

Smart and Skilled Pre-Enrolment Checklist



Please review all Smart and Skilled student information before completing this checklist

Student Name:	
Qualification:	
Address:	
Email:	Phone:
Eligibility	
Are you an Australian Citizen or Permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live and or work in NSW?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you left school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 15 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in receipt of a welfare payment? If yes, please note payment type : _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
You will be required to submit a copy of your Centrelink income statement to ESTR as evidence.	
Do you have a Unique Student Identifier (USI)? If yes, please note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you living in social housing or is your household on the NSW housing register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you long term unemployed? (Unemployed for more than 52 consecutive weeks) and can provide evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a victim of domestic violence and can provide a letter of recommendation from a domestic and family violence service or refuge or agency to apply for a Fee-Free Scholarship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training	
Have you completed any qualifications since turning 17? If yes, please note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your employer agreed to take you on as a new entrant trainee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been signed up by an Australian Apprenticeship Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed any other Smart and Skilled funded courses this calendar year? If yes, please note; _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been referred to this program by your Employment Service Provider? If Yes, please provide your Employment Service Provider Name and ID number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be applying for any Recognition of Prior Learning or Credit Transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Declaration	
<p>In signing this declaration I am confirming that;</p> <ul style="list-style-type: none"> All the information I have supplied to Essential Skills Training & Recruitment is true, accurate, complete and not misleading in any way. I am aware of any subcontract arrangements that are in place for my training I have received and am aware of the fees, refunds, consumer protection & student information regarding this enrolment. 	
Student Signature	Date