

VET FUNDING CONTRACT– SKILLS FIRST CHECKLIST (2018)

Compliance Check Only	Admin Staff Check Only
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<input type="checkbox"/>	<input type="checkbox"/>	Student Name: _____	Student ID: _____
<input type="checkbox"/>	<input type="checkbox"/>	Course Code : _____	
<input type="checkbox"/>	<input type="checkbox"/>	Course Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Start Date: ____/____/____	Proposed End Date: ____/____/____

Evidence of eligibility: *(Evidence photocopied, sighted and filed, one of the following) (Compulsory)*

Application Form

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Application form AD128A |
| <input type="checkbox"/> | <input type="checkbox"/> | All box ticked |
| <input type="checkbox"/> | <input type="checkbox"/> | Student's signature and date are correct and highlighted |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff signature and date are correct and highlighted |

Proof of Citizenship/residency

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Australian Birth Certificate OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Australian Citizenship Certificate OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Current Australian Passport OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Current Green Medicare Card OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Aboriginal Origin or Torres Strait Islander Origin OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Naturalisation Certificate OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Current New Zealand Passport OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Formal documentation issued by the Australian Department of Home Affairs confirming permanent residence OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Proxy declaration for individuals in exceptional circumstances as per Clause 2.16-2.20 |

Proof of Victorian Residential Address

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Current Driver License / Learner Permit OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Health-care card OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Bank Statement (within 3 months old) OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Utility Bills (within 3 months old) OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Keypass ID Card OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Please specify) _____ |

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Proof of Age

- Proof of Age card **OR**
 Birth Cert./Passport/Citizenship Cert. **OR**
 Current Driver License / Learner Permit **OR**
 Current Passport
 Keypass ID Card
 Other (please specify) _____

Proof of right course commencement

- Student has not commenced more than 2 government subsidised courses at the same level within AQF in his or her lifetime (*including the newly enrolled course*)
 Student has not commenced or enrolled in more than 2 Victorian Government subsidised courses in 2018(*including foundations skills courses*)
 Student has not commenced or enrolled in more than 2 Victorian Government Subsidised courses at one time regardless of the level of the commencements
 Proposed course of study is up-skilling (if applicable)
 Previous Qualification / Statement of Attainment (*if applicable*)
 Evidence for RPL / Credit Transfer (if applicable)
 RPL / Credit Transfer application approved (*if applicable*)

Evidence of Tuition Fee Exemptions or Concession (*Evidence photocopied, sighted and filed, one of the following*)

Proof of Exemption Fees

- Confirmation Letter from the Judy Lazarus Transition Centre **OR**
 Confirmation Letter from the Young people on community based orders **OR**
 Original referral form from Skills First Youth Access Initiative (TAFE, Learn Local Organisations, Adult Education Centre or AMES only) **OR**
 Fee Waiver Certificate for Free TAFE for Priority Course (TAFE and Dual Sector Universities only)

Proof of Concession Fees for Certificate IV level and below

- Health Care Card **OR**
 Pensioner Concession card **OR**
 Veteran's Gold Card **OR**
 Approved Concession Eligibility Criterion **OR**
 Concession Card presented via Centrelink Express Plus Mobile Application with ATMC Written Declaration **OR**

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Proof of Concession Fees for Certificate IV level and below (continue)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Aboriginal or Torres Strait Islander descent self-identifier OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Asylum Seeker or trafficked person enrolled on or after 1 July 2016 OR |
| <input type="checkbox"/> | <input type="checkbox"/> | A validly endorsed referral form - Referral to Government Subsidised Training - Asylum Seekers from the Asylum |
| <input type="checkbox"/> | <input type="checkbox"/> | Seekers from the Asylum Seeker Resource Centre OR |
| <input type="checkbox"/> | <input type="checkbox"/> | A validly endorsed referral form - Referral to Government Subsidised Training - Asylum Seekers from the Australian |
| <input type="checkbox"/> | <input type="checkbox"/> | A valid visa of student from a TAFE Institute or Learn Local Organisation Program |

Skills First Program Evidence of Student Eligibility and Student Declaration

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Evidence of citizenship/residency and age |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Education history |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Student Declaration |
| <input type="checkbox"/> | <input type="checkbox"/> | Student name, signature and date are highlighted |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff name, signature and date are highlighted |

Evidence of Pre-Training Review

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Eligibility Assessment Checklist |
| <input type="checkbox"/> | <input type="checkbox"/> Form AD166 completed |
| <input type="checkbox"/> | <input type="checkbox"/> Staff signature |
| <input type="checkbox"/> | <input type="checkbox"/> Signed date before the student written agreement signed date |
| <input type="checkbox"/> | <input type="checkbox"/> Staff signature and date are highlighted |
| <input type="checkbox"/> | Pre-Training Questionnaire Form AD222 |
| <input type="checkbox"/> | <input type="checkbox"/> All boxes ticked and answered |
| <input type="checkbox"/> | <input type="checkbox"/> Student signature and date are highlighted |
| <input type="checkbox"/> | LLN Test Report |
| <input type="checkbox"/> | <input type="checkbox"/> Correct Learner Details |
| <input type="checkbox"/> | <input type="checkbox"/> Extra Test Result (<i>If required</i>) |
| <input type="checkbox"/> | PTR Interview & Evaluation Form VT266 |
| <input type="checkbox"/> | <input type="checkbox"/> LLN Test Result adjustment meets entry requirement of the qualification |
| <input type="checkbox"/> | <input type="checkbox"/> All boxes ticked and answered |
| <input type="checkbox"/> | <input type="checkbox"/> Trainer signature and date are highlighted |
| <input type="checkbox"/> | <input type="checkbox"/> Student signature and date are highlighted |

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Evidence of Enrolment

- Letter of Offer**
- Staff signed date must be the same or after the Pre-Training Review (PTR)
- Letter of Acceptance**
- Staff signed date must be the same or after the Pre-Training Review (PTR)
- Signed Written Agreement Form AD107B**
- Staff and student signed date must be after the Pre-Training Review (PTR), before or the same signed date of the orientation date
- Signature and date are highlighted
- Student Orientation Checklist**
- The date must be the same as the commencement date. Need a form for early commencement
- Student name and signature are highlighted
- Staff name and signature are highlighted

Evidence of Finance

- Signed Statement of Fees
- Concession Fees Applied
- Invoices
- Payment Schedule Agreement

Admin Staff Name: _____ **Signature:** _____ **Date of Checking:** __/__/____

Compliance Officer Name: _____ **Signature:** _____ **Date of Checking:** __/__/____