



**Smart & Skilled Provider Calculator**  
**Student Enrolment Questionnaire**

All fields mandatory

<b>Course Code &amp; Name:</b>	<b>Program:</b>	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <b>Student First Name:</b>	<b>Student Surname:</b>	
<b>Other Name:</b>	<b>Date of Birth:</b> (dd/mm/yyyy)	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<b>USI (Unique Student Identifier)</b>	
<b>Residential Address:</b>	<b>State:</b>	<b>Post Code:</b>

<b>Q1</b>	<b>Are you living in NSW social housing:</b> or are they or their household on the NSW Housing Register? <i>*Evidence will be required</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q2</b>	<b>Is the student being enrolled under a Waiver?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q3</b>	<b>What type of Waiver? (If yes, refer to options below)</b> <input type="checkbox"/> Eligibility Wavier – Asylum seeker- Bridging Visa <input type="checkbox"/> Eligibility Wavier – Asylum seeker- Temporary Humanitarian Concern visa or Temporary Stay Visa <input type="checkbox"/> Youth aged 17 -24 <input type="checkbox"/> Unemployed <input type="checkbox"/> Risk of unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No - Diploma & Advanced Diploma ( 01/01/2017 - 31/12/2019) - Diploma & Advanced Diploma ( 01/01/2017 - 31/12/2019)
<b>Q4</b>	<b>Is the student still at school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q5</b>	<b>What is the student's residency status</b>	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Australian permanent resident <input type="checkbox"/> Humanitarian visa <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> None of the above
<b>Q6</b>	<b>Has the student achieved any qualifications since turning 17?</b>	<input type="checkbox"/> Yes, While still at school <input type="checkbox"/> No <input type="checkbox"/> Yes, After leaving school (Post school qualification) <input type="checkbox"/> Cert I <input type="checkbox"/> Cert II <input type="checkbox"/> Cert III <input type="checkbox"/> Cert IV & Above
<b>Q7</b>	<b>Is the student registered or intending to be registered in an apprenticeship or traineeship for this qualification in NSW?</b>	<input type="checkbox"/> Yes, registered <input type="checkbox"/> Yes, Intending to be registered <input type="checkbox"/> No (Please go to question 14)
<b>Q8</b>	<b>If Yes, Which Type?</b>	<input type="checkbox"/> New Entrant Traineeship <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Existing Worker Traineeship <input type="checkbox"/> School Based Apprenticeship <input type="checkbox"/> School Based Apprenticeship
<b>Q9</b>	<b>Is the student an Aboriginal or Torres Strait Islander?</b> <i>*Evidence will be required</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q10</b>	<b>Has the student undertaken any other Smart and Skilled qualification this calendar year?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q11</b>	<b>Indicate disability status of the student</b> <i>*Evidence will be required</i>	<input type="checkbox"/> Student has a disability <input type="checkbox"/> Student is dependent child or spouse of a person in receipt of a disability support pension <input type="checkbox"/> No Disability (Please go to Q13)
<b>Q12</b>	<b>Please indicate disability type</b>	<input type="checkbox"/> Recipient of disability support pension <input type="checkbox"/> Assessed by specialist support professional; as a student with disability.

<b>Q13</b>	<b>Indicate welfare status of the student: Evidence will be required</b>	<input type="checkbox"/> Student is a welfare recipient <input type="checkbox"/> Dependant child or spouse or welfare recipient <input type="checkbox"/> Not a welfare recipient (Please go to Q 20)
<b>Q14</b>	<p><del>If Yes, please specify</del></p> <div style="border: 2px solid black; height: 100px; width: 100%;"></div> <p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Staff member has copied welfare evidence and the copy taken is clear and has been sighted for the student file:</p> <p>Staff Signature:.....</p>	<input type="checkbox"/> Age Pension <input type="checkbox"/> Austudy <input type="checkbox"/> Carer Payment <input type="checkbox"/> Exceptional Circumstance Relief Payment <input type="checkbox"/> Family Tax Benefit Part A - Maximum Rate <input type="checkbox"/> Farm Household Allowance <input type="checkbox"/> Job Seeker <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Parenting Payment (Single) <input type="checkbox"/> Sickness Allowance <input type="checkbox"/> Special Benefits <input type="checkbox"/> Veterans Affairs Pension <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
<b>Q15</b>	<b>Planned Start Date</b> (dd/mm/yyyy)	
<b>Q16</b>	<b>Planned End Date</b> (dd/mm/yyyy)	
<b>Q17</b>	<b>Indicate delivery mode</b>	<input type="checkbox"/> Classroom <input type="checkbox"/> Workplace Based <input type="checkbox"/> Correspondence <input type="checkbox"/> Mixed Mode
<b>Q18</b>	<b>Indicate training location postcode</b>	
<b>Q19</b>	<b>Training location suburb</b>	
<b>Q20</b>	<b>Indicate the region where the training is located</b>	
<b>Q21</b>	<b>Is the student an Employment Service Provider client</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q22</b>	<b>Employment Service Provider Organisation/ID</b>	
<b>Q23</b>	<b>Employment Service Provider Client ID</b>	
<b>Q24</b>	<b>Has the student been referred to this training by an Employment Service Provider client?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q25</b>	<b>Employment Service Provider referral ID</b>	

I understand that the information I have provided will be used by Australian Global College to calculate my eligibility to study under the Smart & Skilled program. I understand that a student fee will be calculated based on the information that I have provided, and that evidence will need to be provided to Australian Global College where necessary.

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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

**Office use only:**

Student Number: \_\_\_\_\_

Quote Number: \_\_\_\_\_

Commitment ID Number: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_