

# Course Application Form



Please ensure to read and answer all questions. Incomplete applications will not be processed. Students who are under the age of 18 years, the consent of a parent or guardian is also required to complete this application.

Personal Details			
Title:	Mr Mrs Miss Ms Other: _____	Gender:	Female Male Other
First Name:	_____	Middle Name/s:	_____
Family Name: (Surname):	_____	Date of Birth:	_____
Mobile:	_____	Home or Work Phone	_____
Email:	_____		
Address:	_____		
Suburb:	_____	State:	_____ Postcode: _____
Country of Birth:	_____	Town/City of Birth:	_____
Unique Student Identifier Number (USI) <i>If you do not have a USI, please complete the USI Application Consent form.</i>		_____	
Eligibility and General Information			
1	<b>Qualification seeking to enrol?</b>	Qualification code	Qualification Name
	<b>Delivery method? (tick one)</b>	<input type="checkbox"/> Classroom <input type="checkbox"/> Traineeship <input type="checkbox"/> Other	
	<b>Would you like to request learning support?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details)	
<b>Are you registered with an Employment Service Provider (ESP)?</b>		<input type="checkbox"/> Yes** (complete below) <input type="checkbox"/> No [go to Q3]	
2	a. I understand that my personal information and training activity may be requested by the ESP**. The personal information and training details requested are class attendance records and class conduct information.	c. Benchmark hours _____	
	b. Have you been unemployed for more than 52 weeks? <input type="checkbox"/> No or <input type="checkbox"/> Yes - please attach a letter from your ESP*** with the course application, as evidence.	d. Were you referred to this course by your ESP? No or Yes - please indicate the ESP Referral ID: _____ **ESP Trading Name: _____ Address: _____ Supervisor Name: _____ Contact Number: _____ Client/Job Seeker ID: _____	
<b>Are you applying for a Traineeship?</b>		<input type="checkbox"/> Yes (complete below) <input type="checkbox"/> No [go to Q4]	
3	<b>a. Are you registered for a traineeship in NSW?</b> <input type="checkbox"/> Yes, registered. <input type="checkbox"/> Yes, intending to be registered. <input type="checkbox"/> No		
	If yes, list the Apprenticeship Centre _____		
	Apprenticeship contact person: _____ Contact Number: _____		
	<b>b. Employer Details</b>		
Trading Name: _____			
Address: _____			
Supervisor Name: _____ Contact Number: _____			
<b>c. Are you applying for the fee free traineeship, funded under Smart and Skilled?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No [go to Q4]			
4	<b>Are you 15 years or older?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	<b>a. Are you attending Secondary/High School?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b. Are you a registered home-schooled student?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – current certificate of home-schooling registration required.	
6	<b>Do you live or work in New South Wales?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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7	<b>Select your eligibility/citizenship/residency status:</b> <input type="checkbox"/> I am an Australian Citizen (Green Medicare Card or Birth Certificate or Australian Passport or Naturalisation Certificate). <input type="checkbox"/> I am an Australian permanent resident (Certificate of Evidence of Resident Status [CERS], or verified online by Department of Home Affairs – VEVO). <input type="checkbox"/> I am a New Zealand citizen (Green Medicare Card or New Zealand Birth Certificate or New Zealand Passport required). <input type="checkbox"/> I am a Humanitarian visa holder (Visa documents or ImmiCard) [see also Section 15]: <ul style="list-style-type: none"> <li><input type="checkbox"/> Bridging visa (Visa documentation &amp; acknowledgement of application for Humanitarian visa).</li> <li><input type="checkbox"/> Refugee or asylum seeker (contact administration for more information about eligibility).</li> </ul>					
<b>→ Please provide &amp; attach evidence of eligibility - citizenship/residency/applicable visa status.</b>						
8	<b>Have you achieved any qualifications since turning 17?</b>		<input type="checkbox"/> Yes ( <b>complete below &amp; Q9</b> ) <input type="checkbox"/> No [go to Q10]			
<input type="checkbox"/> Yes, while <u>still at school</u> . List qualification/s _____ Institution/RTO: _____						
<input type="checkbox"/> Yes, <u>after leaving school</u> . List qualification/s _____ Institution/RTO: _____						
9	<b>a. If Yes to Q8, do you wish to apply for Recognition of Prior Learning (RPL)?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b. If Yes to Q8, are you wish to apply for Credit transfer (CT)?</b> Please request the Verification Consent & Credit Transfer Form.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
10	<b>Are you enrolled, or have you undertaken a NSW Smart and Skilled subsidised qualification <u>THIS</u> calendar year?</b> <input type="checkbox"/> No [go to Q11] <input type="checkbox"/> Yes – complete below: Name of Course: _____ Training Provider: _____ Completion Date: _____					
