVER. 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. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Unique Student Identifier Number (USI):										
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Mobile:	Home Phone	Work Phone
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(Circle Applicable)

Email:

Address:

Suburb:	State:	Postcode:
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Country of Birth:	Town/City of Birth:
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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 eligibility/citizenship/residency status: <input type="checkbox"/> An Australian Citizen <input type="checkbox"/> On a humanitarian visa (please tick) [see also Section 14]: <input type="checkbox"/> An Australian permanent resident <input type="checkbox"/> Bridging visa <input type="checkbox"/> Temporary humanitarian stay <input type="checkbox"/> A New Zealand citizen <input type="checkbox"/> Temporary humanitarian concern <input type="checkbox"/> I am also a registered home-schooled student (evidence required)
→ Please provide/attach evidence of eligibility - citizenship/residency/applicable visa 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 <u>THIS</u> 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	Are you applying for a concession, fee exemption or fee-free scholarship (eligibility criteria applies)? <input type="checkbox"/> Yes (tick relevant box below) <input type="checkbox"/> No (go to Question 9) <input type="checkbox"/> Concession (also complete Section 12) <input type="checkbox"/> Fee Exemption (also complete Section 13) <input type="checkbox"/> Fee-free Scholarship (also complete Section 14)
9	Would you like to request learning support? <input type="checkbox"/> Yes (also complete Section 13) <input type="checkbox"/> No

Course Application Form



Eligibility and General Information - continued																			
10	<p>Please select <u>ONE</u> option only:</p> <p><input type="checkbox"/> I am a job seeker (go to questions 11 - 14) OR</p> <p><input type="checkbox"/> I am currently working (go to 11 - 14 for concession/ scholarship/exemptions/Fee Free Scholarships OR go to 15)</p>																		
11	<p>I am with an Employment Service Provider (Job Service Provider)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, go to question 16) Employment Service Provider Client ID (JSID) _____</p> <p>Were you referred to this training by your Employment Service Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Employment Service Provider Referral ID _____</p> <p>Have you been unemployed greater than 52 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please <u>attach evidence</u> with this application.</p>																		
If you answered yes in Q8 Concessions: Appropriate evidence must be provided (Only for Government Subsidised Programs)																			
12	<p>I am currently receiving the following Entitlement(s):</p> <table border="1"> <tr> <td><input type="checkbox"/> Age Pension</td> <td><input type="checkbox"/> Farm Household Allowance</td> <td><input type="checkbox"/> Veterans' Children Education Scheme</td> </tr> <tr> <td><input type="checkbox"/> Austudy</td> <td><input type="checkbox"/> Newstart Allowance</td> <td><input type="checkbox"/> Widow Allowance</td> </tr> <tr> <td><input type="checkbox"/> Carer Payment</td> <td><input type="checkbox"/> Parenting Payment (Single)</td> <td><input type="checkbox"/> Widow B Pension</td> </tr> <tr> <td><input type="checkbox"/> Exceptional Circumstances Relief Payment</td> <td><input type="checkbox"/> Sickness Allowance</td> <td><input type="checkbox"/> Wife Pension</td> </tr> <tr> <td><input type="checkbox"/> Family Tax Benefit Part A (maximum rate)</td> <td><input type="checkbox"/> Special Benefit</td> <td><input type="checkbox"/> Youth Allowance</td> </tr> <tr> <td><input type="checkbox"/> Veterans' Affairs Pensions</td> <td></td> <td></td> </tr> </table> <p>→ You must <u>attach</u> suitable evidence to qualify for a concession:</p> <p><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</p> <p>A NSW New Entrant Trainee on a Newstart Allowance is NOT eligible for a concession fee. (Proceed to Q15)</p>	<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		
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13	<p><input type="checkbox"/> I am an Australian Aboriginal and/or Torres Strait Islander; OR</p> <p><input type="checkbox"/> I am currently receiving a Disability Support Pension; OR</p> <p><input type="checkbox"/> I have a written letter/statement about my disability from an appropriate specialist or health support professional; OR</p> <p><input type="checkbox"/> I am a dependant of Disability Support Pension recipient.</p> <p>Please indicate dependency status: <input type="checkbox"/> Dependent Child OR <input type="checkbox"/> Dependent Spouse or Partner</p> <p>→ You must <u>attach</u> suitable evidence to qualify for an exemption:</p> <p><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.</p>																		
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14	<p>Must meet Smart & Skilled eligibility criteria (see sections 2-5 of this form; & studying Certificate I-IV), and</p> <p><input type="checkbox"/> Be aged between 15 & 30 years when training starts & either:</p> <ul style="list-style-type: none"> o Meet the Smart & Skilled concession eligibility criteria: are the dependents of a recipient of Smart & Skilled specified Australian Government welfare benefits or allowances; or o Meet the out-of-home care criteria <p><input type="checkbox"/> Meet the Smart & Skilled humanitarian visa eligibility criteria (contact our office for more information)</p> <p><input type="checkbox"/> Other extenuating circumstances [no upper age limit] - Please request Smart & Skilled Fee Free Scholarships fact sheet <i>Information for Students</i></p> <table border="1"> <tr> <td rowspan="2"> <p>→ You must <u>attach</u> suitable evidence to qualify for a Fee-Free Scholarship:</p> <p>(Eligible students are entitled to 1 Fee-Free Scholarship per financial year, maximum of 2 from July 2015 – 30 June 2019)</p> </td> <td> <p><input type="checkbox"/> Out-of-home care criteria 15-17 years:</p> <ul style="list-style-type: none"> o Copy of expired Children's Court Care Order, or o Confirmation of Placement letter, or o Letter from Family & Community Services or the Out-of-Home Care Designated Agency verification of statutory or supported care, or o Any other evidence which clearly shows that you are in out-of-home care </td> <td> <p><input type="checkbox"/> Out-of-home care criteria 18-30 years:</p> <ul style="list-style-type: none"> o Copy of expired Children's Court Care Order, or o Copy of 'leaving care' letter from the Minister for Family & Community Services, or o Letter from Family & Community Services or the Out-of-Home Care Designated Agency verification of previous statutory or supported care, or o Any other evidence which clearly shows that you were in out-of-home care </td> </tr> <tr> <td colspan="2"> <p><input type="checkbox"/> Meet the Smart & Skilled humanitarian visa eligibility criteria – available on request</p> <p><input type="checkbox"/> Other extenuating circumstances [no upper age limit] – Criteria available on request</p> </td> </tr> </table>	<p>→ You must <u>attach</u> suitable evidence to qualify for a Fee-Free Scholarship:</p> <p>(Eligible students are entitled to 1 Fee-Free Scholarship per financial year, maximum of 2 from July 2015 – 30 June 2019)</p>	<p><input type="checkbox"/> Out-of-home care criteria 15-17 years:</p> <ul style="list-style-type: none"> o Copy of expired Children's Court Care Order, or o Confirmation of Placement letter, or o Letter from Family & Community Services or the Out-of-Home Care Designated Agency verification of statutory or supported care, or o Any other evidence which clearly shows that you are in out-of-home care 	<p><input type="checkbox"/> Out-of-home care criteria 18-30 years:</p> <ul style="list-style-type: none"> o Copy of expired Children's Court Care Order, or o Copy of 'leaving care' letter from the Minister for Family & Community Services, or o Letter from Family & Community Services or the Out-of-Home Care Designated Agency verification of previous statutory or supported care, or o Any other evidence which clearly shows that you were in out-of-home care 	<p><input type="checkbox"/> Meet the Smart & Skilled humanitarian visa eligibility criteria – available on request</p> <p><input type="checkbox"/> Other extenuating circumstances [no upper age limit] – Criteria available on request</p>														
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Training Preferences - Please indicate which industry you want to complete training in:

15	Preferred Industry: <input type="checkbox"/> Business <input type="checkbox"/> Business Administration <input type="checkbox"/> Early Childhood <input type="checkbox"/> Aged Care <input type="checkbox"/> Retail <input type="checkbox"/> Training and Assessment <input type="checkbox"/> Warehousing	Preferred Delivery Method: <input type="checkbox"/> Classroom <input type="checkbox"/> Traineeship or Work-based Training and Assessment <i>Please list employer details in question 16</i> <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
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16	Employer/ Employment Service Provider details: Trading Name: _____ Address: _____ Supervisor Name: _____ Contact Number: _____	Host Employer Details – if applicable Trading Name: _____ Address: _____ Supervisor Name: _____ Contact Number: _____
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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 the relevant options below: <input type="checkbox"/> NSW Government funding - <i>Smart and Skilled subsidy (eligibility criteria apply)</i> <input type="checkbox"/> Fee for Service (<i>payment plans available, see below</i>) <input type="checkbox"/> VET Student Loans – <i>approved Diploma level qualifications only (eligibility criteria apply)</i>
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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"/> I am applying for a scholarship/full exemption of the course fee (refer to sections 13/14 & attach required evidence) <input type="checkbox"/> Employer / JA / DSA / Jobsearch: Employer / JA / DSA / Jobsearch Name: _____ Site Location: _____ Contact Person: _____ Phone: _____ Email: _____ Purchase Order # _____
	I acknowledge by signing below, that our organisation is paying the course fee for: _____ (insert Student's name). Organisation Representative's Signature: _____ Date: / / 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).

Course Application Form

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

→ 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 Industry, Skills and Regional Development 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 (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 Benchmark College may be disclosed to the NSW 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 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: ____ / ____ / ____

Sign here

NOTE: If 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 Industry, Skills and Regional Development (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 Deferment 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: ____ / ____ / ____

Sign here