11	<b>Are you living in NSW Social Housing or are you or your household on the NSW Housing Register?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
12	<b>Are you of Aboriginal or Torres Strait Islander origin?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander.					
13	<b>Are you applying for a concession, fee exemption or fee-free scholarship (eligibility criteria apply)?</b> <input type="checkbox"/> Yes - tick relevant box below <input type="checkbox"/> No [go to Q17] <ul style="list-style-type: none"> <li><input type="radio"/> <b>Concession</b> (you must also complete Section 14).</li> <li><input type="radio"/> <b>Fee Exemption/Waiver</b> (you must also complete Section 15).</li> <li><input type="radio"/> <b>Fee-free Scholarship</b> (you must also complete Section 16).</li> </ul>					
<b>Concession, Exemption and Fee-free training information</b>						
<b>If you answered yes in Q13 Concessions: Appropriate evidence must be provided (Only for Government Subsidised Programs)</b>						
14	<b>I am currently receiving the following Entitlement(s):</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Age Pension  <input type="checkbox"/> Austudy  <input type="checkbox"/> Carer Payment  <input type="checkbox"/> Family Tax Benefit Part A (maximum rate)  <input type="checkbox"/> Farm Household Allowance                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Newstart Allowance (A NSW New Entrant Trainee on a Newstart Allowance is NOT eligible for a concession fee)  <input type="checkbox"/> Parenting Payment (Single)  <input type="checkbox"/> Sickness Allowance  <input type="checkbox"/> Special Benefit  <input type="checkbox"/> Veterans' Affairs Pensions                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Veterans' Children Education Scheme  <input type="checkbox"/> Widow Allowance  <input type="checkbox"/> Widow B Pension  <input type="checkbox"/> Wife Pension  <input type="checkbox"/> Youth Allowance                 </td> </tr> </table>			<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Family Tax Benefit Part A (maximum rate) <input type="checkbox"/> Farm Household Allowance	<input type="checkbox"/> Newstart Allowance (A NSW New Entrant Trainee on a Newstart Allowance is NOT eligible for a concession fee) <input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefit <input type="checkbox"/> Veterans' Affairs Pensions	<input type="checkbox"/> Veterans' Children Education Scheme <input type="checkbox"/> Widow Allowance <input type="checkbox"/> Widow B Pension <input type="checkbox"/> Wife Pension <input type="checkbox"/> Youth Allowance
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<b>→ You must attach suitable evidence to qualify for a concession:</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Current Concession Card (including Centrelink Reference Number (CRN + benefit/allowance) or</li> <li><input type="checkbox"/> Centrelink Income Statement (including CRN+ benefit/allowance) or</li> <li><input type="checkbox"/> Centrelink evidence (including CRN) dependent child of a specified welfare recipient or</li> <li><input type="checkbox"/> A letter from Centrelink (including CRN and the benefit/allowance) or Veterans' Affairs or</li> <li><input type="checkbox"/> Austudy/Youth Allowance (CRN + further eligibility, available on request)</li> <li><input type="checkbox"/> Dependent child/spouse/partner of welfare allowance (Centrelink evidence required + CRN + benefit/allowance)</li> </ul>				
<b>If you answered yes in Q13 Fee Exemption/Waiver: Appropriate evidence must be provided (Government Subsidised Programs)</b>						
15	<input type="checkbox"/> I am an Australian Aboriginal and/or Torres Strait Islander OR <input type="checkbox"/> I am currently receiving a Disability Support Pension; OR <input type="checkbox"/> I have a written letter/statement about my disability from an appropriate specialist or health support professional; OR <input type="checkbox"/> I am a dependant of Disability Support Pension recipient: Please indicate dependency status: <input type="checkbox"/> Dependent Child OR <input type="checkbox"/> Dependent Spouse or Partner. <input type="checkbox"/> I am a Refugee or Asylum seeker					
<b>→ You must attach suitable evidence to qualify for an exemption:</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Centrelink letter confirming receipt of the Disability Support Pension (including CRN), or</li> <li><input type="checkbox"/> Centrelink letter indicating dependent of a recipient of a Disability Support pension (including CRN), or</li> <li><input type="checkbox"/> Current Disability Pensioner Concession Card (including CRN), or</li> <li><input type="checkbox"/> Centrelink Income Statement for Disability Support Pension (including CRN), or</li> <li><input type="checkbox"/> Documentary evidence regarding the applicant's disability from an appropriate medical practitioner/government agency/specialist allied health professional</li> <li><input type="checkbox"/> Visa documentation or ImmiCard.</li> </ul>				

If you answered yes in Q13 Fee Free Scholarships: Appropriate evidence must be provided (Government Subsidised Programs)	
16	<p>Must meet Smart &amp; Skilled eligibility criteria (see sections 2-5 of this form; &amp; enrolled in a subsidised Certificate I - IV), &amp;</p> <p><input type="checkbox"/> Be aged between 15 &amp; 30 years when training starts &amp; be:</p> <ul style="list-style-type: none"> <li>○ Concession-eligible (Category A). Priority is given to students living in or on the waitlist for NSW Social Housing</li> <li>○ Out-of-home care (Category B) Meet the out-of-home care criteria</li> </ul> <p><input type="checkbox"/> Aged 15 years or older when training starts and meet the domestic and family violence criteria (Category C).</p>
	<p><b>→ You must attach suitable evidence to qualify for a Fee-Free Scholarship:</b></p> <p><i>(Eligible students are entitled to 1 Fee-Free Scholarship per financial year, maximum of 2 from July 2015 – 30 June 2019)</i></p> <p><input type="checkbox"/> Category A – Concession evidence required (see Section 12); indicate that you are living in, or on the waitlist for NSW Social Housing (see Section 13)</p>
	<p><input type="checkbox"/> Category B – Out-of-home care</p> <p><i>For students currently in out-of-home care:</i></p> <ul style="list-style-type: none"> <li>○ Copy of Children’s Court Care Order, or Copy of the Confirmation of Placement letter, or</li> <li>○ Letter from Family &amp; Community Services or the Out-of-Home Care Designated Agency verification of previous statutory or supported care, or</li> <li>○ Any other evidence which clearly shows that you were in out-of-home care</li> </ul> <p><i>For students previously in out-of-home care:</i></p> <ul style="list-style-type: none"> <li>○ Copy of expired Children’s Court Care Order, or</li> <li>○ Copy of ‘leaving care’ letter from the Minister for Family &amp; Community Services, or</li> <li>○ Letter from Family &amp; Community Services or the Out-of-Home Care Designated Agency verification of statutory or supported care, or</li> <li>○ Any other evidence which clearly shows that you were in out-of-home care</li> </ul> <p><input type="checkbox"/> Category C – Domestic and family violence</p> <ul style="list-style-type: none"> <li>○ A letter of recommendation is required from a domestic and family violence service, refuge or other support agency.</li> </ul>

17 → Applicant Declaration – ALL APPLICANTS TO COMPLETE
<p>Please read the following points for the purposes of this application:</p> <ul style="list-style-type: none"> <li>▪ I have been provided with all relevant pre-enrolment information, details of work experience and if applicable background checks prior to completing this course application.</li> <li>▪ I verify that I read all the information and each section has been completed by me personally which is true and correct.</li> <li>▪ I consent / authorise Benchmark College to apply/verify my Unique Student Identifier.</li> <li>▪ I am aware of the Smart and Skilled Notification of Enrolment Process and consent to Benchmark College submitting my personal information to the Department of Education.</li> <li>▪ I am aware of the Smart and Skilled eligibility criteria and have been informed whether I meet the eligibility criteria (Meet citizenship requirements, be 15 years or over, live or work in NSW and no longer at school).</li> <li>▪ I am aware of the Benchmark Colleges NSW Fee schedule, Smart and Skilled student fee categories including concessions, fee exemption and scholarships set by the NSW Government and payment methods.</li> <li>▪ I understand that I will need to set my USI access controls to allow access to my USI records to the NSW Department of Education and Benchmark Resources Pty Ltd.</li> <li>▪ I am aware of the Benchmark College Consumer Protection, Refund, Withdrawal and Deferral Policy.</li> <li>▪ 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.</li> <li>▪ I consent for Benchmark Colleges to retain a copy of my identification and government issued documents.</li> <li>▪ I have been made aware of how to locate Benchmark College student-related policies and procedures relating to refunds, complaints, appeals and cancellation.</li> <li>▪ I understand that if my application is incomplete it will not be processed and does not guarantee a place in a course.</li> <li>▪ I have read and understood the information on this page and by signing the course application form I want to proceed with enrolment.</li> </ul> <p>→ Full name: _____</p> <p>→ Signature: _____ Date: _____</p> <p><b>NOTE:</b> If under 18 years of age at the time of giving consent, then the consent of a guardian is required.</p> <p>Guardian full name: _____</p> <p>Guardian signature: _____ Date: _____</p>



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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](http://www.benchmark.edu.au)

## 18 → SMART AND SKILLED APPLICANT

Please complete if applying to be subsidised to undertake a Smart and Skilled program funded by the NSW Government Subsidised Funding.

### CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION. SMART & SKILLED PROGRAMS ONLY

I \_\_\_\_\_  
(First, middle and surname)

of \_\_\_\_\_  
(Current residential address)

with date of birth \_\_\_\_\_

understand and agree that, under the Data Provision Requirements 2012, Benchmark College 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 enrolment form and my training activity data) may be used or disclosed by Benchmark College for statistical, regulatory and research purposes. Benchmark College may disclose my personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by my employer;
- Commonwealth and State or Territory government departments and authorised agencies, including the NSW Department of Education (Department)
- National Centre for Vocational Education Research Ltd;
- Organisations 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 Transcripts;
- 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](http://www.ncver.edu.au)).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside of 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 Benchmark College for the purposes 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 manners outlined above, and in this section.

→ Full name: \_\_\_\_\_

→ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_



Sign here

# Course Application Form



## Benchmark College (BMC) representative to discuss and complete – Fees and Charges

<b>Student Name</b>		
19	<b>Please tick the relevant payment option below:</b> <input type="checkbox"/> Fee for Service (payment arrangement available, see below). <input type="checkbox"/> NSW Government funding - Smart and Skilled subsidy (eligibility criteria apply). <input type="checkbox"/> VET Student Loans – approved Diploma level qualifications only (see VET Student Loans – Student entry procedure for further information).	
	<b>Payment of course fee</b>	
	<b>Select one from the list below:</b> <input type="checkbox"/> The applicant will be paying the full course fee (see payment options). <input type="checkbox"/> The applicant has applied for concession fee or fee exemption/waiver – subject to providing required evidence and approval from the Smart and Skilled Provider Calculator. <input type="checkbox"/> The applicant has applied for a Fee free scholarship or Fee free traineeships - provide required evidence and approval from the Smart and Skilled Provider Calculator. <b>If a Traineeship, Trainee Group Category eligibility criteria – please tick <u>one</u></b> <input type="radio"/> Trainee who is to commence subsidised training for the first time on or after 1 January 2020. <input type="radio"/> Trainee whose traineeship is cancelled and recommence a traineeship in the same vocation with a different employer and is to recommence the subsidised training on or after 1 January 2020. <input type="radio"/> Trainee whose traineeship is cancelled and subsequently commenced a new traineeship in a new vocation with the same/different employer and commences subsidised training on or after 1 January 2020. <input type="radio"/> Trainee who has completed a traineeship and is undertaking a subsequent traineeship and is commencing the subsidised training in the subsequent traineeship on or after 1 January 2020.	
20	<input type="checkbox"/> The applicant's Employer to pay the course/student fee: <b>I acknowledge by signing below, that our organisation is paying the course/student fee for the abovementioned student.</b> Employer/Manager/Site Manager/Team Leader name: _____ Payment Method: _____ Employer/Manager/Site Manager/Team Leader Signature: _____ Date _____	
	<input type="checkbox"/> The applicant's Employment Service Provider/ Job Seeker Agency/ Disability Employment Service Provider to pay the course/student fee: <b>I acknowledge by signing below, that our organisation is paying the course/student fee for the abovementioned student.</b> Manager/Team Leader Name: _____ Manager/Team Leader Signature: _____ Date _____ Contact Person: _____ Phone: _____ Email: _____ Purchase Order # _____ ESP/JSA/ESP Location: _____	
<b>Payment Options:</b>		
21	<input type="checkbox"/> By direct deposit & email the transaction receipt. <input type="checkbox"/> By credit card & will contact Benchmark College with details. <input type="checkbox"/> 20% deposit and the balance by instalments through Benchmark College Payment Arrangement Agreement. Please ask Benchmark College for the Payment Arrangement Agreement form.	
<b>Benchmark College Declaration:</b>		
Complete and sign below for the RTO representative conducting the application session. I declare that the Student, stated on page 1, has completed this form and if applicable, the Employer/ ESP has confirmed payment information on page 5.  <b>BMC Representative name:</b> _____  <b>Signature:</b> _____ <b>Date</b> _____		